FACTORS INFLUENCING THE TRANSITION FROM INSTITUTIONAL CARE TO INDEPENDENCE FOR YOUNG CARE LEAVERS IN HARARE: A SOCIAL SERVICE PROFESSIONAL AND CAREGIVER PERSPECTIVE

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ABSTRACT

Young people leaving care have been the subject of international research in the last decade, whilst in Africa studies are still few. The ability of young people to transition successfully from institutional care to independent living in society has become a policy concern. This is because of the documented poor outcomes of care leavers internationally and in Sub-Saharan Africa. This study explored the factors influencing the transition from care to independence in Harare, Zimbabwe. Utilising qualitative research methods and thematic analysis, the study identified a number of factors that affect young people from the view of social service professionals and residential care workers. Respondents were purposively selected and data was collected using semi-structured interviews, an online focus group and the use of observation. In Zimbabwe, the social service system has been affected since 2008, by the economic crisis and the effects of poverty and hardship has trickled down to affect the most vulnerable children and young people. The study found a number of factors which influence young people's transitions from care in Harare. Among these were the young person's previous circumstances, the role of the Department of Social Services, the role of the institution and the expectation of instant adulthood. Other contributing factors such as the capabilities of the young person and relationships with caregivers were mentioned by the respondents. The study made recommendations for more successful transitions from institutional care which include; recognising that care leavers are not a homogenous group and the need for improved knowledge of care leaver outcomes and transition processes for residential caregivers.

Key words: care leavers, institution, independence, mainstream society, social services, transitions, residential care, young people.

ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome

BEAM- Basic Education Assistance Module

CRC-Convention on the Rights of the Child

DSS-Department of Social Services

HIV- Human Immunodeficiency Virus

HSE-Health Service Executive

MoLSS- Ministry of Labour and Social Services

MPSLSW-Ministry of Public Service Labour and Social Welfare

NGOs- Non- governmental organisations

OVC- Orphans and vulnerable children

UN-United Nations

UNCRC- United Nations Convention on the Rights of the Child

UZ- University of Zimbabwe

CLARIFICATION OF TERMS

1. Community care - the informal fostering of children by non-relatives from within their community of origin (Powell et al, 2004)
2. Foster care - Situations 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 family that has been selected, qualified, approved and supervised for providing such care (UN Guidelines for Alternative Care, 2010:6).
3. Kinship care is defined as family care within the child's extended family or with close friends of the family known to the child, whether formal or informal (UN Guidelines for Alternative Care, 2010:6).
4. Institution –used simultaneously with orphanage and residential care facilities in this study. The term orphanage is often used in some parts even though not all the children in care are orphans. Institution is the term commonly used to denote group care settings (Whittaker, 2014).
5. Young people- where this is used in the place of children this is intended. The definition of a child is a person under the child of 18 (Child Protection and Adoption Act, 2001) and this study focuses on care leavers from 18 onwards but not defining them as adults as the study argues against the age assumption of adulthood.
6. Totemism- a belief in which every human being is said to have a spiritual connection or kinship with another physical being such as an animal or plant, often called a spiritual being or totem. The totem serves as a symbol or emblem of that connection (Durkheim, 1912).

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CHAPTER ONE

1. INTRODUCTION TO THE STUDY ON FACTORS INFLUENCING THE TRANSITION FROM CARE TO INDEPENDENCE: AN EXPLORATORY STUDY FROM A PROFESSIONAL SOCIAL SERVICES AND RESIDENTIAL CAREGIVER PERSPECTIVE

Young people leaving institutional care have been identified by researchers as a vulnerable group, especially when compared to other young people without care histories (Stein and Munro, 2008; Zeira, 2009; Stein 2006; Tanur, 2012). Care leavers are said to be disadvantaged because, traditional family options and opportunities to be socialized in their own communities are taken away from them when they enter into the care system. Circumstances that make care a necessary intervention include, but are not limited to; neglect, abuse, abandonment and in the context of Sub-Saharan Africa, being AIDS orphans. The inability of the family unit to provide care for orphans and vulnerable children necessitates state and private intervention to provide alternative care which includes foster care, residential care, adoption and community care where possible. On the other hand, the process of exiting the care system and entering into independence and adulthood has been identified by contemporary local and international researchers as exposing care leavers to further vulnerability. Upon leaving care, the lack of adequate preparation coupled with the early age at which care leavers are expected to assume full adult responsibilities, have tended to mean that loneliness, isolation, unemployment, poverty, homelessness, movement and "drift" were likely to feature significantly in many of their lives (Biehal et al., 1995:4).

Although young people leaving care can all be considered vulnerable, they are not a homogenous group. The circumstances of those leaving care, from foster care and other forms of community and kinship care, differ from those leaving institutional care. It is worth noting that most leaving care studies have focused almost exclusively on children leaving substitute care in the form of residential or foster care (O'Sullivan, 1996:212). These types of care are defined and understood in the context of child care and this is the same understanding the current study will adopt (see clarification of terms).

This study will focus on young people leaving care from residential, children's homes, orphanages or institutional facilities.[1] Residential care refers to round the clock care of children in a setting other than their families, with care staff who take shifts to care for the children as well as an administration running the residential facility (HSE, 2012). Residential care facilities are often spatially located away from the community, are gated and fenced, operating as one institution with most of the living activities taking place within the facility. Children often leave the facility to go to school and clinic, but some facilities may have educational and medical facilities within them (Powell et al., 2004). The residential facility is, therefore, essentially the child's place of residence although separated from the child's community of origin, until the age of 18 when they are required by law to be discharged.

Local and international research has shown that although institutional care is supposed to be utilised as a temporary measure in line with the *Guidelines for Alternative Care of Children* (General Assembly, 2010); children often stay long term until the age of 18 when they have no choice but to leave. At this age they are generally seen as adults who must make the transition into

[1]See clarification of terms p.(v) for adopted definition of institutions/ orphanages.

adulthood. Stein (2004) noted young people leaving havingcompressed and accelerated transitions into society where they are expected to assume adult roles and responsibilities in a short space of time. The institution or residential care system has been criticised globally as failing to transfer critical life-skills to children, resulting in children being inadequately prepared to cope with life after care and, at times, being pre-disposed to anti-social behaviour (ChildONEurope, 2012).

Historically, over 98% of vulnerable children in Zimbabwe were reported to be in the refuge of their extended families through formal and informal foster care as part of the deeply rooted African traditional system (Williamson and Greenberg, 2010). It is also reported that there is strong cultural resistance to adoption as a form of alternative care in Zimbabwe and so insignificant numbers have been placed in adoption over the years. Traditional customs dictate that children are tied spiritually to their families of origin through their totems[2]. If raised in another family through adoption, culturally that child is seen as not possessing any spiritual ties to that family. This makes them a stranger to the family (Child Protection Society, 1999).

On a policy level in Zimbabwe, there is a clear focus on discouraging institutional care of children in support of traditional methods of care such as extended family support and community care (National Orphan Care Policy, 1999). This is to avoid prolonged stays in institutions which may affect young people's transitions into adulthood. Despite this policy focus, the institutionalisation of children has continued in Zimbabwe and this

[2] Refer to clarification of terms p. (v)

is due to the continued deprivation which creates a need for alternative care sources for children where families cannot cope (Williamson and Greenberg, 2010).

According to Muguwe et al., (2011), between 1994 and 2004 twenty-four new residential facilities were built in Zimbabwe. This was, to a large extent, due to the decline in the ability of extended families to provide care for their disadvantaged children as a result of a declining economy. A large number of children were placed in institutional care, and often, not as a last but a first resort. The official capacity of children in Zimbabwe registered institutions was 3,279 children in 2004 (Powell et al., 2004). This number had grown to approximately 5,000 children living in institutions by the year 2007 (UNICEF, 2014).

Zimbabwe was once reported to have one of the highest prevalence of orphaning in the world (UNAIDS, UNICEF, 2004). Zimbabwe had an HIV prevalence rate of 16% in 2007 which represented a decline from 33% in 1999 (UNDP, 2013). The country was also recorded to have the second highest percentage of orphans and vulnerable children (OVCs) in Sub-Saharan Africa for the year 2008 (see Figure 1 below). An estimated 3.5 million children were said to be living in extreme poverty in Zimbabwe (Wyatt et al., 2010). These numbers signify a huge burden of providing care for orphans and vulnerable children in Zimbabwe. This responsibility falls on the Department of Social Services (DSS) in the Ministry of Labour and Social Services (MoLSS). This Department has been described as not having the capacity to adequately support such a number of orphans and vulnerable children (Wyatt, et al, 2010).

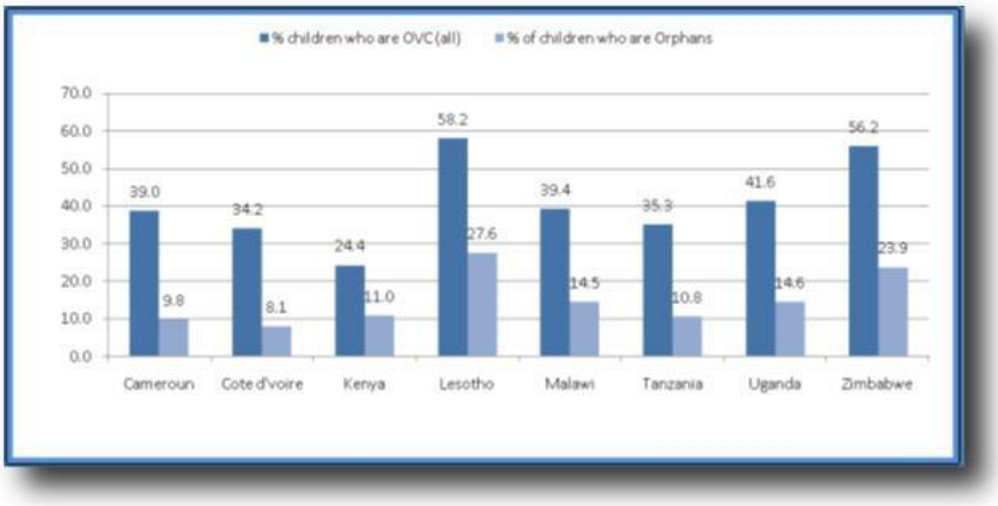

Figure 1: Percentage of children aged 0-17 years who are OVC in 8 Sub-Saharan African Countries. *Source: Mishra and Bignami-Vassche,(2008)*

1.1 STATEMENT OF THE PROBLEM

Research evidence has shown that young people in care institutions are a vulnerable group. The circumstances leading to their placement in institutional care and the length of time they spend in an institution exposes them to vulnerability. The nature of the institution itself; its norms and practices often separates them from mainstream society and communities of origin. Biehal et al., (1995) state that for those in care longer term, there exists a tendency for their links with family, friends and neighbourhood to weaken. When these children have to exit the institution they are exposed to further vulnerability. In Zimbabwe, poverty has led to families being unable to care for their orphaned relatives. Williamson and Greenberg (2010) point out that in Zimbabwe 40% of children in

orphanages have surviving parents and nearly 60% have contactable relatives. However these parents or relatives are often unable or unwilling to provide care. Additionally, the difficult economic situation and associated generational poverty often mean limited opportunities for those leaving institutional care to return to their original families. Orphans face a worse predicament.

Supportive services for care leavers in the process of transition are therefore significant for society and for policy makers. Studies from neighbouring country, South Africa, have shown that services for care leavers are sometimes desperately lacking and poorly co-ordinated (Tanur, 2012). The situation for care leavers in Zimbabwe is what this study seeks to explore.

There have been suggestions that the transition from care to adulthood and independence be viewed as a process, not a single discrete event (Biehal et al., 1995), starting earlier in the care continuum in preparation for exit. This is considered to be essential in order to prepare young people growing up in residential care for life after care. If the care system is supposed to care for children what happens to the children when they become adults? How are they being prepared to cope independently in society after depending on the institution for long periods? Research has shown evidence of poor outcomes for young people leaving institutional care (Tanur, 2012; Powell, et al., 2004; Stein, 2008; Pinkerton, 2011).

1.2 WHY IS THIS STUDY SIGNIFICANT?

The study seeks to find out where care ends for young people in residential care in Harare. There appears to be a dearth of research on care leavers in the country, with a few researchers focusing on reintegration and family reunification at different ages, and not

specifically focusing on young adult care leavers at age 18. This study aims to add to the limited knowledge base on the transitional processes made by young adults from care institutions in Harare.

A few researchers in Africa have looked at young people leaving care in countries such as South Africa, Ghana and Kenya. (Tanur, 2012; Frimpong-Manso, 2012; Van Breda, 2013). These researchers have alluded to the fact that there is a gap in the knowledge of how young adults in Africa are being prepared for their transition into independence. This study hopes to contribute to filling that gap with an exploratory study into the factors influencing the transition from care to independence in Harare. This study aims to find out how young people leaving residential institutions in Zimbabwe are being supported to make the transition into society as adults.

This study also seeks to contribute to the larger body of knowledge on the institutionalisation of children, by exploring some effects of long-term institutionalisation on young people. The Zimbabwean Orphan Care Policy of 1999 proposes using the institution as a last and temporary resort, but there are children who are continuously being placed in the care of institutions and stay there for long periods (Powell et al., 2004).

The study is also significant in that it satisfies the researcher's professional interests. My previous experience as a residential social worker in Cape Town, South Africa exposed me to the hopelessness and fear that some care leavers face at the time of exit. This led to a reflection on the work done by residential care professionals, with regards to preparing young people for the realities of life outside the institution. Children who do not have care histories disengage much later from their families and most do not ever disengage fully from family support (Kelleher, et al 2000). How then is it expected that young people leaving

residential care, where they were dependent on the state as a corporate parent, would be able to cope independently upon exit?

The psychological burden of their pre-care circumstances adds to the vulnerability of care leavers. The residential care system, characterised by administrative hierarchies, donor policies, lack of human resources, high caseloads and a discharge process whose legal framework is often subject to individual interpretation, exposes care leavers to inadequate support into adulthood. My own observations of some young people leaving residential care homes and becoming destitute encouraged a further exploration into factors influencing transitions from care.

1.3 RESEARCH OBJECTIVES

The study explores the factors influencing the transition from care to independence in Harare. In general terms, the research seeks to find out:

- What happens to young people in residential care when they leave care?
- Where do they go and what are they doing?
- Who supports them and how

In particular the study seeks to:

- Explore the nature of the transition process from residential care to independence in Harare and,
- Explore the factors that influence the transitions from care to independence from the perspective of those who support young people in making the transition from care.

The study therefore focuses on the following questions:

1. Where do young people go when they leave care?
2. What is the nature of their transition process from residential/institutional care to adulthood/independence?
3. What is the procedure for aftercare? (for example exit plan, needs assessment, consultation, financial support)
4. Who is responsible for support of young people leaving care?
5. Why is it important to provide preparation and supportive services to young people who are faced with the legal requirement to leave care at 18?
6. Which support services are available and necessary in Harare for the young person leaving care? (formal and informal).
7. What are the limitations faced by service providers in providing aftercare services in Harare.

1.4 LOCATION OF THE STUDY

The study is located in Harare, the capital city of Zimbabwe where there are 8 registered care institutions or children's homes and a large number of private residential care facilities. Harare is also where the head office of the Ministry of Labour and Social Services (MoLSS) is located, based at Compensation House. The location was chosen for its proximity to the researcher as well as the number of residential care facilities available to study. See Figure 2 below:

Figure 2: Map of Zimbabwe. ***Source:*** ***www.nationsonline.org***

1.5 STRUCTURE OF THE THESIS

The thesis will be divided into seven chapters. This first chapter, an introduction to the study, includes research aims and justification. It also offers a background to the study in the Zimbabwean context. The situation of young institutional care leavers has not yet been fully explored in Zimbabwe. There is little documentation on what happens to young people once they leave institutions and enter mainstream society. The background context will detail the current socio-economic and political climate in the country as well as the structure of residential care practice in Zimbabwe. This will shed light on some of the limitations faced by caregivers and social service practitioners in providing social services in the country.

The second chapter is the historical development of residential care globally, and how it operates as a system. This chapter will provide a conceptual framework for the study with residential care as the main focus. It will also detail the residential care models in Zimbabwe, the legal frameworks and policies governing the provision of residential care for children. The chapter will therefore, show how service provision for children and young people is structured. It will include a brief historical overview of care for orphans and vulnerable children in Zimbabwe up to the time of the current policy and National Action Plan for Orphans and Vulnerable Children (NAP). This will assist in further exploring the context in which the study is taking place.

Chapter three is a continuation of the discussion around institutional care, linked with theory. The discussion will be framed under the theoretical framework of Goffman's total institutions, the life space theory and Bridges model of

understanding transitions from care. The theoretical frameworks aim to show how the environment a child or young person is in, shapes who they become in adulthood. In this instance, growing up within institutional dynamics has a way of shaping how the young person develops into an individual and how they are accepted into society at the time of reintegration.

The fourth chapter is a literature review on supportive services for young care leavers, both local and international. This section will discuss available, relevant literature in the field and show the need for supportive services for young people leaving care. Some international guidelines and practices will be detailed, opening up the discussion to residential care studies in Sub-Saharan Africa and then to the country in focus, Zimbabwe.

The fifth chapter, on research methodology and design, will describe the research process; explain the methodological decisions made including sampling type, data collection tools and analysis. Details of the fieldwork will be included, also exploring the limitations faced and how they were dealt with by the researcher. Ethical issues will be discussed as well, showing evidence of research rigour.

The sixth chapter, presentation and interpretation of study findings on factors influencing the transition from care to independence will include details of data analysis. An attempt will be made to answer the research questions and link the study findings to theory and earlier literature review. The last chapter will provide a conclusion and summary of the study and some recommendations

1.6 BACKGROUND TO THE STUDY, ZIMBABWEAN CONTEXT

1.7.1 HISTORY OF SOCIAL CARE IN ZIMBABWE

Social welfare since the colonial era was based on a residual model which meant assisting only those who are unable to help themselves. As a result, services were limited in scope and targeted towards urban areas. Kaseke et al., (1998) states that, destitute white people and only urbanised black people were in receipt of social services until after the liberation struggle which gave Zimbabwe its independence. This service would stop once the recipients became self-supporting (p. 26).

Zimbabwe gained independence from the British in April 1980 after a seven-year armed struggle. According to Zhou and Zvoushe (2012), this historical reality of independence has remained a decisive factor in national policy making. The new government inherited British forms of policy structuring and had to re-align these to fit the socio-economic and political situation after independence. Zhou and Zvoushe (2012:213) state that the need to address inequalities and injustices brought about by the previous administration, underpinned policy making during the first decade. During this period the government decentralised its activities in order to become more accessible to the people in society in need of social services (the poor and marginalised groups). The Department of Social Services (DSS) in the Ministry of Public Service, Labour and Social Welfare (MPSLSW) now known as the Ministry of Labour and Social Services (MoLSS), was given the task of providing and coordinating social welfare services since then. They also got the role of implementing the Child Protection and Adoption Act which governs the care of orphans and vulnerable children in the country.

At independence, Zimbabwe inherited a dual economy characterised by a relatively well-developed urban area and a largely poor rural area in which the majority of the population lived. Most of the government expenditure was, therefore, allocated to addressing the structural inequality, with an emphasis on rural infrastructure development and a land resettlement programme[3]. In urban areas, policies covered areas such as black affirmative action, minimum wage and indigenization aimed at raising the standard of living of most of the urban populace (Zhou and Zvoushe, 2012:214). Government adopted a welfarist policy characterised by resource redistribution and equality in all sectors. This included the Education for All and Health for All policies[4].

The early 1990s saw a change in Zimbabwe's policies through the broad framework of Economic Structural Adjustment Programmes (ESAP) that were adopted in Africa and the rest of the world. These programmes were promoted by the IMF and World Bank and were severely critiqued for their impact on developing economies (United Nations, 2007). The problem with the previous growth-with-equity policies that were developed before ESAP, was sustainability. The government found it difficult to sustain the distribution of wealth to all sectors of the population and provide equal access to services, as was the aim. ESAP then sought to de-emphasize social welfare expenditure and focus on manufacturing, mining and agriculture (Zhou and Zvoushe, 2012). The period 1990-1996 became known as the Economic Liberalisation Period (Nyanguru and Nyoni, 2014). This had a heavy toll on the welfare of the population, especially the poor, and as a result chances of accessing education and health facilities became slim. According

[3] Lancaster House Conference 1979 where it was decided Rhodesia would become a legally independent nation, that there would be an irreversible transfer of power from the white minority to the black majority source: http://www.rhodesia.nl/lanc1.html

[4] See article titled "From Education and Health for All by 2000 to the collapse of the Social Services Sector in Zimbabwe, 1980-2008" in the *Journal of Developing Societies* by A.S Mlambo; "Public Policy Making in Zimbabwe: A three decade Perspective by Zhou and Zvoushe.

to Nyanguru and Nyoni (2014) the economic situation became so dire that the government replaced the ESAP policy with the Zimbabwe Programme for Economic and Social Transformation in 1996 (ZIMPREST, 1996-2001).

Zimbabwe faced a socio-economic and political crisis between 2000 and 2010 which made world headlines. The peak of the meltdown was in 2008 and this was known to be the year when Zimbabwe reached the lowest ebb in terms of its economy. Zimbabwe had the second worst inflation rate in the history of the world after Hungary, at 231 million percent. (Kapingidza, 2014:4). The public sector came to a standstill and social services were essentially non-existent. Politically, the environment was unstable characterised by political violence and unrest in the country as well. This period is relevant to this study, as policies that were developed during this time were made under turmoil and uncertainty, but remain relevant. There was an acute shortage of basic commodities such as food, fuel, drugs, electricity and foreign currency (Zhou and Zvoushe, 2012). The poor were the most affected by all this turmoil in the country.

The DSS suffered a loss of staff during this economic crisis through out-migration which led to the few remaining staff struggling with high case-loads. This also meant an increased use of residential care as an alternative to investigation and family placements (Powell, et al., 2004). Government posts were frozen in 2008 due to government failure to pay salaries and this meant that those left in government employment had huge caseloads. Nyanguru and Nyoni (2014: 57) state that social workers were left with an abnormal caseload of 49.887 children per social worker. This is compared to 1.867 children per social worker in Botswana and 4.300 children per social worker in Namibia (Wyatt, et al., 2010).

Social welfare budget cuts during this period of economic crisis meant that the DSS encountered transport challenges and staff could not conduct home visits and investigations (Kaseke, et al., 1998). Children found in need of care would be placed in institutions with minimal investigations (Powell et al., 2004). An evaluation of the institutional capacity of DSS in Zimbabwe (Wyatt et al, 2010) showed that the department still relies on donors and non-governmental organisations (NGOs) for structural and logistical support. This affects their capacity to provide social services in the country, for example, monitoring NGO provision of child care services when they rely on the same NGOs for support. Later, in this study, a discussion on residential care models in Zimbabwe will also highlight the differences in practice by NGO residential facilities and state facilities. These differences have a huge impact on the type of service provision for children in care and the dynamics in the relationship between state and NGO are further highlighted.

The signing of the Unity Government in September 2009 saw another shift in the Zimbabwe situation. The inclusive government included the ruling party ZANU PF and the opposition parties and brought about new policies and a relief to some of the turmoil of 2008. The economic empowerment policy is more relevant for this study. According to Zhou and Zvoushe (2012), however, policy making after 2009 became driven by interventionism rather than long term socio-economic welfare.

The local currency was dropped and Zimbabwe adopted a multi-currency system. This eliminated the hyper-inflation and the economy started to show positive trends (Nyanguru and Nyoni, 2014). It is thought that the country is recovering from a decade of economic decline that led to rising levels of poverty, unemployment and underemployment. The current economic

blueprint, the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET 2013-2015), seeks to ensure continued economic growth. In its indicators for socio-economic growth it also includes Social Services and poverty eradication. Specific funds are allocated to benefit disadvantaged groups in society including women, youth and people with disabilities. It is not clear how much of this budget goes to supporting previously institutionalised youth.

1.7.2 RESIDENTIAL CARE PROVISION IN ZIMBABWE

Reported evidence of residential care provision states that there were 56 residential care facilities in Zimbabwe, with a registered capacity of 3,279 children and 24 new homes were built in the decade between 1994 and 2004 (Powell et al., 2004). There are no known current statistics on the number of residential facilities in Zimbabwe.

Williamson and Greenberg (2010), highlight the fact that most governments in Africa do not know the exact numbers of children in care or the total number of orphanages in operation, with some operating without state registration. It is possible the number of children in residential care in Zimbabwe has been underestimated. Engle et al., (2011) note that many governments de-emphasise the numbers of children in institutional care so as to keep up with the UNCRC and also do not include numbers of children in faith based orphanages in their statistics as a result. These are classified as children in "boarding school" or in private organisations but they still do represent institutionalised children in care.

The National Orphan Care Policy of 1999 discouraged forms of care that removed children from the community and sought to support traditional methods of care within the extended family.

However, rapidly increasing poverty and deaths from AIDS placed the extended family network under extreme pressure, and institutionalisation became the desired and only available option, in most cases. The residential care study in Zimbabwe cautions that such a response becomes the only viable one to families struggling to cope with orphans in their care (Powell et al., 2004). However, it cannot be emphasised enough that the guiding principle in child care is that the psychological, social and emotional needs of children are best met within the family or community and orphans should be cared for within their community of origin (Nyanguru and Nyoni, 2014:103).

1.7.3 THE CHILDREN IN RESIDENTIAL CARE

Although there is a dearth of official data on the numbers and make up of children in care in Zimbabwe a 2004[5] study gives an idea of the characteristics of children in care. This study revealed that there is a continued dominance of males in care (60%) and the average age of young people in care has increased, with some now remaining in care when they are over the statutory age limit of 18.

Table 1 below shows findings on numbers of children placed in institutional care and their reasons for placement in 2004:

[5] [5] The Ministry of Public Service, Labour and Social Welfare, now Ministry of Labour and Social Services (MoLSS) together with UNICEF commissioned a study on children in residential care: the Zimbabwean experience in 2004. The research consisted of 5 researchers (see bibliography for reference).

Table 1. Number of Children in Institutional care, n=515

Reason for being in care	Percentage (%)
Abandoned/no known relatives	41
Abandoned known relatives	7
Orphan	15
Abuse/neglect	11
Financial/Social	10
Mental illness in parent	8
Street kid	3
Mother in prison	1
Other	4

Source: Powell et al., (2004:23) *Children in Residential Care Zimbabwe*.

Furthermore, it has been suggested that the orphan status of children in care has also changed, with the decreasing HIV prevalence rate since 2007 (UNDP, 2013, Powell et al., 2004). Most children are no longer double orphans but have at least one surviving parent. Williamson and Greenberg (2010) point out that in Zimbabwe 40% of children in orphanages have surviving parents and nearly 60% have contactable relatives. This is significant because the child may no longer be as vulnerable as when both parents are deceased and they no willing or suitable relatives. The options for family and community reunification are significantly increased, whilst reducing the possibility of long term placement in the institution.

On the other hand, some children and adolescents, who have suffered abuse and severe neglect at the hands of family members, often cannot return to their families, no matter how many efforts are made at family reconstruction. Institutional care, therefore, becomes the only viable option for this group. These young adolescents often find it difficult to find and maintain foster placements due to their age as most foster parents prefer younger children. Institutional care becomes the only option available for them. In some cases,

institutional care is seen as desirable, such as with street children, as this may be the first step to getting them off the streets (Williamson and Greenberg, 2010). In this case, it is recommended that institutions model family set-ups, with smaller units and are located within communities where there is a chance for interaction (Nyanguru and Nyoni, 2014). This is thought to help ensure a smoother transition from care into mainstream society where the young person feels they belong and are accepted.

1.7 CONCLUSION

The situation of young people leaving institutional care into independence is an issue that still needs further research in Zimbabwe and Sub-Saharan Africa as a whole. Very little is known about how young people who grow up in care are being supported to make the transition from care to independence. The context in which previously disadvantaged young people are in, is important because it affects the care they receive from government and private organisations. The economic crisis in Zimbabwe that worsened in 2008, impacted on social service delivery across the country. When most of the country's citizens are described as being poor, it is not surprising that institutional care, which is meant to be a last resort is being utilised more often. Families and extended families can no longer afford to support the vulnerable children in their care and this has resulted in an increase in the number of residential care facilities or orphanages. International well-wishers came to the country and built more orphanages as a way to assist with the ever growing issue of orphans and vulnerable children. When children stay longer in institutions and are separated from their families and communities, they face challenges reintegrating back into society. Being socialized in the institution and becoming dependent on the system increases their need for support when they have to leave. Although there are policies in place, the Department of Social Services is faced with a staff

shortage crisis and a lack of resources. This study, therefore, views the issue of young people leaving care as a matter of grave concern and seeks to explore what factors influence their transition from care in this context.

CHAPTER TWO

2.0THE DEVELOPMENT AND PRACTISE OF RESIDENTIAL CARE INTERNATIONALLY AND IN ZIMBABWE

2.1 INTRODUCTION

This chapter introduces the concept of residential care and provides a background for the theoretical frameworks and literature review to follow in the next chapters. Contextualising residential care is important because the residential facility or institution is where the young person resides every day as part of their care. My previous social work experience in the residential care environment showed evidence of the dynamics of the residential care environment shaping the outcomes of young people. This experience will be backed by literature on the historical development of institutional care as well as the kind of treatment/practices/norms found in institutions at the time and at present. This chapter will also highlight how the organisational structure of the institution influences the kind of care provided. It will also include a description of the models of institutional care in Zimbabwe. Following that is a discussion on the development of the legal framework and policies governing the provision of residential care in Zimbabwe.

2.2 THE CONCEPT OF RESIDENTIAL CARE

Some countries refer to children in care as being in out-of-home care (Courtney and Iwaniec, 2009). Out-of-home care typically refers to foster care and residential care as well as other forms of alternative care such as kinship care. *The Guidelines for the*

Alternative Care of Children (UN General Assembly, 2010), makes a distinction between formal care and informal care.

Informal care is described as:

> Any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity… (p. 6*)*.

On the other hand, formal care is described as care that has been legally sanctioned whether it is placement in family care or in a residential facility. This implies that there is a judicial order involved in the care of the child. Residential care is described as care that is provided in any non-family based group setting such as places of safety and other short or long term facilities (UN General Assembly, 2010:6). This relates to the earlier definition and use of the term residential care and institutional care synonymously to mean all forms of group care for children away from their families of birth and communities of origin.

The study's focus on children in residential care is explained by the fact that transitions from this form of alternative care are more problematic than others. This may be because children are separated from mainstream society and family support in this form of care. The purpose of residential care is to provide a safe, nurturing environment for children and young people who cannot live at home or in alternative care such as foster care (Health Service Executive, 2012). This means that only those children who have no other alternative open to them due to age or special circumstances such as special needs, disability or behaviour challenges are often those who are placed in residential care. This implies that thorough investigation must have taken place before the decision is made to place a child in residential care. *The UN*

Guides for the Alternative Care of Children (2010), Article 21 specifically states that this should be appropriate to the child's needs and made in the child's best interests.

Residential care has changed globally over time and this has been due to policy changes that came as a result of various challenges in the system. Institutional care usually involves the care of large numbers of children, usually in an artificial setting which effectively detaches them from their immediate and extended families, as well as their community or origin (Singletary, 2007: 301). As mentioned previously, in most countries, residential care is, by law, supposed to be a last resort for children. This is because historically it often operated in a way that was emotionally harmful for children in how it was structured in big dormitory style institutions (Arnett, 2000; Engle et al, 2011, Williamson and Greenberg, 2010). The following section discusses this in more detail.

2.3 HISTORICAL OVERVIEW OF RESIDENTIAL CARE

Gilligan (1991) describes two models of residential care: the traditional/missionary rescue model and the traditional medical/treatment model. Residential homes existed in Europe as far back as the 16th century and began with the religious movement (the missionary rescue model). Nuns from the Catholic Church in the United Kingdom began the provision of residential care as a response to the needs of the destitute in the country. This continued all the way into the 20th century (Anglin, 2002). The last half of the 19th century saw a shift in social provision where the focus became more on the family and the conditions that led to children needing to be removed from them. Families that were seen as incapable of caring for their children, for instance, children with uncontrollable behaviour and mental illness were seen as

being in need of this service. This movement started seeing children being removed from their families for their protection and this saw the rise of children's homes and orphanages, reformatory and industrial schools in the United Kingdom and other parts of Europe. This was known as the reformation rescue period (Smith, 2009). Smith states that it was perhaps primarily motivated by a moral purpose to eradicate vice that was considered at the time to originate from poverty and ignorance (Smith, 2009:23).

The second model which is the medical/treatment model was described by Gilligan as one that placed emphasis on "curing" the young person of the "malign influences" of their family and social environment (Gilligan, 1991:197). The young person was, therefore, placed in a residential care system which made efforts to assist the young person to "recover through a course of treatment care in a sterile environment" (Gilligan, 1991:197). In care work, care recipients often define themselves according to the quality of care they receive and are not passive actors in the care process (Lynch, 2010). If a young person is seen as needing "treatment" according to this model they are a patient and not necessarily a child in need of love, care and affection. According to Kittay (2001:560), care is a multi-faceted term which represents labour, attitude and virtue. As labour it is the work of maintaining ourselves and others whereas as an attitude caring represents bonding and investing in another person's well-being. Kittay goes on to express that the labour of care can be done without the attitude of care, as in the medical model described by Gilligan (1991). This model of care was described as not suitable for the care of children.

Legislation was passed to regulate the care provided to children in treatment institutions from 1908 as it started becoming apparent through reports on abuse that children residing in residential treatment centres were being ill-treated (Gilligan, 1991). The

Children's Act, also known as the Children's Charter, began providing for the protection of children in residential institutions namely; reformatory and industrial schools. To date, globally most residential care facilities are required to conform to norms and standards of practice to ensure best practice and better outcomes for children and young people in care according to *The UN Guides for the Alternative Care of Children* (2010). This applies to countries which have ratified the *United Nations Convention on the Rights of the Child* (UNCRC). Specific legislation in various countries now provide the legal framework for identifying children in need of care and finding the appropriate alternative care if they cannot remain in their family homes. Such legislation is generally driven by the welfare of children and attempts to speak to their best interests, in line with provisions of the UNCRC. Modern institutions have advocated for the creation of smaller family-style units to address complaints about the bigger style institutions and their capacity to cause permanent psychological and sociological damage (Powell et al, 2004).

Economic and ideological factors have historically determined the size of residential institutions (Chipenda-Dansokho, et al., 2003). According to their literature review, Chipenda-Dansokho et al., (2003) claimed that policy makers began discussing the most appropriate residential care size due to the costs related with running bigger institutions as well as the ideological issues that arose regarding the care of big numbers of children and young people. These considerations were reportedly not due to concern regarding the optimal development of 'inmates.' Most criticisms of residential institutions have been with regards to the failure of them to provide adequate emotional and psychological care for children (Williamson and Greenberg, 2010; McCall, 2013).

Chipenda-Dansokho et al., (2003) identify two schools of thought that have emerged internationally to influence the reduction in the

size of residential settings for children; one psychological and the other philosophical. The psychological school of thought was due to complaints regarding the potential for bigger institutions to cause psychological harm and separation from society which was detrimental for the children's wellbeing. The negative effects of separating children from their birth families was said to have been the source of the psychological school of thought. The philosophical school of thought originated from the Western ideals of individualism and placed less emphasis on collective "socialization and group indoctrination". This philosophy considers looking at individual needs of children and not seeing them as a group at risk and use a "one size fits all" intervention for them. According to (Chipenda-Dansokho et al., 2003:6), this shows a shift of society's goals for needy children to an approach that is more concerned with social adjustment, allowing self-expression and encouraging family links. This is linked to the family-based model of care that will be discussed later in this chapter.

In Africa and particularly Zimbabwe the development of institutions was not a big issue until the AIDS crisis that was noted in 1998 (UNAIDS, 1998). A growing number of AIDS orphans who were often cared for by their extended families, in kinship and community care could no longer be contained by their extended families (Powell et al., 2004). Moreover, due to the advent of colonisation by the United Kingdom, the idea and practice of nuclear families became widespread which further lessened the role of extended families (Chakanya and Dziro, 2014). Other scholars have alluded to the role of urbanization in that able bodied family members moved to the urban areas and the ensuing drought and lessened food stability led to a lot of families being unable to provide for additional orphans and vulnerable children (Chernet, 2001). Institutions became more and more for the care of children

as families failed to cope with the increasing number of orphans and vulnerable children (Powell et al., 2004).

Singletary (2007), states that families in Africa may send children to an institution in instances where the child needs access to nutritional, medical and other assistance and in some cases, the institution may be viewed as the only opportunity for education. In this case, the institution becomes a safety net for families that cannot identify other options for the vulnerable children in their care (Singletary, 2007).

Old style institutions (dormitory style) are still common in parts of Sub-Saharan Africa including Zimbabwe but many international funding agencies as well as governments have now made it a policy not to fund their construction or operational costs (Powell et al, 2004). However, a study carried out by USAID in 2010 on the scale, scope and impact of alternative care in developing countries found that there is much that is not known about the residential care situation in Zimbabwe. The authors state that: "the gaps in knowledge severely undermine our ability to understand the magnitude of the orphans and vulnerable children crisis, and therefore the specific care needs and effectiveness of current care initiatives" (Biemba et al, 2010:2). It becomes difficult to plan interventions where the evidence base is limited.

2.4 MODELS OF RESIDENTIAL CARE IN ZIMBABWE

The study on the residential care situation in Zimbabwe (Powell et al. 2004) identified two models of residential care; dormitory style and family-based. They further classified residential care models based on the architectural design, whether it was Western or traditional African. The traditional architectural model would be thatched rondavels characteristic of rural housing in the country.

This model would typically fit into the surrounding community and shows an attempt to embrace traditional value systems. The modern model would be Western style brick buildings which are typically superior in their architecture and stand out from the surrounding community. This often separates the children in the home from those in the community and according to Powell et al. (2004:9) this has led to resentment by the community and stigmatisation of the children in the Western model institution.

2.4.1 DORMITORY STYLE

This is where children are housed in dorms and share communal dining and living areas. Powell et al., (2004) state that staff in dormitory style care perform a range of administrative, domestic and care giving roles for the children. The dorms are usually segregated by age and sex. This set up is a different experience from normal family life and has been associated with poor psychosocial support (Powell et al., 2004:9). There is a strong emphasis on meeting physical needs in this model, as long as safety has been guaranteed and generally less emphasis is placed on psychosocial needs. Over 50% of institutions in Zimbabwe are said to be dormitory style institutions, with the largest having the capacity of 153 children in care (Powell et al. 2004).

2.4.2 FAMILY-BASED MODEL

This model follows modern approaches to residential care and replicates nuclear family settings with smaller units and children having a parent or guardian figure. The chosen 'family' lives in a unit and perform household chores, prepares food and shares together like a nuclear family would. The majority of institutions in Zimbabwe have been constructed based on the current regulations for institutions which came from the colonial period

and, therefore, are of Western conventional style which is family-based. Twenty-six of the 57 registered institutions in Zimbabwe follow the family based model, and the remaining 31 still use the dormitory style. However, in some cases a waiver has been obtained for rural homes which adopt the traditional style of thatched rondavels in order to be less obtrusive in the rural area and keep the cultural environment of the children's society (Powell et al. 2004:9). Many family based structures have adopted the "children's village" concept such as SOS children's villages for their construction. This is where they use the cottage system with different "families" residing in each cottage but all in the same premises, making a community/village set up.

As seen above, residential care practices have evolved over the years and now aim to improve the care and well-being of children who are found in need of care.

2.3 LEGAL FRAMEWORK AND POLICIES GOVERNING RESIDENTIAL CARE IN ZIMBABWE.

The following section will discuss the legal frameworks that govern the provision of residential care services in Zimbabwe. The legislative instruments and child care policies are all guided by the *United Nations Convention on the Rights of the Child* and the *African Charter on the Rights and Welfare of the Child* and aim to promote the best interests of children.

2.5.1 UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)

Zimbabwe ratified the *United Nations Convention on the Rights of the Child* (UNCRC) in 1990 and was one of the few African countries to sign on very early (Powell et al., 2004). The UNCRC has provisions such as children's rights to survival and

development; children's rights to a family life and protection; which are relevant for this study. The following table describes these in more detail:

Table 2. ***UNCRC Guidelines specific to Zimbabwe***

Every child has a fundamental right to survival and development according to Article 6. Article 7 the child's right to an identity: the Zimbabwe Births and Registration Act makes it an offense if a birth or death occurs in the country and is not registered. The standard of living is ensured through grants given by the government through the Department of Social Services in the Ministry of Labour and Social Services. Child participation in the making and implementation of decisions that affect them according to Article 12. Article 13 states that children must have freedom of expression in any form they feel comfortable with; written, drawn or spoken. Protection from all forms of abuse and harmful treatment. The Children's Act in Zimbabwe makes provisions for the implementation of this.
Right to family life according to the UNCRC which recognises that for optimum development every child needs to grow up in a family environment where there is happiness, love and understanding (MoLSS, 2011). Those who cannot be with their families, provisions were made in the UNCRC for their protection. Article 20 states that children without parental care have rights to special care and protection. Source: MoLSS:2011:11-13

2.5.2 THE AFRICAN CHARTER

Zimbabwe ratified the *African Charter on the Rights and Welfare of the Child* in 1995. The Organization of African Unity (OAU) adopted this Charter with the same provisions as the ones in the UNCRC, with one addition specific to African children; which is the responsibilities of the child (MoLSS, 2011). This provision acknowledges that children have rights, but they are also responsible to their families, communities, the state and other legally recognised institutions.

2.5.3 ZIMBABWEAN ORPHAN CARE POLICY

With guidance from the World Summit for Children that took place in 1990, Zimbabwe began having discussions to place issues of children on the national agenda. Zimbabwe agreed during the Summit to have a National Programme of Action for Children (NPAC). The NPAC was fully developed in 1992 and its main aim was to consolidate and strengthen the commitment and mobilisation of resources for children of Zimbabwe (MoLSS, 2008).

In 1999 after consultation with civil society, non-governmental organisations and other duty bearers, the government of Zimbabwe adopted the *Zimbabwean National Orphan Care Policy* (MoLSS, 2008:2). Some of these stakeholders included the Social Services Action Committee in the Cabinet (SSACC) and United Nations agencies (Saito et al. 2007). The National Action for OVCs (NAP for OVC) which was established in 2005 intensified the implementation of both the National Orphan Care Policy of 1999 and Children's Act of 2001. The NAP for OVCs plans to reach all orphans and vulnerable children with social services by 2020 (UNICEF, 2014).

According to MoLSS (2011: 18), the purpose of the Zimbabwe Orphan Care Policy is to direct the focus of the courts and development agents to the specific needs of orphans; support existing family and community systems; mobilize, motivate and educate all communities in the country to support orphans; assist orphans to gain access to public and private resources and promote research on issues affecting orphans, just to name a few. A six-tier safety net system was set up through this policy which saw institutional care as a last and temporary resort after biological family, extended family, community care, foster care and adoption efforts had failed (MoLSS, 2011). This policy is in line with the provisions made in the UNCRC and the African Charter on the Rights and Welfare of the Child. It solidified government stance on family and community alternatives and recognises that children are important to both their immediate families and to the community (Powell et al. 2004).

Unfortunately the NAP for OVC has not been able to reach all orphans and vulnerable children in the country and official numbers of all the children who are unable to access basic social services are not available (UNICEF, 2014).

2.5.4 THE CHILD PROTECTION ACT Chapter 5:06 (as amended 2001)

This is the legal framework governing the conditions of care for children in alternative care under the Constitution of Zimbabwe, Amendment Act 20 of 2013. This legal framework provides for the welfare, protection and supervision of children in Zimbabwe. The Department of Social Services in the Ministry of Public Service, Labour and Social Welfare is responsible for its implementation (Powell et al., 2004)

Utilising the "best interests of the child" objective, the state upholds the legislation that promotes children's rights and the Children's Act is the main one regarding children. Legally children in need of care are placed on detention orders for a temporary place of safety or through committal orders (MoLSS, 2011). Committal orders are normally valid for three years whilst place of safety detention orders are valid until an investigation into the circumstances of the child has taken place. Under the Constitution, a child is defined as anyone under the age of 18.

2.5.5 THE NATIONAL YOUTH POLICY

This policy was adopted in collaboration with government, non-governmental organisations, community and private stakeholders in 2000. The aim of the policy is to highlight the priorities to be adopted for the empowerment of youth in the country (National Youth Policy, 2000). The policy aims to empower youth through the creation of an enabling environment and provision of resources for the running of programmes that fully develop youth's "mental, moral, social, economic, political, cultural, physical and spiritual potential" (National Youth Policy, 2000, no pagination). With high rates of unemployment and poverty in the country as described in the background context (Chapter 1), it is important to have some mechanism to provide for youth in the country as well. These conditions act as obstacles to youth development in the country and adversely affect previously disadvantaged young people such as care leavers.

One youth policy strategy relevant for this study is the provision of education and vocational skills training. The policy recognises that Zimbabwe has focused primarily on the provision of academic training excluding the vocational training which may increase self-reliant activity (National Youth Policy, 2000, no pagination).

Young people leaving care, who may not have future education prospects due to multiple placements that may have disrupted their schooling or delayed educational completion due to circumstances such as lack of money for school fees, can benefit from this provision.

The youth policy covers all youth in the country including those in difficult circumstances such as institutional care, separated from their families and communities. Young care leavers exit institutions to face the same conditions being faced by the nation's youth on top of their own situations. This exposes young people leaving care to further vulnerability.

2.5.6 OTHER RELEVANT POLICIES AND GUIDELINES

The National Child Participation and Protection Guidelines (2010) provide information guidance to organisations working with children and to the children themselves, placing emphasis on their participation and protection. These guidelines were formulated by the Ministry of Labour and Social Welfare with the help of UNICEF (MoLSS, 2010). They work in collaboration with the National Action Plan for Orphans and Vulnerable children (NAP for OVCs).

2.6 CONCLUSION

The chapter discussed how the concept of residential care how has developed historically, including issues of size and type of care. Young people in residential care are affected by the quality of care and dynamics of their surroundings. Residential care settings have traditionally been big and formalised institutions where inmates were treated as patients who needed to be cured from a social ill. Academics and policy makers over the years have sought to

redefine the size and quality of care in residential settings and this came about, as seen above, as a result of psychological and philosophical concerns. Today, most countries have adopted the guidelines set by the UNCRC to treat residential care for children as a last and temporary resort. Where residential care is a necessary option, then child care practitioners have to ensure that the child is placed in a family based model that closely resembles aspects of a family life. Policies and legislative frameworks are in place in some countries, including Zimbabwe to govern the care of orphans and vulnerable children. These policies facilitate the implementation of programmes for service provision targeting children and young people. In Zimbabwe, as noted above, the National Orphan Care Policy, the Child Protection Act and the National Youth Policy are all guiding frameworks governing the provision of services for young people in need.

CHAPTER THREE

3.0 THEORETICAL FRAMEWORKS ON RESIDENTIAL CARE

3.1. INTRODUCTION

The study in Zimbabwe focuses on the perspectives of residential care professionals and staff. This study draws on theories that explain the institutional environment, staff and dynamics found within the system in an attempt to understand the impact and experiences of residential care for the young person from the view of the professional caretakers. This is a continuation from the previous chapter on the concept of residential care. This chapter provides theoretical frameworks for institutional care that are relevant for this study on factors influencing the transition from care to independence in Zimbabwe. The following discussion will look at Goffman's theory of total institutions, the lifespace theory and Bridges' model of theorising transitions. Together, these theoretical frameworks will help to further understand the conditions that young people in residential care are exposed to.

3.2 ERVIN GOFFMAN (1961): TOTAL INSTITUTIONS CONCEPT

It is important to understand how institutions operate, how and why they have evolved in the way explained above. In order to do this, a look at Goffman's concept of "total institutions" and his description of the institutional experience is follows. Ervin Goffman (1961) developed the concept of the total institution and he identified four key features of an institution which are, according to Robb 2007 (p189):

Table 3: *Goffman theory of total institutions*

Batch living - characterized by block treatment of residents with no opportunity for personal choice regarding clothes, food or personal space.
Binary management- characterized by social distance between staff and residents, staff supervising and not participating in activities with residents. Power relations.
The role of the inmate- the resident is stripped of their former identity and becomes essentially depersonalized. Everyday life is organization-centred and not user-centred.
The institutional perspective- over time the institution completely takes over and becomes the only term of reference for the resident, who cannot see beyond the institution and depends on it. Rigid routines and lack of power accepted.

Goffman's theory is a macro theoretical perspective which sees the self as a social construct which suggests that the way in which individuals act and regard themselves as being, is a consequence of the way others see and react to them (Shaw and Frost, 2013).

Although this way of seeing institutions is dated, it is still relevant. The history and development of residential care chapter of this thesis, discussed how institutions have become smaller and less regimented for economical and philosophical reasons. However, some institutions continue to be structured in dormitory style and a lot of what Goffman characterised is still visible (Robb, 2007). The power

struggle is still present between inmates and residential care staff in an institutional setting. Tension between residents and staff usually leads to resistant behaviour as residents try to hold on to their identity.

According to Lishman (2007), residential establishments are institutions and although they are not "total institutions" they are still subject to the processes and dynamics that institutions produce. There is a tension between the institutions' need to maintain order, stability and the needs, wishes and rights of the residents for personal space, choice and expression (Lishman, 2007:251).

According to Williamson and Greenberg (2010), children need more than just good physical care. Residential care facilities provide safety and shelter but these are not the only requirements for optimum wellbeing. A child's well-being involves emotional care and attachment, a good relationship with his/her environment as well as significant others. Residential care staff often cannot give individual attention to all the children in their care, and more-so in big dormitory style institutions (Powell, et al., 2004). The extent to which institutional care can meet the emotional needs of vulnerable young people has been questioned due to this fact. Residential care has been found to fail to meet children's developmental needs of attachment, acculturation and integration (Williamson and Greenberg, 2010: 2).

Being in an institution often means limited opportunity for decision-making. The day-to-day routine is often structurally determined and managed by the staff (Robb, 2007). The inability of children and young people to make decisions for themselves, even minor decisions such as how to decorate their rooms, often leads to further feelings of helplessness and dependence. Robb (2007) states that rules and routines are established in order to facilitate the smooth running of the facility but this also means removing the normalcy of a family setup and acts as barriers to the development of confidence and self-

assurance. Children and young people lack autonomy and often privacy in care institutions; especially for the older adolescents this becomes increasingly problematic. A lack of continuity and disjointed lifestyles, due to multiple placements and changing care professionals also have a negative impact on young people's development, nourishment, and maintenance of relationships of trust (Include Youth, 2005: 9).

Goffman's concept of "total institutions" is, therefore, useful for this study because it helps in the understanding of the dynamics found in institutions. Goffman studied how and why the exercise of power impacts on the residents' behaviour. Robb (2007) describes how the organisational design and tasks may have implications for practitioners. The above discussion shows how the structural rules and authority affect both the young person and residential care staff. Linked to the current study on how residential care workers and practitioners perceive the experiences of young people in care, Goffman's theory provides a useful framework. Furthermore, how professionals perceive the leaving care process may determine the support they give to young people making the transition from care.

3.3 UTILISING THE LIFESPACE THEORY TO UNDERSTAND RESIDENTIAL CARE

Lifespace has been described as:

> "...the use of daily life events as they occur to promote children's growth, development and learning. It recognises the potential for communication with troubled young people that is provided by shared life experiences. Daily life events, as shared by care staff and residents are used to help children make sense of the various areas of their lives (Smith, 2005a:1).

Kurt Lewin (1832-1920) coined the term "lifespace" to emphasize that individual behaviour must be understood in its social ecology (James, 2008). It is also derived from work by two psychologists, Redl and Wineman in the USA back in the 1950s and its use expanded in the West by the 1970s (Lishman, 1991). All individuals are understood to construct lives for themselves from what is available in their environment (Hoskins and Mathieson, 2004).

The concept of lifespace with regards to work with children and youth refers to being with children/youth where they live their lives, engaging in seemingly mundane activities. The lifespace represents an attempt to create a "normal" sense of family life with its own social structure, with its own cultures and norms. According to Redl practitioners should take into account the different situations and contexts in the children/youth's lives when planning programmes for them (Hoskins and Mathieson, 2004).

In residential care work, according to this perspective, the young person in the residential care system becomes part of a new structure that represents a "family" and has its own unique set of characteristics and values within it that become part of the young person's life. The residential environment becomes the child's context and their interactions are dependent on the conditions in that environment. This means that the residential space plays a significant role in shaping the young person's life. For instance, in order to cope in the community, the graduate is expected to use the survival capabilities learned in the institution (Arnett, 1998).

Hoskins and Mathieson (2004) note that the lifespace is constantly evolving and shifting and that individuals are engaged in constructing meanings from the changes they encounter within their environments. When young people have to exit the residential care system they go through a major transition and they construct meanings from that experience which will impact their lives.

The intended caring and interventions that take place in the residential setting all affect the children and young people's lives. Lishman (1991) goes on to state that practice within the lifespace framework should therefore accommodate the impact of the institutional features on the lives of residents and workers in the helping relationship. The question of how residential care staff can contribute to positive outcomes for residents is important for the current study. According to Shaw and Frost (2013), relationships with staff can prevent or precipitate challenging behaviour of residents. Staff continuity also affects the relationships with residents as it becomes difficult to form lasting bonds. There are many authors and researchers who have tried to look at the relationship between the residents and staff and how this affects how young people growing up in care cope with post-care challenges. Robb (2007) states that the heart of residential care is the relationship between staff and the young people they care for.

The lifespace theory is in some ways similar to the life course perspective which is also widely used in the child care discourse. The concept of life course believes that the life of an individual is influenced by multiple factors in their lifetime (Anderson et al., 2014). A major aspect of the life course perspective is the environment in which the individual is in, that is the social, economic, biological and physical factors within the environment (Anderson et al., 2014). In relation to young people leaving care, Stein (2006) states that the life course perspective sees young people's lives as an integrated whole which include pre-care, in care and time of leaving care. Interventions across this life course affect the young person's outcomes, in other words they affect who they become as adults re-entering mainstream society. Stein states that there is a need to recognise the "different starting points of young people", due to the diversity of their social and family backgrounds, their experiences whilst in care and that this affects their outcomes. This supports the fact that young people in residential care are not a homogenous group

(Ryan Report, 2009). They come from different circumstances and when they leave care they leave into a different set of circumstances.

What is relevant for the current study, as stated above is that practitioners need to take these differences into account when caring for and releasing young care leavers back into mainstream society. Whether this is happening or not in practice is yet to be investigated by this study.

3.4 UTILISING BRIDGES' MODEL TO UNDERSTAND TRANSITIONS FROM RESIDENTIAL CARE

According to Anghel (2011), the process of leaving care can be seen as similar to a three stage transition process proposed by Bridges in 2002. The stages include:

Table 4*: Bridges model*

preparation or ending care
neutral zone of deconstruction and transformation
new beginning

Anghel's study in Romania used Bridges' model to show how accelerated child care reforms in a state moving from communism to post-communism, had an impact on workers and affected the preparation work they undertook with young people leaving institutional care. In their case, preparation to leave care was perceived as learning to end care and the neutral zone beginning at

discharge (Anghel, 2011). It is important to note that the study in Romania identified formal carers or residential care workers as the young person's main transition guides in the absence of family support. This makes the perspective of the residential care workers very important in understanding young people's transitions from care. This is the perspective that the current study in Zimbabwe is taking.

Dima and Skehill (2011) also used this model as one of the theoretical perspectives in their study on young people leaving care in Romania. They demonstrated in their study that care leavers go through a psycho-social transition. Socially they enter a new life and a new beginning but psychologically they are in an "in-between" zone for a longer time which may go on for years (Dima and Skehill, 2011:2532).

Bridges' model proposes that the starting point for transition, is not the new situation but the ending; the letting go of the old reality and old identity (Bridges, 2002). Ending care in this case is when both the young person and the care staff deal with the moment of leaving and ending care. This is when they both attach meanings to the leaving care process. The next stage; the neutral zone is when the old is gone and the new still does not feel comfortable. It is a time of confusion, anxiety, uncertainty and ambiguity (Dima and Skehill, 2011). Bridges distinguishes between change and transition whereby change is situational, external and focused on the new context, while transition is internal and related to the psychological process people go through to come to terms with the new situation (Dima and Skehill, 2011: 2534). Young people are often forced to make a social transition before making a psychological transition, for instance finding accommodation and finding jobs (social transition), before dealing with issues of broken relationships and separation (psychological transition). Stein et al., (2011) state how the transition is often compressed and accelerated, forcing young people in abrupt adulthood.

Dima and Skehill (2011) argue that close attention to the ending phase and support in the neutral zone is necessary for the young person to be able to make the psychological transition. A neglected area of service provision for young people relates to this psychological process in which they attempt to adjust and make sense of their transition to adulthood, but often without support (Arnett, 2000). A developmental period known as "emerging adulthood" was suggested by Arnett (2000) whereby the young person transitions into prior to reaching an identity state of adulthood. The family-based model of residential care, as discussed in the history and development of residential care chapter, is seen as ideal for supporting young people through the transitional phase and even continuing that support into their adult lives. The dormitory style in contrast, does not support the building of lasting relationships for children when they are in care and when they leave they become more isolated.

This way of understanding transitions is an essential theoretical framework for this study because both the social and psychological transitions are factors that influence the success of the young person in mainstream society. It is not enough to look at the social transition and ignore the young person's emotional adjustment to the new circumstances.

3.5 CONCLUSION

The theoretical frameworks above help in understanding how institutional processes work and how the individuals who work and reside in that system are affected. Young people who grow up in care are affected by the residential care environment, including its structures and relationships with staff within. These frameworks are useful for the current study exploring factors affecting transitions from care to adulthood from a professional and residential care

worker perspective. Due to the nature of residential care described above, it suffices to say that young people who grow in institutional care often need support from their environment when they make the transition from care. In summary, Goffman's theory explains the extent to which institutional care can affect children and how their emotional needs are often ignored. The lifespace perspective emphasises the relationships and dynamics within the residential setting and how these impact the child in the residential space. The Bridges model contribution was to explain the complexity in the transition process and how at different stages, the young person experiences different emotions and experiences. The following chapter will now review literature on service provision to support young people's transitions from care in light of the above. This will be a continuation of the discussion on some of the shortcomings and successes in residential care service provision.

CHAPTER FOUR

4.0 A REVIEW OF LITERATURE ON YOUNG PEOPLE'S TRANSITIONS FROM CARE TO INDEPENDENCE

4.1 INTRODUCTION

This chapter will review relevant literature on young people's transitions from care, both internationally and in Sub-Saharan African. Of particular importance, is literature that focuses on the support service for young people leaving care. For the most part, studies on leaving care have focused on children leaving alternative care; with a lot of emphasis on residential and foster care (O'Sullivan, 1996). The review will look broadly at international literature on leaving care, including policies and country-specific practices. It will then hone in on the Sub-Saharan African context, ending with a specific focus on Zimbabwe residential care practices, as the study location. The literature review shows that young people leaving residential care have attracted academic interest globally. Stein (2006) states that there is a growing body of both quantitative and qualitative research on young people leaving care; looking into the transition from care to independence, the aftercare situation including how young people view this journey. The current study fits into the qualitative research category, focusing on the transition process. According to O'Sullivan (1996: 212): "Literature in this area is embedded within a child care discourse and stresses the need to view aftercare, not as a discrete entity in the care career, but as an integral aspect of successful graduation of children from substitute care". Stein (2005) supports this by stating that research into forms of out-of-home care has shown in many cases that, only examining current support being offered to the young person at the time of transition is not enough. A number of researchers have attempted to understand the service provision for young care leavers making the transition from care to independence and some of these studies will be reviewed in this

chapter (Tanur, 2012; Stein, 2006; Stein, 2008; Zeira and Benbenishty, 2011). These are more relevant to the current study on factors affecting the transition from institutional care to independence: an exploratory study into service provision for young care leavers in Harare, Zimbabwe.

4.2 THE CONCEPT OF SUPPORT

The Oxford dictionary defines support in terms of i) financial support which includes funding, aid, subsidies, donations and money and ii) emotional support which includes encouragement, solace, comfort, protection and relief. Robb (2007) defines support as, a key concept used by workers to describe and give meanings to interventions. In addition, work with young people is shaped by a combination of professional values and purposes, the needs of young people and the imperatives of policy (Robb, 2007:288). Support services for young care leavers is provided by relevant state organisations, private organisations and others such as faith based groups. Support is guided by policy and legislation (see Chapter 3).

Social support can be looked at in a variety of ways. According to Hiles et al., (2013:2016) social support is a multi-dimensional concept encompassing emotional support (empathy, love, trust and caring); instrumental support in the form of tangible aid and resources; informational support (advice and information) and appraisal (feedback for self- evaluation). Supportive relationships formed with social service professionals whilst in care, who may act as mentors, have been described as crucial for young care leavers (Hiles et al., 2013). It has also been highlighted in research that supporting young people to form their own social networks and relationships goes a long way in helping them transition from care to living on their own (Tanur, 2012). It is very important to note, according to Munro et al., (2011), that, government commitment to developing legislation and practice, is essential for engagement with understanding and promoting the needs of care leavers. This implies that government

plays a major role in social service provision for any vulnerable group and that service provider operations are limited by policy priorities and agendas.

According to Stein, (2006) policy advancement in the area of children in residential care as well as collaboration with children in care have attempted to improve the provision of aftercare services. There have been a number of studies on young people's experiences of social support during their transition from care (Schiff and Benbenishty, 2006; Höjer and Sjöblom, 2011; Zeller et al., 2009).

This review will look at the critical role of practical support as well as the supportive relationships that assist young people in making the transition from care to independence. Success or failure of the transition depends also on decisions made whilst the young person is in care. EPIC (2011) proposed a "through-care" model of support that ensures that the young person is supported from admission, during their stay in care and prepared for aftercare in advance.

Often, procedures of service provision have a clear cut-off age which is 18, without the flexibility to meet the varying needs of those crossing this boundary (Robb, 2007: 271). This is the age group that the current study is focusing on.

4.2.1 INTERNATIONAL LITERATURE ON LEAVING CARE SUPPORT SERVICES

Prior to 1990 most leaving care studies were described to be small scale and exploratory in nature. The issue of young people leaving care and their outcomes and processes of transition became a subject of large scale international research after 1990 (Stein, 2006). During this period, the international community brought forward different research methodologies and conducted large scale quantitative and qualitative research with considerable social implications for young care leavers in different countries (Harder, et al., 2011). In Ireland a study conducted by Kelleher et al., (2000) came from the realisation

that many young homeless people had care histories[6]. This first national study of young people leaving care in Ireland sought to explore transitions from residential care. The study developed recommendations that have assisted policy making around aftercare services in Ireland. The results of this study in Ireland discovered that a successful transition meant that the young person had not been arrested, committed into a mental institution or rehabilitation centre and they had managed to get stable employment (Kelleher et al., 2000). In contrast, indicators of a failed or struggling transition were those who ended up homeless, engaged in criminal activity and having mental health issues. Large-scale studies such as this one provide a much needed, evidence-based foundation, on the characteristics of care leavers in Europe as well as problems that can be encountered in service provision in addressing their needs.

Countries such as Sweden, Romania and Australia have looked at the situation of care leavers, recognising them as a marginalised group who need to be targeted for service provision. According to Stein (2006) international research has shown a high risk of social exclusion for young people leaving care. They are more likely than other young people to have low levels of educational attainment, high rates of unemployment and experience a high level of young parenthood, offending behaviour and mental health problems (Biehal et al., 1995; Stein, 2006, Kelleher, et al., 2000). Projects in various countries have shown that young people leaving care are at risk of material disadvantage and social marginalisation (Romania, Germany, and Israel).[7] A story in the Russian media (Russia Beyond the Headlines, 2014) painted a bleak picture for orphanage graduates and the reporter made this comment which shows the degree of social exclusion felt by children's home leavers in the country: "For a child,

[6] Focus Ireland commissioned research which was a nationwide survey to analyse factors related to successful transitions of young people from care to independence. It came about due to a need for accurate data on care leavers.

[7] See bibliography

leaving a home is a like landing on the moon, where nobody knows them. And this is how they spend the rest of their life, in a spacesuit, since nobody takes any interest in them."

This shows how desperate the situation of care leavers can be in some contexts, especially when they feel they do not belong in the society they are released into as adults.

In addition, as part of the mandate set out by the UNHCR, many countries have now started looking into conditions found in residential and alternative care in an effort to ensure that best practices are shared and outcomes for care leavers are improved (Munro et al., 2011). The UNCRC sets out that all children without parental care are entitled to special care and support from the State (Article 20). The Guidelines for the Alternative Care of Children, (See Chapter 2) as set out by the UN Committee clearly articulates responsibilities by state parties towards care leavers. The Guidelines emphasise the importance of gradual preparation and empowerment of young people to make decisions affecting their lives (Munro et al., 2011). Care leavers are important to the United Nations Committee, and it is the onus of state parties to conform to these standards and report their attempts to abide by them. When a country is committed to these guidelines, it can be expected that it will formulate policies and pass legislation in a reasonably short time, to ensure that the needs of young people are prioritised. The main features of good practise for all young people leaving care are stable placements, planning, support, education and good quality preparation (Stein et al., 2011:2409).

The Ireland Health Service Executive Aftercare Policy and Procedures document (2012) clarifies the practical tasks to be conducted by social service professionals in providing support and follow up care for young people leaving care (HSE, 2012). It acknowledges that young people transition from care to independence

at varying speeds and to varying degrees, and that service provision need to take this into account. It also promotes that young people be encouraged to be involved in decision making for themselves and their futures. However, the policy has been criticised because of lack of progress in developing legislation to ensure that aftercare services are a statutory requirement (Barnados, 2012; EPIC, 2011). In terms of legislation, Section 45 of the Child Care Act in Ireland states that the HSE "may" provide aftercare services, which is not binding.

The United Kingdom is a good example of a nation that has made statutory provisions for care leavers with its Children (Leaving Care) Act of 2000 which came into effect in 2001. The aims of this Act are to delay young people's transitions until they are ready and prepared to leave care; strengthening assessments, preparation and planning for leaving care; better personal support for young people as well as better financial arrangements (Barnados, 2012). This legislation is applicable in England, Scotland and Wales. In 2002, the Children (Leaving Care) Act was enacted in Northern Ireland with Children (Leaving Care) Regulations (2005) following. Scotland added the Support and Assistance of Young People Leaving Care (Scotland) Regulations in 2003. All these are legislative instruments which provide for the needs of young people leaving care, particularly making provisions for their support and preparation for independent life.

The absence of policies and, more importantly legislation, on aftercare in any country poses a challenge to how the service is rendered for young people leaving care. Policy provides a platform for strategic planning and integrated responses to avoid repetition of services and ad hoc implementation (Kelleher et al., 2000). Although there are policies for orphan care in Zimbabwe, to my knowledge there is still no specific policy provision for aftercare as a separate entity. Current policies are prioritising a move from

institutionalisation to other forms of alternative care such as community and kinship care, not necessarily aftercare services[8].

In North America, the concept of leaving care is known as "ageing out of care" or emancipation from care (Stein et al., 2011). The literature review carried out on leaving care in various countries by Stein et al., (2011) notes that there is currently no global agreement on the concept of the leaving care process because there is no readily available material on leaving care in Africa, China, India and South America. Although there is no consensus on what to call this process, research has shown agreement on the fact that there have been poor outcomes for young care leavers when compared to other young people without care histories. It is difficult to get data sets on the exact numbers of young people leaving care in different countries due to national and professional language barriers and because in some countries that data is not available (Munro et al., 2011). Much contemporary research is focused on having an international understanding of the needs of young people leaving out-of-home care which includes exchanging research and good practices with the hope that there will be a global consensus in time (Munro et al., 2011). According to this review, it is difficult to know what services are being rendered to support transitions of young people from care in some countries as well as how young people experience the support they do get. As a result, a group was set up in 2003 known as International Research Network on Transitions to Adulthood from Care (INTRAC) which brings together researchers from Europe, the Middle East, Australia and the United States of America (Harder et al., 2011). The aim of this group is to enrich knowledge of local, national and global processes on this subject with the hope that this knowledge could lead to an improvement of outcomes for this vulnerable group of young people (Stein et al., 2011).

[8] (See Frimpong-Manso, 2013; Williamson & Greenberg, 2010 on deinstitutionalisation policies in Africa).

The Living 18 and Beyond project in the Caribbean Islands, Trinidad and Tobago is relevant to this study. This project came about as a response to the lack of support services and research in the Islands with regards to youth leaving custodial care. *Living 18 and Beyond* was a pilot project at St Mary's Children's Home in Trinidad and Tobago initiated by UNESCO in 1999, was designed to provide support for youth leaving custodial care into society. According to Cambridge (2000), reintegration into society from custodial care is part of good social work practice. She goes on to say that global commitments for children's rights have established standards for residential care of children and have indicated that the process of leaving care should be supported. There was a problem in Trinidad community of young people leaving care and homeless and/or being incarcerated in social control institutions, such as prisons and mental institutions (Cambridge, 2000). The project at St Mary's Children's Home was a life skills programme aimed at preparing the young person, the caregivers at the institution and prospective caregivers in the community, to cope with the reintegration process. This project saw life-skills training as an important component in preparation services for young people making the transition from care to independence. The programme had two prongs namely personal development and independent living. The importance of preparation for life after residential care was a core element of the programme, an understanding of the transition process from children's home to community and the importance of taking responsibility for one's actions (Cambridge, 2000:49).

The United States of America has a legal framework that makes provision for funding that goes towards services for young people leaving care, particularly those leaving foster care. However, little attention has been paid to the implementation of the programmes providing these services (Stein et al., 2011). In this case we see that it is not only important to make provision for material and human resources to provide services for young people leaving care. There

needs to be efforts towards making sure programmes are implemented and their impacts evaluated fully.

Biehal and Wade (1996) examined patterns of family contact for care leavers and the quality of the relationships with their families. The importance of the continued informal support that family gives to caregivers was highlighted in this longitudinal study located in England. The results of this study showed that for young people leaving care aged 16-18, family reunification was uncommon. In some cases relationships with a birth family had completely broken down and they only returned home for a few days at a time and during a crisis. According to Biehal and Wade (1996), frequency of contact tells little about the quality of family relationships, how supportive they have been to the young person whilst in care and how significant these relationships are to the young people. They also found the few who maintained contact with their birth families also had contact with their extended family members and these links were very important to them. It was concluded that the level of contact maintained with families whilst being in care was a good indicator of the level of support young people could expect from them after leaving care (Biehal and Wade, 1996: 434).

A significant finding was that some young care leavers were attempting to make new families in instances where they had poor relations with their birth families. They attempted to build new relationships and a new sense of belonging with partners, foster carers and friends. The decision to start a family according to Biehal and Wade (1996) stemmed from a need for security and a sense of belonging by the young people who had failed to resolve family relationships with their original families. Having this kind of evidence from previous research, the current study hopes to find out whether family relationships, their presence or absence, also play a significant role for young people leaving care from Harare's institutions.

In Sweden, Höjer and Sjöblom (2011) conducted a study looking into the procedures that are applied when young people leave a residential placement. Their research respondents were social service managers because their objective was to enhance the knowledge and understanding of the absence of support for young care leavers. The study came about due to a variety of factors that signified that young people were not having successful outcomes. Examples mentioned in their research included that: many young people in out-of-home care had an elevated risk of mortality, are more prone to committing suicide and, for the girls, high risk of teenage pregnancy (Höjer and Sjöblom, 2011). The question of who is responsible for providing support to young people leaving care was asked in the study. In their study the researchers found that the social workers had the greatest responsibility for providing support during the leaving care process. The current study is similar to this one in that it also aims to understand who is responsible for providing support for care leavers and how they do it in Harare. The Swedish study research questions and findings explained above inform the current study on certain procedures followed during the transition from care and who is responsible for them.

It is interesting to note that the study in Sweden found a lack of evidence as to how and to what extent social services support young care leavers. Höjer and Sjöblom (2011) found that although managers accepted the responsibility of providing care for those leaving care, they lacked awareness of the concept of non-linear transitions, how the yo-yo effect as mentioned in the previous chapter, affects young people in transition. Other studies also show that managers often did not see that young people leaving care needed specialist ongoing support into adulthood (Stein et al., 2011). Kelleher et al., (2000) found in their study that managers could not even give data on the actual numbers of young people who had left care in their regional authorities. This says a lot about the quality of service provision being given to young care leavers. One of the objectives of the current study

is to find out what kind of information social service professionals in Harare have on young people leaving care and what are their outcomes.

The importance of the young care leaver's readiness to leave care was examined in a study carried out in Israel by Zeira and Benbenishty (2011). They conducted this study on professional workers' perceptions of young people's readiness to leave care from youth villages, residential care and foster care. According to Zeira and Benbenishty (2011:292), readiness to leave care pertains to the ability of the young person to independently, provide basic needs for themselves, feel comfortable with self and others and to have satisfying relationships with family, community and society in general. The researchers studied two important factors for readiness: life skills and needs of adolescents two years prior to leaving care, using structured questionnaires. In addition, they aimed to find out to what extent the adolescents could expect family support after leaving care (Zeira and Benbenishty, 2011). The importance of readiness to leave care stems from its impact on both the individual and the care system. It was considered vital to assess readiness in various areas of the young person's life so as to tailor preparation according to the young person's individual needs. They suggest that the care system would benefit from evidence that comes from these assessments to inform policy decisions and plan interventions accordingly (Zeira and Benbenishty, 2011:293).

Welfare placements in Israel are reported to be upon the discretion of the professional worker and/or court decision (Zeira and Benbenishty, 2011). For this reason, the professional worker plays a significant role in the young person's life. The questionnaires were completed by staff who were familiar or worked closely with the adolescents. The perceptions of the professional workers in this study, therefore, were of paramount importance as they knew the adolescents and some were the decision makers in the life of the adolescent. This is similar to the

current study of care leavers in Harare, in that it also focuses on the views of the social service professionals. Even though policy and child care legislation states that the care leaving age is 18 in most countries (Tanur, 2012, Sala Roca et al., 2012), it is the professional worker who must make an assessment of whether the adolescent is ready to leave care, as explained above. This assessment becomes an integral part of the planning and preparation process and determines the state in which an adolescent will be, including their expectations of family support, when they eventually leave care. Similarly, the current study hopes to find out whether an assessment of readiness to leave care is conducted before young people are discharged from care. This may help in the understanding of whether young people leaving care are in fact prepared for the transition into independence or they are just let go without any preparation.

Mendes (2009) in Australia defined leaving care as the cessation of legal responsibility by the state for young people living in out-of-home care. Making that transition from state provisioned accommodation to living independently is what makes it difficult for young care leavers to cope. Care leavers, according to Mendes (2009), often lack the social support networks that other young people have when they make the transition from child welfare dependence to adult independence. According to research in Australia those who leave care at a later stage, preferably over 18 are more likely to receive ongoing social and economic support which can enable them to participate in educational or employment related activities. According to Mendes (2009) there are currently efforts in Australian territories to introduce legislative and policy supports for young care leavers so as to address challenges faced by them such as homelessness, involvement in crime and limited educational and employment prospects

4.2.2 SUB-SAHARAN AFRICAN CONTEXT ON SERVICE PROVISION TO SUPPORT YOUNG PEOPLE'S TRANSITIONS FROM CARE TO INDEPENDENCE

Sub-Saharan Africa is a region characterised by intense multi-dimensional poverty which includes monetary and non-monetary aspects (World Youth Report, 2007). Apart from material and financial resources, there are chronic and sporadic deficiencies in the quantity and quality of basic social services, amenities and communal services. Because of this, youth development issues can only be discussed within a poverty context and a consideration of the socio-political landscape (World Youth Report, 2007). This region also reported 15 million children who had lost one or both parents to TB/HIV and AIDS in 2006 (Singletary, 2007). Orphans and vulnerable children in this region are often found in need of care due to situations of deprivation and may need alternative care such as foster care and children's homes if care by the extended family is not possible (Van Breda and Dickens, 2014).

Tolfree's (1995:8) described young people leaving institutional care in developing[9] countries as: "parentless, rootless, and often ill-prepared for adult life".

In 1991, Tolfree led a team of researchers to study residential care and alternative care approaches in developing countries. The publication developed from this research into 20 developing countries in Africa, Asia, Latin America and the Caribbean[10] was described as the first and only overview, at the time, of the current alternative care practice in developing countries. In 2015, there is still very limited documented evidence of residential care practices in developing countries. As a result of this, there is limited knowledge of aftercare services. Research on young care leavers is still limited with most of

[9] The use of the term "developing" country is directly adopted from the meaning that was given in the publication quoted *Roofs and Roots: The Care of Separated Children in the Developing World* which is used to mean "Third World Countries" or countries of the South.

the available research being unpublished (Frimpong-Manso, 2012). UNICEF reported that in Southern and Eastern Africa only two of six countries (Eritrea, Mozambique, Malawi, South Africa, Swaziland and Tanzania) had data relating to the numbers of children in institutional care as well as their situation by 2009 (Engle, 2009). A desk-based review of literature for this study found no developments in this area. In this context, the following section will endeavour to review some of the available literature and studies on residential/institutional care practices in Sub-Saharan Africa, with a particular focus on studies about the leaving care process.

Tanur (2012), in South Africa conducted a study focusing on appropriate responses to the unique challenges faced by young people exiting state care in the country. The challenges faced by care leavers were explored in relation to the challenges faced by the general youth populace in South Africa and the researcher aimed to show through this that care leavers' challenges were unique due to their added vulnerability. Young people leaving care in South Africa also face the same challenges faced by all the youth in the country, such as youth unemployment which is rife, over 70% of all youth (Tanur, 2012). According to the National Youth Development Agency (NYDA, 2011), 3 million young people aged between 18 and 24 are reportedly unemployed and not in educational or training institutions. The group of young people in Tanur (2012) research were identified as being at risk and needing support services for transitioning out of care in this context. They presented financial difficulties as their biggest challenge when they left care. Tanur (2012:316) argued that "[s]uch individuals face the prospect of losing most of the economic, social and emotional support previously provided, given that they are now viewed as adults and therefore presumed capable of taking care of themselves."

[10] *Roofs and Roots: The Care of Separated Children in the Developing World,* published in 2005, Ashgate

Care leaver research, both local and international, has proven that many young people at the age of 18 do not yet possess the necessary skills and capabilities to function independently without support (Tanur, 2012; Van Breda, 2013; Barnados, 2012). It is yet to be investigated with this study in Harare, how the needs of young care leavers are being responded to and whether they face the same issues as their South African counterparts.

The environment into which care leavers exit into, influences their response to the transition. The environmental context with its limitations has to be taken into consideration. The contextual boundary by Van Breda (2014) supports the assertion that every young person has different circumstances and backgrounds and these should be taken into consideration. International literature speaks of young people leaving care as not being a homogenous group (Biehal et al., 1995; Stein, 2008; Ryan Report, 2009). How they respond to the adjustment of leaving care, their expectations and hopes are different.

Some advanced[11] countries have responded to the needs of care leavers by putting in place legislation and funds for aftercare support programmes, as mentioned in the international review above. Such financial and legislative provision is non-existent in many African countries (Frimpong-Manso, 2012), due to a lack of financial resources. Most of the Sub-Saharan African countries are themselves struggling with economic poverty, amongst other developmental issues. The research conducted by Frimpong-Manso in Ghana, on young care leavers in 2012, focused on an SOS Children's Village and looked at how young people were prepared to exit the institution. The young people in this study identified a number of barriers in their preparation including lack of support and guidance. They felt they lacked input into decisions regarding their future. The young care

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[11] The use of the term "advanced countries" was adopted directly from its use in the research by Frimpong-Manso (2012

leavers expressed concern about their voice not being heard in the institution when it came to decision making, feeling as if adults caring for them imposed things on them. The study in Ghana is useful in painting a picture of the challenges faced by care leavers in another African country different from the one where the current study is located. It will be useful to explore challenges being faced by Harare care leavers in their transition from care to independence.

Malinga and Ntshwarang (2011), states that residential care is a relatively new concept in Botswana. The challenges that were documented in Botswana's provision of residential care were retaining care givers and reintegrating care leavers back into society. Firstly, retaining caregivers has financial implications when the facility constantly needs to train new staff but, more importantly, it has implications for children who are subjected to inconsistent relationships (Malinga and Ntshwarang, 2011). This speaks of the nature of caregiving work that was mentioned earlier, with shift hours and low salaries which often do not encourage workers to stay long in the system (see Chapter 2). Secondly, difficulties in reintegrating care leavers into society were noted as a challenge in Botswana. The study does not explain in detail the process of leaving care, possibly because its focus was on forms of alternative care available in Botswana. At present there is no further identified evidence of residential care transition processes in Botswana.

According to Rayment (2014) in some African countries social care services are essentially non-existent, while in others, traditional top-down approaches to service provision are outdated and out-of-step with international best practice. The structural adjustment policies in most Sub-Saharan countries also limited expenditure on social services (Tolfree, 1995). As mentioned in the background context to this study, Zimbabwe had a highly developed social welfare system backed by effective legislation at the onset of the orphan crisis in early 2000. However, the Department of Social Services has

reportedly been starved of resources for the past 20 years and has recently suffered a catastrophic loss of professional staff fleeing the economic crisis (Powell et al., 2011). The quote below sums up the situation in most Sub-Saharan countries with regards to social care services:

> When a developing country is struggling to meet the very basic needs of its population, it is not surprising that national development plans, social protection strategies and policies will place an overwhelming emphasis on poverty reduction and the provision of very basic services such as health, education, water and sanitation. It is precisely at these times that the already vulnerable are even more at risk (Oxford Policy Management; Social Care Services, 2014, no pagination).

The current study seeks to find out the factors influencing the transition from care to independence in a developing country context as described in the quote above. The provision of social services in Zimbabwe as a country facing economic challenges (see Chapter 1) may be a critical factor in the transition of young people from care to independent living. The following section will now review relevant literature in Zimbabwe on leaving care.

4.2.3 PREVIOUS RESEARCH ON TRANSITIONS FROM CARE IN ZIMBABWE

The current study seeks as one of its aims, to find out the nature of services being rendered to support young care leavers in a struggling socio-economic context. Kamete (2002c) found that 75% of the urban population in Zimbabwe was classified as poor. Kamete (2002c) further explains how poverty has led to an erosion of the extended family which traditionally offered support and security to orphans and vulnerable children. This in turn led to social service practitioners resorting to institutional care owing to a lack of other alternatives for children and young people in need of care. This has

also led to young people remaining in care until the age of 30 (RCR, 2007-2010), which shows a failure of the system to reintegrate young people back into society.

Kamete, (2006) also identified a portion of young people who had been in children's homes make up a third of street youth in inner-city Harare. The group of street youth were described in his research as a youth "underclass" and they were identified as living and working on the street in conditions of deprivation. The current study aims to explore whether, indeed, a percentage of young people leaving institutional care have resorted to life in the streets as Kamete (2006) identified. If so, it will be interesting to find out if this is due to failed reintegration into the community or that they are released with no place to go and so the streets remain the only option for them.

One study in Zimbabwe focused on post-institutional integration challenges for young women in Harare (Dziro and Rufurwokuda, 2013). The researchers looked at problems faced by young girls when they leave institutions. They also conducted an assessment of how the empowerment goals of institutions influence the girls upon exit. This is a useful study as it paints a picture of the gendered nature of challenges of leaving care in Harare as well as how institutional practices and ethos affect female young care leavers. A major challenge they found was that the girls were stigmatised by the community as they were seen as a "threat", having grown up in institutional care which is considered to harden characters and make young people behave in a certain way (Dziro and Rufurwokuda, 2013). Culturally, women in Zimbabwe due to the patriarchal norms are expected to be submissive and display polite characters. The study by Dziro and Rufurwokuda (2013) found the opposite of this in their respondents. This corroborates evidence discussed in Chapters 2 and 3, which stated that institutions set inmates apart from other children and young people in the surrounding society. They are seen as

different and may struggle to fit into society as they may now possess a different set of norms and behaviour learnt in the institution.

Another study by Muguwe et al., (2011) focused on re-integration of institutionalized children into Zimbabwean society. She mentions that all ages are considered for re-integration by Child Protection Society from as young as three months. This study found that for those who have not been re-integrated by the age of 18, there have been efforts to place them in transitional homes where they get life-skills training. Little is known however, about the number and availability of these transitional homes in Zimbabwe, although it does show some effort by the DSS to provide aftercare services. The current research aims to further explore these efforts.

Only 40% of institutions in the study by Powell et al[12]., (2004) had formal programmes to address the need for vocational skills and transitional support in Zimbabwe but all the institutions they studied reported they were aware of the need. The Zimbabwean Orphan Care Policy states that a transition programme must provide youth over 16 with separate housing, more responsibility and independence to manage their daily lives. Youth are to be given a monthly budget to purchase groceries and they are expected to enjoy a greater deal of movement and interaction with the surrounding community (Powell, et al, 2004:31). These are the policy guidelines. However, their study found that many residential facilities made the assumption that young people would return to their extended families upon exit and did not consider the possibility that this would fail. This is similar to the study in Sweden done by Höjer and Sjöblom (2011) where they found that social service managers did not consider the yo-yo effect of transitions from care.

[12] A percentage from a representative sample of 10 institutions.

Another finding was that most relatives who previously were not willing to accommodate the child were now more accepting of them as adults who had been educated and socialised by the institutional care system. Female young adults held the attraction of getting a higher dowry for the family as they would be older and educated, hence would be accepted back into the family.

4.3 CONCLUSION

There are currently many studies on young care leavers internationally as compared to studies in Sub-Saharan Africa. The issue of young people leaving care is still developing in Africa and more evidence of the numbers of children in institutional care and the practices is lacking, therefore it is difficult to get evidence of those exiting the institutions. There is limited knowledge of how young people are being supported to leave care institutions and how they are faring in the mainstream community in this region. The review above attempted to find linkages between international research and the few studies in South Africa, Ghana, Botswana and Zimbabwe but there are still gaps especially in the African context. International practice seems to be moving towards deinstitutionalization and although some researchers have started researching and debating about deinstitutionalisation policies in Africa, there is little published evidence of this in practice. Family and community based options such as kinship based care are now being explored and recommended. International practice and policy supports young care leavers through funding and training, but this is not available in Africa as seen through this literature. Service provision for young care leavers globally appears to remain a working progress, despite many efforts by governments and policy makers.

The current study draws upon this literature base to inform its questions regarding the nature of the transition process and the factors that may influence the care leavers' transitions from care. Knowledge

about other young people's transitions from care in different contexts and different countries has been discussed above and their outcomes inform the current study. The academic literature was also linked with the conceptual frameworks and theoretical discussed in Chapter 2 and 3 providing exploration of the care leaving process. The issue of young care leavers being more disadvantaged when compared to other young people who have never been in care is well documented. The aim of this review was to locate factors that may make care leavers vulnerable and disadvantaged such as limited preparation for adult life as well as limited opportunities for education and employment. Factors such as family and social support were also found to be crucial for young people making the transition and where this was absent; some young people were described as finding ways to build new relationships through early parenthood or being resilient in forming a new supportive network for themselves. From this review it can be concluded that there is a wide range of factors that may influence young people's transitions from care to independence and the current study hopes to explore factors in the Harare context to add to this knowledge base. In summary, the literature review covered areas such as the guidelines for leaving care procedures in different countries, the key players in implementing leaving care interventions, the involvement of the young person in the decision-making process during the transition and lastly the support systems that are available for young people in different contexts.

CHAPTER FIVE

5.0 RESEARCH METHODOLOGY

5.1 INTRODUCTION

This chapter consists of a detailed description of the research process. Reasons for choice of research design and methods of data collection and analysis were decided. This chapter will include details of sampling procedure, data collection tools and their administration. An attempt will be made in this chapter to describe the full procedure of collecting the data, including the problems and successes. The research methodology chosen aims to answer the research questions presented earlier in the most appropriate manner which also ensures ethical considerations were employed to protect research participants. The chapter will also propose how data will be analysed.

5. 2 RESEARCH DESIGN

Burns and Grove (2005) define a research design as the format and theoretical structure under which a study will be carried out. It includes the discussion of steps to be taken throughout the research process such as selection of study participants, how information necessary to answer the research questions will be collected and justifications for each choice made by the researcher. The study will use a qualitative research design and the study is exploratory in nature, aiming to explore factors influencing the transition from care to independence for young care leavers in Harare. Exploratory research aims to collect facts and describe the situation under study (Denscombe, 2002). The study therefore aims to collect facts about the factors that influence young people's transitions from care to independence and to fully describe the situation as it is happening in Harare according to the perspective of social service professionals and residential caregivers.

Qualitative research is described as a means of understanding the meaning individuals or groups ascribe to a social problem (Creswell, 2009:4). It holds that there can be multiple realities, subjectively constructed, that may be apprehended by interaction between the researcher and object of research, with subjective data interpretation (Haneef, 2013). By this he meant that no one view holds true for any social phenomenon and different viewpoints are open to interpretation (Denscombe, 2002). It also means that the researcher may influence the research through interaction with the object of research and that another researcher may have different results on the same group; this subjectivity is central to qualitative research. The researcher has a role to play in the research and is not detached as in positivist tradition Qualitative research also allows the researcher to deeply examine a phenomena and take the complexity of a situation into consideration (Creswell, 2009). According to Gall et al. (2007) qualitative methods make complex situations easier to understand because they allow a deeper exploration of the subject area. The issue under study, which is young people's transitions from care to independence, and the factors that influence them, appears to be complex and cannot be answered with a simple yes or no. Institutional processes are complex as discussed in the previous chapters on the dynamics and development of residential care. Factors that influence the transition from care to independence for young people leaving care are determined by pre-care, during care and after care circumstances as also seen in the previous literature review. This means that all these stages need to be explored deeply to get a full picture of the situation which makes qualitative methods appropriate.

The study takes an interpretive epistemological stance which focuses on understanding the views and perceptions of social service professionals and residential care staff, on the factors that influence transitions of young people from institutional care to independence. Interpretive epistemology seeks to view the social world as a social construct (Schwandt, 2000). In this case the study will explore the

meanings that the social service professionals and residential care workers attach to their understanding of young people's transitions from care. These meanings are to be taken as true for them and have nothing to do with what another group of people understand, according to interpretivism epistemology. The views of social service professionals and residential care workers are important as they are the ones involved in decision making and service delivery for the young people in care. Their relationship with the young people, whether contractual or personal has a role to play in the transition process as described in the previous chapter and it is useful to find out their perspective on how they influence the young people's transition. In addition, because they work with the young people closely their views on the transition process are more valid than others with no knowledge about residential care, alternative care or the leaving care process.

As such this study employs a purposive sampling method. According to Higginbottom (2004), in qualitative research, the type of sampling method is determined not by the need to create generalizable findings but by the topic under investigation. Purposive sampling is a non-random sampling method that depends on the judgement of the researcher, in that the sample to be included will contain the most characteristic or typical attributes of the population (Strydom, 2011). Participants are selected mostly because of their roles as professionals working in residential care institutions for children and it is suggested that because of these roles, they have knowledge about the subject under study.

5.2.1 RESEARCH METHODS EMPLOYED

The study employs the use of semi-structured interviews, an online focus group and observation as data collection methods. The first

method, semi-structured interviews, are organised around areas of particular interest, built up from the research questions and allowing flexibility in scope and depth (De Vos et al., 2011). This justifies the choice of semi-structured interviews over unstructured or structured interviews. A semi-structured interview is used to gain a detailed picture of a participant's beliefs about or perceptions on a particular topic (De Vos et al., 2011); hence this method was seen as appropriate to answer the research questions in this study. An interview guide was planned and utilised in this study (see appendix 3 Interview Guide). Questions in the interview guide came from the extensive literature review on current leaving care procedures both in the country and abroad. This guide was piloted with one social service professional who was the initial informant who helped with the identification of study participants in May 2015. The guide took 30-40 minutes when tested and some questions which were not clear and needed refining were refined. The interview guide included prompts which helped to guide the interview process.

The researcher was able to employ virtual communication to capture research participants' understanding of the phenomena of interest as explained by Stancanelli (2010). The second method of data collection, an online focus group, was not considered by the researcher at the onset of this study, but it proved to be a useful source of information for the study. The increase in the number of available online chat rooms and discussion boards on various topics of interest, including the one under study, prompted the researcher to attempt to use this platform as a method of data collection. In this case, the use of a virtual social media group on a mobile and computer application called Whatsapp[13] was utilised. The process of how data was collected using this platform will be detailed below. It differs from traditional face-to-face focus groups in that the

[13] Whatsapp is a mobile and computer instant messaging application which uses the internet to send messages and allows the formation of online groups and sending of unlimited messages which can be archived and stored. www.whatsapp.com

discussion took place on a social media platform and was not administered by the researcher. Focus group research is traditionally defined as a way of collecting qualitative data, which involves engaging a small number of people in an informal group discussion focused around a particular topic or issue (Onwuegbuzie et al., 2009).

Observation was chosen to complement data from interviews and the online group. Observation entails the systematic noting and recording of events, behaviours and objects in the social setting chosen for the study (Marshall, 2006). Observation was used simultaneously with the interviews. The researcher observed the organisational processes, such as bureaucracy in the Department of Social Services. Everything had to go through a Supervisor who had to gain permission from the Director. This was a decision making process that had an impact on service provision. Other observations were at the residential care facilities where differences were noted between state run institutions and private ones. Study participants were observed in their surroundings and the surroundings themselves were an important aspect in this study. As described in the previous chapter on theoretical frameworks the institutional environment affects the residents. The structure of the buildings, the separation of the buildings from mainstream society and the fact that residents are gated in the institution all influence the residents' emotionally as well as affects their links to society. A key strength of site based research is that it enables the exploration of relationships and the kind of residential care provision (Meintjes, et al., 2007). As the study is on factors influencing the transition from care to independence, it was important to observe some of the institutional processes, buildings and the community that the young people are expected to transition into. In contrast with participant observation, this study observed the settings that the participants were in. Some field notes were taken during observation to aid in the answering of the research questions and in analysing the findings.

5.2.2 SELECTION AND RECRUITMENT OF STUDY PARTICIPANTS

As stated above, a purposive sampling method was utilised in this study. The study population of social service professionals and residential care staff was selected based because they were believed to be knowledgeable about the transition process and services being provide to support young people leaving care in the country. An initial desk study informed this decision and once contact was made with a social service professional in Zimbabwe, it was confirmed that this was the appropriate population to study. The process of accessing the social service professionals and residential care staff began between February and April 2015, firstly through email communication. However, it soon became apparent that it would be better to make personal face-face contact because email responses were slow and no fixed appointments had been set prior to arrival in Zimbabwe. The researcher was able to meet with potential respondents face to face in April 2015.

In addition the online group data collection exercise was employed in the initial stages of fieldwork in April 2015. The online group consisted of social workers from different social care organisations in Harare who interact daily on various issues in the profession. All members were chosen on the basis of being former University of Zimbabwe School of Social Work alumni and they are all acquainted. Six social workers chose to participate in this discussion over a period of about a week in which the questions sat within the group. The group process and discussions are discussed in detail in the following section.

It was discovered that permission to access residential care facilities and their staff was to be sought and then received from the Department of Social Services in the Ministry of Labour and Social

Welfare (MoLSS). The researcher accessed the Department by going to their offices at Compensation House in Harare and submitting a written application for permission to enter residential care facilities in Harare. Contact details of the researcher were left with the application letter and the Social Service Officer in charge said she would respond within two weeks. It was mentioned that social service professionals to be interviewed would be members of staff from the Department itself and permission would be granted to interview them in the same letter. It was relatively easy to recruit the social service professionals once the letter was there as they all worked in one building. Once the researcher had gained access into the Department of Social Services the Supervising Officer identified three Social Service Officers working in the Residential Care and Reunification Department and once they gave their consent to participate in the study appointments were made for the interviews. It took two weeks to get permission to enter state residential facilities as administrative processes had to be observed, the organisational hierarchy meant that the permission had to be received from the Director of Child Welfare in the MoLSS and then signed by the Secretary of the Department of Social Services. Residential organisations operating privately were relatively easier to recruit once contact was made with the Director of the organisation through email and telephone. Three private organisations were included in the study and two Directors agreed to be interviewed and one identified a relevant caregiver to who also had information on the subject. Four respondents in total representing private residential facilities were included in the study.

Only the state institutions required a letter from the MoLSS as their operations are regulated by state mechanisms. The Department of Social Services in the MoLSS gave permission to access two state run institutions whose names will be excluded from the study for the sake of confidentiality and protection of respondents (see ethical considerations below). For the same reason, when writing up the findings the researcher will make use of "respondent from residential

care facility" to refer to the respondents so that there is no indication of which respondent is from the state facility and which one is from a private facility. It was the responsibility of each facility supervisor or superintendent to find the appropriate residential care staff for the study after receiving the letter. Two superintendents and three residential caregivers were included in the study. The researcher also purposively selected an academic expert who is a Social Work researcher at the University of Zimbabwe. This participant was selected for his expert knowledge based on previous research and work experience on the subject of residential care in Zimbabwe. The table below summarises all the research participants:

Table 5: ***Detailed information on participants***

Number of Participants	**Description**
3	DSS Officers
5	State residential care staff : two superintendents and three caregivers
4	Private residential care staff: two Directors and two caregivers
1	Academic Researcher focusing on care transitions
6	WhatsApp focus group of social workers
Total number of respondents: 18	

5.2.3 SEMI-STRUCTURED INTERVIEW PROCESS

After receiving the permission letter, the process of interviewing began (see Appendix 1 for permission letter). A total of 13 interviews were conducted between April and June 2015. Prior to the interviews, appointments were set telephonically with the institutions, Department of Social Service professionals, private institution and

lecturer. The time for the interview was negotiated; the participants' availability was of utmost concern. The researcher was travelling to Harare, 100km from researcher's place of residence, so it was important to confirm all appointments prior to travelling to avoid disappointments. Fortunately, all participants were very welcoming and kept to the agreed appointments. The venue for the interviews was mostly at the respondents 'offices, with one exception which was in a quiet restaurant. The choice of venue was made for convenience purposes, for the participants so as to save time. There were minimal disturbances such as telephone calls and unannounced visitors to the office, but these were dealt with by politely informing them that there was an interview in progress.

All research participants were requested to sign a consent form showing their willingness to participate in the interview. The research purpose was first explained as well as addressing issues of confidentiality. The interview participants were also asked to give consent for recording of the interview and for the data to be kept until final write-up and for future publications if necessary. Consent forms were collected by the researcher (see Appendix 2 for example.) At the residential facilities, the superintendent, who was a professional social worker and caregivers were interviewed. This was done to obtain more than one perspective on the facility and also to get a balanced view from both professionals and caregivers.

5.2.3.1 POSITIONALITY OF THE RESEARCHER

The interview participants were given the choice of using both English and the native language, Shona. It was observed that the residential care workers in particular, who were more mature, were more comfortable using the native language. One of the instances of insider research is whereby the researcher is a member of the same

community under study and according to Tierney (1994) this may have the advantage of making the interviewees feel free and more comfortable to open up. The ability to converse in Shona was an advantage to the researcher, as this made the caregivers more comfortable and willing to share information.

The researcher also found it relatively easy to conduct the interviews with social service professionals because of her own positioning as a social service professional. Initially, the fact that the researcher had not been in the country, Zimbabwe, for a long time and had no first-hand knowledge of social processes in the country was daunting and the researcher felt this positioned them as an outsider. However this was remedied by opening up to the respondents about the length of time spent outside the country. The respondents took on the role of informing a fellow social service professional of their own work and how they viewed it in their context. They became interested in making comparisons with the researcher's own experience of residential care practice in a different country which made for good rapport with the respondents. The researcher's insider status was therefore based on language, culture and professional experience. According to DeLyser (2001) being an insider may pose challenges to the researcher but as seen above, my positionality in this case was an advantage.

By taking on the role of someone who is willing to learn from the professionals in Harare thereby becoming an outsider for that moment and not presenting as an expert, the researcher managed to gain the trust of the social service professionals. It removed any negative attitude that is given to Zimbabweans who left the country by those who never left; as they are often viewed as less patriotic especially if they left during the economic crisis of 2008.

5.2.3.2 THE INTERVIEW QUESTIONS

The respondents were first asked to describe their role at the Department of Social Services, state residential care facility, private residential facility and the University. The questions flowed from "Where do young people go when they leave care?" which was an opening general question to more specific questions such as "How important is it for young people to receive support when making the transition from care to independence?" (see Appendix 3: Interview Guide). Several key topics were explored in the interviews such as the current Orphan Care Policy (1999) which governed the provision of services for all orphans and vulnerable children in the country. Another important topic included whose responsibility it was to provide support for young care leavers and whether it was a collaboration of government, private and community efforts. Specific issues raised in the interview were the range of support services currently being offered to young people when they are leaving residential care facilities in the country, why the young people needed support during the transition and limitations faced by service providers in providing that support.

Rounding up the conversation, the guide led the participants to discuss any success stories of young people who had done well after exiting the institution and what made the difference for them when compared to those who did not make it. This opened up an interesting discussion on factors that influence the transition of young people leaving from care which is what the research aims to explore. Indicators found in the literature study regarding what constitutes a successful transition for instance the removal of structural, cultural, social and psychological barriers in young people's transitions such as educational deficits, lack of access to community and familial ties and limited access to employment according to Settersen et al., (2005), assisted the researcher in formulating the interview guide. It was the aim of the researcher in the interviews to find out how social service

professionals and residential care staff viewed and perceived the transitions of young people from care. Lastly the participants were asked to make some recommendations for successful transitions from care in the country, from their perspective.

All interviews were recorded using a digital recorder. Notes were also taken to aid the researcher in collecting data from participants. The data was summarised and important quotations for the study was drawn from the data. This summary transcription included gathering key information from the interview including place, interviewee and topics covered. Since these summaries will not be shared with anyone other than the research team, the confidentiality of participants is ensured. The original recordings were kept so as to provide accurate data if requested to do so, but will be destroyed soon after study has been finalized.

5.2.4 FOCUS GROUP PROCESS

The social media focus group was conducted in June 2015 with a group of social workers from different state and private organisations. The researcher was in contact with one of the social workers in the group, who then suggested presenting the research questions to the group of professional colleagues. The same interview guide (see appendix 3) was utilised but it was shortened for the online forum by removing the researcher's prompts and only included the questions. This was done because the researcher was not going to guide the discussion, in the online platform participants write their responses online and interact that way. The exercise was very useful to the researcher as the topic generated some interest and response in the group. The group of social workers, whom the researcher never met, gave their consent for the data they gave to be utilised in this study. The group administrator discussed with the group regarding the research and when the members agreed to see the questions and

respond, email consent was sent to the researcher. When consent was given through the group administrator with whom the researcher had contact, the research questions were forwarded to the group administrator via WhatsApp and he posted them to the group. A discussion ensued, of which the different responses in the discussion were forwarded to the researcher by the administrator through the same social media platform, Whatsapp. Responses were written in the same forum and forwarded in written format as WhatsApp messages which come instantly on your mobile device or computer.

Focus groups have the advantage of creating fast and spontaneous responses and are seen as less threatening to respondents (Krueger and Casey, 2009). Another advantage to the researcher in this study was that the group was already set up, composed of the right elements, in this case, a group of social workers with information the researcher needed. The researcher, therefore, did not have to set up own group and found a purposive sample at the same time. This method also allowed the researcher to get access to information from participants in different geographical areas. Stancanelli (2010), notes that the use of online media sources has the advantage of reaching different groups of respondents in different geographical location thereby saving time for the researcher. The disadvantage was that the researcher had no control over the group and therefore the information received and did not even know if responses would be appropriate as researcher could not guide discussion as would have been the practice in a traditional focus group. However, this was remedied by the use of the question guide sent to the group and the discussion was around areas covered by the questions. The researcher maintained a degree of control through those questions. Another disadvantage was that it appeared as if group members were online at different times of the day so members of the group responded to the questions at their convenience which meant that at no time was there a discussion with the full group; the discussion could be between two or three members who were present at a time.

The discussion excluded the researcher, except when there was a need for clarity on a question and this was communicated to the researcher by the group administrator who then clarified to their group. This data is to be analysed as a focus group discussion. The responses were saved for analysis as they were written by the group participants without editing anything.

5.3 ETHICAL CONSIDERATIONS

The fact that human beings are the subject of this study in the social sciences means that certain ethical considerations must be made in conducting it and data in the social sciences should never be obtained at the expense of human beings (Strydom, 2011). This study considered informed consent, protection of participants from harm and confidentiality to be important ethical considerations for this study. The importance of voluntary participation cannot be understated and this research made sure that all respondents were not coerced to participate in the study. Detailed descriptions of the ethical considerations made in this study are as follows:

5.3.1 INFORMED CONSENT

Obtaining informed consent implies that all information about the research, including research goals, expectations of participants, procedures during the research, possible dangers be communicated to the participants prior to beginning the study (Strydom, 2011). All participants were given an explanation the research aims and their expectations in the research. A supporting letter from the study Supervisor was shown to them to see that the study was approved by

the University (see Appendix 4 University Letter). This was done to show the participants that the study had an academic purpose and as such the findings would be used for academic purposes. The permission letter from the Department of Social Services gave the residential care facility staff the approval they needed from the state to give out information. All this was necessary in order to gain the informed consent of the research participants. The researcher attempted to provide accurate and detailed information about the research to all participants prior to commencing data collection, as noted by Strydom (2011).

5.3.2 AVOIDANCE OF HARM

It is a fundamental ethical rule of social research that there must be no physical or emotional harm to research participants (Babbie, 2007). It is the responsibility of the researcher to protect participants within all possible reasonable limits from any physical or emotional discomfort that may emerge from the research project (Creswell, 2003). All participants were informed of potential issues that may cause discomfort or harm but this was found to be to a lesser extent as the study focused on service providers as opposed to service users. However, it was anticipated that participants may feel uncomfortable with some questions such as those of a political nature or questions that may have them speaking negatively about government policy or service provision. The researcher ensured all participants that their anonymity would be prioritised. No names would be included in the final report, and where there was a need for a direct quote, the researcher would use pseudonyms.

The researcher also considered minimising harm to research participants by thoroughly informing them of the potential impact of the research. The fact that the research findings will be recorded and written up meant that it may be made available to the public.

Participants were asked to give written consent for this to happen and the option to not be recorded if they felt uncomfortable with this.

5.3.3 CONFIDENTIALITY

Participants have the right to protection through maintaining confidentiality. Strydom (2011) referred to the concept of confidentiality as similar to anonymity and protection of participants' privacy. In this case the researcher made a commitment to limit access to the participant's private information such as names, home addresses and work place. Participants' names and workplaces will not be mentioned in the final report so as to protect their identity. The research will refer to "caregiver in a residential facility" and use pseudonyms for people's names where necessary. The focus of the study is on exploring the delivery of support services for young people leaving care and not on evaluating their roles as individuals in their workplaces. This was made clear to research participants. Consent forms were signed with signatures, not full names. Assurance was given that consent forms would be kept confidential and a blank consent form will be included in the final report.

5.4 RELIABILITY

Barker (2003) defines reliability in terms of stability, dependability and consistency of results. In this study, from the research design formulation and ethical considerations the researcher attempted to reduce activities that may impact on data reliability. By remaining neutral and objective in data collection from selection to carrying out the interviews, the researcher ensured that data would be reliable. There was elimination of bias through open ended questions in the interviews. This ensures that questions asked were not leading the

participant towards a certain response. The use of an interview guide and the small piloting of the research questions additionally helped in ensuring that data collected was reliable. The use of a digital recorder to capture responses of participants increases reliability of data in that there is a credible source for it when it is used. The data was summarised, but the use of respondents' direct quotes ensures that the data is reliable.

5.5 LIMITATIONS

Gaining access to the state residential care facilities depended on permission from the Department of Social Services in the Ministry of Labour and Social Welfare. Although the offices were easy to access, they had bureaucratic processes to follow. Getting a permission letter took a period of 2 weeks and all state residential facilities could not participate in the research it. It was difficult, at times, to get hold of social service professionals and there was no one else to assist if they were not present. It was difficult to find replacements as the social service staff all had designated positions. The researcher had to practice patience and be resourceful in the time it took to get the letter by accessing the private residential facilities.

Another limitation was the lack of knowledge about the subject under study. The issue of young care leavers has not yet been fully researched in Sub-Saharan Africa and service provision for care leavers have not been a policy priority (Tanur, 2012). Only people working in contact with children in residential care had some knowledge of the leaving care process. This is why the study used a purposive sampling strategy, so as to access the group that was most knowledgeable about the subject. It was also discovered that a few academics in the country had studied the reintegration of previously institutionalized children into society. One academic participant was added to the study as a result. The issue was in terminology because

social service professionals in Harare refer to the leaving care process as reunification and reintegration. This was problematic for the researcher because reunification can occur at any stage and age in the care process where possible. The study focused on young people leaving care at the age of adulthood, 18. This standpoint constantly had to be explained to the respondents so as to get the correct data to answer the research questions. This limited the research because there was little information about that particular age group of care leavers.

The use of the digital recorder was found to be a little intimidating for some of the older caregivers. One participant was not keen on being recorded and cited political fear as a reason. She feared that the data was going out of the country. Her fears were genuine and accepted by the researcher. She was ensured that the data was in no way going to be used for political reasons, only academic purposes. She was also informed that she was free to decline being recorded and that her responses would be captured through note-taking if she was comfortable with that. The participant gave consent to be recorded after she fully understood what the study results were going to be used for, which became a good example of informed consent.

5.6 DATA ANALYSIS

As mentioned previously, data from the interviews was summarised, observation notes were taken and online group data was saved as it was for analysis. Data collected underwent a thematic analysis. This type of qualitative data analysis refers to identifying, analysing and reporting patterns within data (Braun and Clarke, 2006). Interview summaries, group data and field notes were analysed in a process that entailed first reading and rereading the summaries, group data and field notes. Next, the researcher identified emergent themes in the data. This entailed looking for common subjects that kept re-emerging in the data and writing them down. The result was a list of

themes and sub-themes which were then summarised using codes. Similar codes were arranged into categories. Repetitions of emergent themes were an indication of shared understandings on a subject (Mhondiwa, 2012).

The research questions and literature review guided the analysis as themes were produced from there. Silverman (1993), states that in qualitative research, data collection and analysis typically go hand in hand to build a coherent interpretation. He also mentions theory-generated codes which come from the theoretical and conceptual frameworks used for the study. The researcher also made use of these in the analysis.

In trying to answer the research questions, themes that explore factors influencing the transition from care to independence from the data provided were relevant. The literature review on service provision for young people leaving care provided the foundation for the analysis. According to Silverman (1993:209), analysis will be complete once "critical categories have been defined, relationships between them have been established and they are integrated into an elegant and credible explanation." This is how the researcher knew analysis was complete.

5.7 CONCLUSION

This chapter gave an overview of the fieldwork procedures undertaken by the researcher during data collection for this study. It detailed all the methods employed in selecting and gaining access to the research participants. It also described how data was collected using interviews, an online focus group and observation techniques. Advantages and limitations in using all three methods were discussed. The researcher's insider/outsider position during data collection was described in this chapter and linked to relevant literature on research

methodology. The chapter also included a discussion on how research participants were treated ethically, ensuring their identities and information was protected, getting their informed consent and protecting them from harm. There were some limitations in conducting the fieldwork such as individual unwillingness to be recorded as noted above and how these limitations were countered in order to get the required data for the study was detailed. Details of analysing data thematically were given in this chapter, also explaining reasons for that choice of analysis. More details on the data analysis process and interpretation of study findings will now be discussed in the following chapter.

CHAPTER SIX

6.0 FACTORS INFLUENCING THE TRANSITION FROM INSITUTIONAL CARE TO INDEPENDENCE FOR YOUNG CARE LEAVERS IN HARARE: A SOCIAL SERVICE PROFESSIONAL AND CAREGIVER PERSPECTIVE

6.1 INTRODUCTION

This chapter details the findings on the study into factors influencing the transition from institutional care to independence and adulthood in Harare. This study was conducted from the perspective of the social service professionals and residential care workers. The aim was to explore the support services available to young people leaving care from Harare's institutions and to understand from that, the factors that influence the transition from care to independence. The previous chapter detailed the methods that were employed to get the resulting findings. This chapter will include an analysis and discussion of these findings.

a. PRESENTATION AND INTERPRETATION OF FINDINGS

The following are the general themes that emerged from data analysis. The themes were developed from the research questions (see Introduction chapter, p.8-9) and were grouped by order of common meanings.

i. PREVIOUS CIRCUMSTANCES OF THE YOUNG PERSON

This theme answers the research question "Where do young people go when they leave care?" The study of service provision for young people leaving care in Harare found that the answer to this question depended upon the initial reason why the child was admitted into care. The child's background and circumstances prior to being in care was found to be a significant factor in influencing their transition. This is also evident in the literature (see Chapter 4).

Prior to being in care, circumstances such as abandonment, neglect, parental death, abuse (sexual, physical, and emotional), amongst others, lead to the child being found in need of care. From the literature it was noted that children in institutional care are included in the UNICEF's category of "children in difficult circumstances" according to Tolfree (1995). This is because of the triple disadvantage they face which is:

- the conditions that led to them being in need of alternative care
- being in an institution that separates them from the community
- and lastly being discharged without adequate preparation (Tolfree 1995:8)

The study in Harare found that there is a tendency for families that are not willing or able to care for vulnerable children in their care to have them placed in institutional care. The children may be left in institutions for long periods because of social service delivery limitations as well as inability of their families to cope with their care. The economic situation and the limited support from social services make it difficult for impoverished families to care for their children.

One respondent mentioned that there is a tendency to leave children in care until they are 18 so that they at least get an education and care. This is therefore a strategy used by some families to maximise the children's chances in life. Some destitute families also view the institution as a way out of poverty especially when they fail to provide basic needs for their children. The institution is able to provide food, clothes and shelter on a daily basis. This corresponds

with the South African study by Meintjes et al., (2007:22) stating that, although families love their children; they may not afford to look after them. The institution was regarded as a "magnet" in a community, exploited by children's caregivers.

Poverty, in this instance, family poverty was also seen as a factor resulting in some children withholding vital information about their families of origin or their relatives whilst they are in care. In some cases, the institution is seen as more desirable to the child or relatives of that child other than their own home.

"Some children say to their probation officers that they do not know their relatives or that they have forgotten so that they are not placed back there. But when they see other children going home on holidays they can come and say auntie I have a relative somewhere, can I also go home for holiday." (Caregiver at residential facility).

The study also found that it is difficult to reunify children who spend some time in care with their families. Some may have forgotten details about their family backgrounds, having come to the capital city from rural areas. Family tracing may be difficult in such instances and they end up in the streets again after they age out. One respondent from a residential facility said:

"We even have street fathers and mothers"

Anyone over 20 year's old, living in the street is described not as a street child, but as a street father or mother. This corresponds with what Kamete (2006) found in his study in Harare that, young people from children's homes made up a third of the street children population. The current study could not quantify the numbers that have been released from institutional care into the streets but this evidence is sufficient to support Kamete's assertion.

Where parental death was the reason for admission, the young person may have no immediate family to return to, especially if parents died during infancy. It was cited in the study that, some children never get

the chance to know about their maternal or paternal relatives prior to being in care. It becomes difficult to find relatives at time of discharge. Unless someone claims the child whilst they are in care, the child grows up not having a relationship with any relatives. It is challenging to find an exit placement for this young person.

Study respondents mentioned that upon identifying such children, efforts are made at an early stage to identify foster parents from the community.

One respondent spoke of family inheritance issues of immediate family as a factor in making children vulnerable enough to be placed in institutional care. In such cases, extended family relatives place children in care after their parents' death as a way of disinheriting them.

"We have some cases where both parents have perished in road traffic accidents and the relatives were only interested in acquiring whatever wealth was left and one child from one family even had the guts to say {zvinhu zvamai vangu} these are my mother's things, you are misusing my mother's property…"

This is evidence emotional abuse of the child by relatives and even children of relatives who have inherited property of deceased parents. In such cases, the child might also be reminded of their orphanhood status and made to beg for things that belonged to their own parents. If such a child is removed into care, returning to the extended family may be problematic, unless those relationships have been mended. It can be expected that the re-building of these relationships would need support.

Another reason for admission was step-parenting. This was described as when one parent of the child is deceased and the surviving parent takes on another partner. The partner often does not accept the child

of the deceased partner[14]. This is where instances of maltreatment can happen and the child is then removed into care although there is family available. Such families were found to be willing to have the young person back into their care as an adult but not before this, because then there would be less responsibility for the step-parent and the young person would also more able to defend themselves against any mistreatment. However, it can be expected that the young person would retain negative feelings of anger against their parent for taking another spouse and also not being able to protect their own child against mistreatment by the new spouse. It was said to be very difficult to rebuild these blended families.

Children who come from previous abusive environments often cannot return to the same families if the perpetrator has not been removed or rehabilitated. Mostly male relatives and in some instances, fathers, we reported to be sexual abuse perpetrators. It becomes difficult and not advisable for the young person to return to the same family even as an adult.

Table 6: ***Summary of factors influencing the transition from care to independence: Previous circumstances of the young person***

- Unwillingness and/or inability to care for vulnerable children
- Living in the streets
- Parental death and inheritance issues, which may lead to abuse of orphans
- Step-parenting leading to abuse of children from previous marriage
- Previous abuse in the family (mostly sexual by male relatives)

[14] A study done in Zimbabwe showed that the majority of step-parents are incapable of forming true relationships with stepchildren and culturally step-parent/step-child relationships are often problematic for both sides and include cases of ill-treatment mostly verbal and physical. See Javangwe, 2006 study on step-parenting in Harare and Gutu districts; Turnbull & Turnbull(1983)

6.2.2 NATURE OF THE TRANSITION PROCESS FROM CARE TO INDEPENDENCE

This theme was found to answer the following research questions:

- Who is responsible for the provision of aftercare services for young people living care?
- What is the nature of their transition process from residential/institutional care to adulthood/independence?
- What is the procedure for aftercare?
- Which support services are available and necessary in Harare for the young person leaving care? (formal and informal)
- What are some of the limitations faced by social service providers in providing aftercare services in Harare?

The factors influencing transitions of young people from institutional care to independence that relate to the nature of the transition process are now discussed below:

6.2.2.1 ROLE OF THE DEPARTMENT OF SOCIAL SERVICES

The Department of Social Services (DSS) in the Ministry of Labour and Social Welfare has the task of co-ordinating the provision of social welfare services in the country. The study found that the Department has the main role in residential care provision. The probation officers employed by the DSS are responsible for overall case management. The DSS has a role of placing children in care utilising the Child Protection and Adoption Act 5.06 and they have responsibility of discharging the child from care at 18. According to the residential care workers in state institutions, their role is to report

to the child's probation officer that the child's 18th birthday is approaching and the exit plan remains the sole responsibility of the probation officer. It is the role of the probation officer to find family placement options and make decisions regarding family reunification whilst the child is in care. They do all the investigations prior to family reunification. They are also responsible for family reconstruction work. This mirrors what was found in the literature, for example the study by Zeira and Benbenishty (2011) where welfare placements in Israel are reported to be based on the discretion of the professional worker and/or court decision. There is little input from the residential care facility on the decision of where the child is going after leaving care.

In terms of a formal leaving care process, the respondents stated that the probation officer is notified of the child's 18th birthday and it is their duty to find placement for the child when that day comes. The 18 year old is taken to the offices of the probation officer, released on "licence" from the institution and the probation officer takes over from there. The probation officer either takes child to family where available or to another place where the young person can get skills training if they have no family In comparison, the formal leaving care procedure in Ireland, stipulated in the HSE Leaving Care Policy and Procedures Document (2012), outlines some procedures for aftercare which include the child being referred for aftercare services at 16. By the age of 18, the policy states that the child should have a social worker allocated to them and have an aftercare plan. A needs assessment is proposed by the policy in preparation for leaving care. This differs greatly from the leaving care process in Harare where care plans were mentioned at admission but implementing them at discharge is said to be problematic. In addition, there is no allocation of aftercare social workers and the entire role of the planning for exit falls on the probation officer from DSS, who placed the child in the institution.

The DSS is currently facing challenges of human and financial resources and therefore cannot properly carry out their responsibility (see background context in Chapter 1). The study found that there is a lack of family reconstructive services due, in part, at least, to a lack of transport to visit families of children in care. One residential facility reported that the probation officer can spend months without visiting the child in the facility and, especially, long term cases are usually ignored whilst dealing with emergency. DSS staff, when interviewed confirmed that the lack of resources was their main challenge in doing their work. They, however, reported that they always find an alternative placement for the child eventually.

"There is one worker doing everything; removals, family reconstruction. We are suffering from human resource constraints; there is a lack of staff" (DSS Officer).

"Early reunification is easier to deal with. Those who leave later are difficult to because it is hard to find foster parents for older children and young adults. Some will begin to view the institution as their home and give us problems when they are told it is time to leave" (DSS Officer).

Unfortunately, exit placement investigations are done at the time of discharge and not whilst the child is in care which leads to unplanned and unprepared exits. Stein (2008), notes that adequate preparation is important if a young person is to have a successful transition from care.

Even at admission, it is evident that social service professionals are using the residential facilities as first resort and not last resort. The six tier system in the policy states that the institution must be the last resort (National Orphan Care Policy, 1999) and all other options must be investigated and attempted before child is placed in an institution.

With regards to the policy one respondent from a residential facility stated:

"The policy states that the children's home is the last resort but in reality it is the best option. Once a child arrives at the DSS they contact children's homes to say they have a child there, do you have a place. They even mention that they know the home has a short fall of four children from their capacity. Is that the last resort or it's the first?"

Another finding was that there is a lack of specialised staff at the DSS. The services that they provide have a generic focus and do not look at individual needs of the young people in care, such as intellectual delays and disability. Most of the respondents interviewed agreed with this, stating that this lack of specialised staff focusing on children in care and the discharge effects. Whilst in care, it was noted that there are no psychologists to assess the children. They need assessments to see whether they have special needs or whether remedial support in their education is necessary.

"Children who are not academically gifted are a big challenge for us; we don't know what to do with them when they have to leave the institution. We need psychologists to identify their strengths and weak areas whilst they are in care so that they can be guided to do something different" (Superintendent at residential facility).

In response to this, the DSS reported that they have no resources to employ specialised staff and noted the brain drain of qualified staff who have left the country in search of work. The responsibility falls on the probation officers to do all the placements and discharge regardless of children's special needs and different circumstances.

It appears the biggest issue in supporting children's transitions from care is that of financial resources. Most respondents mentioned how the reintegration process needs funding in order for it to succeed. Families are often unwilling / unable / consider that they do not have the resources to take back young people when they know they will not get the support to care for them, particularly if they are extended family members.

"There was a consortium that was responsible for reintegrating institutionalised children but funding has been a challenge; not funding to place the child in an institution, but funding to sustain the reintegration process. At times families are given an initial amount and that was that. This has resulted in failed placements and child is taken back into the institution. Families do not have the support. So funding is a serious challenge" (Social Work Researcher, UZ).

The DSS staff when interviewed acknowledged the need for continual assistance in the form of cash transfers and public assistance programmes. The Basic Education Assistance Module (BEAM) was mentioned as one of the programmes for public assistance It was aimed at assisting disadvantaged children and was made possible by donor support.

"BEAM was responsible for the payment of school fees for disadvantaged children but it is no longer available. Once there is no sponsorship for these children it means reunification cannot even take place, who will pay for them to go to school?" (Social Work Researcher, UZ).

However, a latest audit on BEAM in 2014 audit reported that the programme had failed to pay school fees for up to 750 000 pupils in the country[15]. According to VOA ZIM (2014), donors pulled out of the programme even though there was evidence that it benefitted a lot of orphans and vulnerable children. The previous year, 2013, the

[15] Source: http://www.zimbabwesituation.com/news/zimsit_zimbabwe-fails-to-pay-fees-for-750000-desperate-children/

government owed millions in debt over BEAM and this led to school drop outs. The government struggled to come up with the shortfall after donors pulled out of the BEAM programmes. According to Wyatt, et al (2010), although the government faces severe budget constraints in this regard, they remain committed to upholding children's rights to education. However, some sources feel the MoLSS continues to struggle to provide basic social services to vulnerable children in the country[16].

Most of the residential care staff reported that they were not clear as to what exactly are the policy provisions for young care leavers. One respondent expressed this sentiment as:

"Policy I think is just a statement to guide; so the statement is there that they should leave and return back to their relatives. That's the statement, but I am not clear on the provisions, as in what is it that the policy provides to help the children to move from the institution"

This is similar to what was stated by Cantwell (ChildONEurope: 2012), that "guidelines are precisely that; they create neither new right nor binding obligations, but are intended as suggestions for policy orientation agreed on the basis of current knowledge and grounded in the Convention on the Rights of the Child." The conclusion from this is that although policies are developed and act as key directional documents, they are not necessarily definitive. It is necessary to examine practice and not assume that changes come about automatically because of policy changes.

6.2.2.2 RESIDENTIAL CARE MODEL

The study found that there are two models of residential care in Zimbabwe: a dormitory model and family-based model supporting findings by Powell et al., (2004). The two models operate differently and children who age out from each model may have different

[16] See also http://www.financialgazette.co.zw/govt-compromises-future-of-vulnerable-children/

outcomes. A difference between state run institutions and privately run institutions was also noted. The following table shows the key observation results:

Table 7: ***Results from observation***

State run institutions located in old, high density locations characterised with low income communities such as Highfields[17], which is the second oldest high density suburb in Harare. Observed old dormitory style buildings. One private residential facility was in a more affluent suburb, run by a faith-based organisation international funding. It was well maintained and appeared well-resourced as compared to government institutions. For example, evidence of vehicles for staff and children to be transported to school and other outings.
Both the private and state facilities were gated and had a wall around them, for security reasons and also separated the children from the community.
State institutions had primary schools on the premises, a dining hall and dorms for the children. Children attended high school in the community, which meant years of largely being at the institutional school. Private institutions sent their children to the local private school.
Private residential facilities had adopted the family model, with smaller numbers residing in each quarter.

Most of the respondents cited the model of institution as a factor in the child's transition. Family based models function as a community family would, with fewer children in a household and a house mother (Powell, et al., 2004). In the study, even though no house fathers lived in the family homes, the Director and other male workers were all reported to play the role of a father figure for the children. The children live as siblings in the house, and those who are actual siblings are kept together. It was reported that in these settings the

[17] Highfields and other colonial areas created for the black working class have remained poor communities because people prefer to move out of the area instead of living there once they earn a better income.

children have a sense of belonging and a chance to build a relationship with the housemother that may be beneficial when transitioning out of care. The fact that there are fewer numbers of children in the house also means the housemothers are able to provide optimum care, and are more able to tend to their individual emotional needs, as compared to the dormitory style where there is one caregiver to a large number of children. The presence of the house mother was found to bring a level of consistency into the children's lives as compared to the shift working model in dormitory style settings. The house mothers at one private institution permanently resided in the house and did not work shifts. They would go back to their own families when they are on vacation leave or when there is a family emergency. The one problem cited with this was prolonged time away from their own families, at times, their own children, but this was part of the commitment of the job.

Results from a family-model, privately run institution showed that the children from there were regarded as being more privileged than the children in the community. As observed, they were able to attain private education at some of the best schools in the country. Their basic needs were met at the institution, whereas some families in the communities' could not afford much for their own children. Even though the children may have disadvantaged backgrounds, being in the institution served as a way out of that disadvantage. This corresponds with the study by Powell et al., (2004) in Zimbabwe, where they found that residents were often viewed as privileged by the surrounding, often rural and poor community. Such divisions make it difficult for these children to integrate and reintegrating them back into an impoverished community becomes problematic.

A paper by Van Breda and Dickens (2014) in South Africa also states that children in some residential facilities are regarded as having a higher standard of living than those who are outside of the institution.

However, according to Van Breda and Dickens (2014), once they turn 18, these children are returned to the same deprived settings they came from. The current study in Harare found results that correspond with this.

" …at times they tell you we don't want to return home because we have what they call 0-0-1, they skip a meal in the morning and afternoon and only have one meal a day. So the challenge we face is that life is reasonably comfortable at the home so that when we want them to return home they come up with all sorts of excuses…" (Director at private residential facility and transitional home).

"Western model institutions do not show the reality of our communities. You talk of having a shower, do you think that child can go back to the village and bath in a river or fetch water from the well to bath? …a child cannot go home and eat {maputi} dried corn who is used to eating bread every morning…the child cannot sleep on a mat, who is used to sleeping on a bed (Social Work Researcher, UZ).

This also shows that some of the children come from rural areas and they only find placement in the city where they are far removed from their community of origin. This finding is supported by Biehal et al., (1995) who assert that the longer the period they are in care, the weaker their links to society, friends and family becomes for these young people.

Another finding was that in terms of cultural values, Western model institutions also fell short. According to the majority of respondents, children who grow up in private, Western model family homes are usually socialised in Western based cultures. This makes it difficult for them to reintegrate back into their own communities and cultures because they do not fit in. Their behaviour is also regarded as being unacceptable and shunning of the cultural values of their communities of origin.

"Which community is going to accept a Westernised child?"

"Yes they can speak English in the institution, what about when they leave that institution? They cannot stay in the institution for the rest of their lives, they have to leave and stay maybe with people who cannot even speak that language. It becomes a very big challenge for that child". (Social Work Researcher, UZ).

An unexpected finding from this study was the importance of a community's attitude towards previously institutionalised children and young people. It appears that young care leavers are also stigmatised by their original communities, based on the fact that they received a different socialization. Community acceptance was recognised as a need by one of the respondents who noted that she met one young man who could not even find a job because everyone assumed he was a thief, because he had been in care. Another respondent said:

"Especially those who are previously street children, they are like animals when they first arrive. All they know is to fight and use bad language. But we try and teach them good behaviour so they know how to relate to others in the community."

"We teach them tsika [culture], how to behave in a household with adults, greeting elders, [ukama] kindred relationships, some children do not know how to respond to their kin or to respect them according to our culture" (Caregiver at residential facility.)

Similar findings from a study in Malawi by Freidus (2010) showed that there was potential for previously institutionalised children to have low self-esteem, be socially discriminated against and face community hostility. This study targeted the orphan population in

Malawi and found that some had to deny their orphan status when back in the community to avoid being labelled and discriminated against. The fact that children in Western model institutions are regarded as privileged as compared to the rest of the children in the surrounding communities also makes them unable to fit in., there was evidence of antagonism between the community and care leavers from institutions (Freidus, 2010).

"Family based model institutions follow Western style socialisation which does not offer a substitute for a truly African family with its tribal culture and going to the village for important holidays. Once a child becomes an adult it becomes difficult to reintegrate them into an African society" (Caregiver at private residential facility).

One respondent had very strong views about the institutionalisation of children:

"Institutionalising children is the best way to destroy a country's norms and value system because the graduates from there pick up certain characters that do not fit into our society".

This study found that children become socialized the institutional way and it becomes a challenge to reintegrate them back into society, suggesting that it is important for society, institutions and policy makers to all take responsibility for the outcomes of previously institutionalised children.

"Children need to be initiated; every aspect of life someone needs to be socialised in terms of language, locomotion, behaviour patterns, knowledge about society, anyone needs to be socialised. So we cannot say a child should be responsible, it is only policy makers, I don't know whether I can

also put in institutions because they are responsible for modifying the behaviour of that child; they should be in a position to understand the needs of children vis-a-vis the community where the child goes into after institutionalisation…" (Social Work Researcher, UZ).

6.2.2.3 ROLE OF THE INSTITUTION

As mentioned previously in the conceptual and theoretical framework for this study, the institution or residential care facility in which the child or young person is placed, influences their outcomes (Lishman, 2007; Shaw and Frost, 2013; Robb, 2007). The current study also found that the institution has a role to play in the transition, even though the major role is played by the DSS. The institution does not have a statutory role but plays a part in preparing and supporting the young person making the transition out of care. The respondents reported that probation officers get information on the child's progress in the institution which includes counselling, career and education guidance. They then use this information when formulating the child's care plan. The residential care staff reported that they, in fact, know the child more than the probation officers do since they live with the child every day. However, they expressed a wish to be part of the decision making process regarding where the young person goes at discharge. This remains the sole responsibility of the probation officer. Residential care workers reported that they do not know where the young people are placed after they leave but, at times, they get information from the young people themselves when and if they return.

"We get information from the grapevine, not that we are actually involved in the discharge process. Some young people come and tell us who they are now staying with and how they are doing." (Caregiver at Residential facility).

A major finding was that the institution, particularly state institutions, believed that their duty is to provide care whilst the child is in the institution and care ends when child leaves the institution. The

measure of an institution's success, according to them, is their ability to meet the physical needs of the children whilst they are in care (food, education, and clothing) not after they are gone. One respondent said:

"It is our duty to take care of them whilst they are in the institution, but once they turn 18 the ties are cut."

Another respondent in a different interview said:

"Here we just help them to make sure they go to school, get accommodation (shelter) and food but to say we can assist with the future after leaving us, we will be lying…"

"They are supposed to leave, according to the law at 18 they need to be outside the institution…why? Because the institution is for children and children are defined by age. At 18 they are adults" (Superintendent at residential facility).

This finding contradicts Shaw and Frost (2013:102) who state that, a young person's experience of leaving care is the "acid test" of the success, or otherwise, of being in care. The success of care, according to this study, is not based on how young people fare after they leave. Institutions view their success as being able to care for children whilst they are in care, making sure their physical and educational needs were met. The leaving care process was not seen as a measure of their success as stated by Shaw and Frost for other residential care institutions.

Another finding was that workers in the institutions lacked knowledge about the leaving care process and the outcomes for young people who have been in their care. As mentioned, the role and responsibility of providing discharge services lies with the DSS. The institution did not have information about formal procedures for leaving care. One respondent noted that it would benefit them to know the outcomes of the children they care for because for them, a lot of work is done whilst the child is in care to attempt to develop them into functional

adults, but if they are just taken back to dysfunctional families or return to the streets then all their work is for nothing. One respondent reported that they do a lot of behaviour modification at the institution, attempting to restore, mainly, adolescents who had been in the streets or those who they considered had behaviour problems to a state where they can become acceptable members of society.

"I think we don't have enough information with regards to what exactly the children are facing so we need to have researches so that we know the nature of problems that children coming from difficult circumstances are facing" (Superintendent at residential care facility).

"Sometimes it feels like children are being dumped in the institutions. There should be professionals; psychologists, proper counsellors, well trained remedial teachers and the staff in institutions must be trained on how to handle these children. We need proper theories that caregivers and professionals should be using; there are theories that explain why children behave the way they do and that's a very big limitation in terms of government, they do not employ such people…" (Caregiver at residential care facility).

The question of how children are being supported to make the transition from care according to the current policy in the country was asked in the interview. One respondent stated:

"Let's be honest, with the way things are nowadays with the hardships that are there sometimes children are reunified and probation officer says there will be follow ups but they are not happening. Once the child is with relatives that is it, there is a vacant space in the institution for another one" (Caregiver at residential facility).

The question of resources and the country's economic hardships was a recurring theme throughout the study. The institution reported that there is not much they can do, especially when past care leavers come back to report to them that things are not well after leaving the institution. This is similar to the leaving care literature which states

that there is often, no room for young people once they leave care to return if things do not work out (Rogers, 2011; Höjer & Sjöblom, 2011).

In Harare, some were reported to have success stories, with marriage being the most common success indicator for female residents leaving care. A number of caregivers reported that for some girls getting married was regarded as a success culturally. For the institution, it was a sign that they were able to raise the girl well according to cultural norms and values.

Another finding in the nature of the transition process was that young people, particularly those who spend a long time in institutional care, began to depend on the institution to an extent that their transitions into society became delayed or affected. This was found particularly in family based institutions where the young people felt they belonged there. They felt secure in the relationships built in the group setting and the house mother that when the time came for them to live on their own they felt fear. But even in the state institutions, the young people feel afraid to leave and begin to build relationships with new people in the community. This may destabilise them further.

> "When they are in the institution they get nearly everything, they feel secured and they have fear of the unknown out there. And even though they have relatives, it's a new environment…" (Superintendent at residential care facility).

This is supported by Bridges model of understanding transitions (see Chapter 4). Young people do not only go through a physical transition, but also a social/psychological adjustment. The old relationships may be ending and they have to make new ones (Bridges, 2002).

In the family based model residential facilities that were studied, the move into semi-independent youth homes led to an insecurity about the prospect of leaving and finding their own accommodation. This

meant having financial responsibility even though they would be supported before leaving the transitional home. The prospect of living alone was described as daunting for them when they had become accustomed to living in a group home.

"Accommodation is usually expensive and if cheap they have to share with strangers in the community. There is no longer a youth leader to guide them once they move out of the youth home, but it is a gradual transition" (Caregiver at private residential facility).

"Institutionalisation creates a dependency syndrome which becomes a barrier to innovation" (Focus group respondent).

This evidence is supported by Mendes (2009), who also described transitions from care as a move from child welfare dependence to adult independence. This is not usually an easy transition to make for young people. In addition, Tanur (2012) mentioned that care leavers in South Africa face the prospect of losing most of the economic, social and emotional support previously provided given that they are now legally viewed as adults and therefore assumed to be able to care for themselves.

6.2.2.3 INSTANT ADULTHOOD

Closely linked with dependence on the institution, is the concept of instant adulthood and how it also influences the transition from care to independence. The nature of the transition process was found to be abrupt and this is in line with much of the international and Sub-Saharan African literature. It was noted in the introduction (Chapter 1); young people leaving care often have compressed and accelerated transitions to adulthood as compared to other young people (Stein, 2004). Similarly, Rogers (2011) found that the concept of instant adulthood meant that the young people were expected to be automatic adults once their 18th birthday arrives, with no opportunity to return to

the child welfare system if their transitions fail. In the current study in Harare, adulthood was defined on the basis of age and not on the capability or readiness of the young person to leave care. Once the young person turned 18, they were regarded as adults. Once again, the sentiments of the residential care respondent are relevant here:

They are supposed to leave, according to the law at 18 they need to be outside the institution…why? Because the institution is for children and children are defined by age. At 18 they are adults."

It was also stated that whether they had somewhere to go or not, at 18 they had to leave. Whether they were prepared or not they had to leave.

"It really touches me, I think we need to come up with something because it's not fair that {today I am 17, I am a child and then tomorrow I am 18, and I am an adult}" (Superintendent at residential care facility, Harare).

The issue of individual trajectories came to the fore. The need to treat each child individually, with special consideration of their backgrounds, academic abilities or lack thereof, so that services provided are tailor-made to suit them. Where there are abrupt transitions, young people often feel "left out on their own" (Kelleher et al., 2000). The study in Harare found that although, adulthood is a process, in the case of young care leavers it is abrupt. Biehal et al. (1995) also state that young care leavers are faced with finding a home, a career, building relationships or rebuilding family and social networks; all of these at the same time in the few months after leaving care.

"Support is very necessary, this thing of saying just because a child has turned 18 they are adults no, maybe it is lack of resources but we need to support that child until they get a job, until they are able to live on their own"

This shows that what determines adulthood in this case, is age and not whether the young person has acquired the necessary skills to live

independently. This is supported by the literature on transitions discussed in Chapter 3. Youth transitions were described as a transition from dependence to independence (Barry, 2005). Contemporary research has shown that these transitions have evolved and are no longer linear but highly chaotic and represent a fragmented movement between dependence and interdependence (Rogers, 2011). "The transitional boundaries for care leavers are blurred, employment is insecure and the school-to-work transition may be delayed or an impossible dream." (Barry, 2005:101).
One respondent said:

"Turning 18 should not mean automatic adulthood, in reality that is not true. How many of us find jobs at 18? Consider those with delayed education, one boy is 14 years old and still in primary school. He might be 18 when he begins secondary education so there is no hope for him to be independent at this age…"

The DSS staff stated that, in cases where the child turns 18 and is in their final year of secondary school, they are allowed to stay and finish that year. It is however, difficult for those who are lagging behind academically at 18 due to delayed or disrupted education. These ones have to leave the institution even though they have not completed secondary education. They are sometimes referred for skills training in Chipinge, which is a rural area further away from Harare (see map in Fig. 2). This once again removes them from whatever social support they had whilst in care and they have to start off on their own in another place. However, respondents felt this was better that they got skills training, than for them to be in the streets.

"…If it's a girl child normally they hasten to get married making them very vulnerable in the long run and due to the failed marriages they end up becoming commercial sex workers" (Focus group respondent).

6.2.2.4 MAINTAINING COMMUNITY TIES

Another factor that was found in the nature of the transition process was the importance of maintaining community ties. Where ties with the community were absent or lacking, the young person was described by social service professionals and residential care staff to have a difficult transition into independence. This finding is supported by Biehal and Wade (1996) who state that the level of contact maintained with families whilst being looked after was a good indicator of the level of support young people could expect from them after leaving care. Where there are good relationships with family and relatives, the young person feels confident that those relations will be there when they leave care.

All the respondents in the current study reported that community ties needed to be established whilst the child is in care and maintained through weekend and holiday visits. Those who have known family and relatives go home on holidays and the holiday placement is monitored. Some of the children did not have any ties with their original families, having been abandoned or orphaned with no known relatives. For these children new relationships were built with prospective foster parents and adoptive parents.

> "It's a bit complicated for those who don't have relatives, but usually the probation officer also finds an alternative way; maybe finding foster parents when they are still here, through the churches; even for those clients who come forward saying if you have any kids who need parental guidance…they can also check on their list because every district office has got a register for people who want to adopt and people who want to foster (Superintendent at residential care facility).

It was reported that the child starts visiting prospective foster parents and builds a relationship whilst in care and they can leave the institution before 18 if the prospective parents so wish.

Some children come from 'broken' homes and attempts are made to rebuild those relationships whilst the child is in care.

"Some of our children come from broken homes; we do home visits for each and every child we have, you know case management system that looks at each and every child, where they come from we travel all over Zimbabwe to wherever they come from and we work with the respective social service officer. So those who come from broken homes it is our mandate to reunite them."

"We also try to mend those relationships with step-parents so that at the end of the day they are one happy family" (Director at privately run residential facility).

One private residential facility also runs a programme of family support whereby they give parental guidance and training aimed at family reconstruction. They make sure that whilst the child is in care, the family is also supported in getting help with issues that may have led to the child's removal for instance with addiction problems. If it was a case of the family not being able to provide basic needs for the children and they were found to be neglected, the facility also runs income generating workshops aimed at making the family self-sufficient.

For others, a lack of family contact affects them greatly. One residential facility reported that they had cases of children who had been in the institution for 9 years and had not even had one visit from their relatives. Such cases are difficult to plan exit for.

"Such cases are referred to the Department of Social Services, from hearsay if there is no plan found for them they leave them to go live in the street" (Superintendent at residential facility).

Some residential facilities have adopted the practise of making sure their children have a way of mingling with other community children. This is one way to establish and maintain ties with the community. For example, one privately run facility that was part of the study built a community crèche where their children would attend with other

children from the community. Such a connection starts from kindergarten stage and the children from the institution feel they are part of the community and are not isolated. This is in contrast with the other institutions which have primary school at the institution and the children never get to leave the premises until they are in high school. According to one superintendent, this is how it was in the beginning but now the school has started accepting outside children from the community as well. This is to address the issue their children having ties with the community. One state institution reported that their children attend high school in the community and this is when they can start building social networks.

The study also found that the transitional homes in some private residential facilities are located in the community. At the age of 16 children move to the youth home, functioning as a halfway home, introducing the young person to the community. Here, the young people have a degree of independence and can plan their own lives with the guidance of a youth leader. However, having the resources for transitional phase housing in the community is often difficult for state institutions. Only the private institutions were found to afford this extended support.

The study found that when institutionalised children are not exposed to the community they are stigmatised and labelled as others in the community. One focus group respondent spoke of misguided prejudices aimed at young care leavers because the community is not aware of their experiences or of the kind of young people they are. They are only seen as problematic young people who have disadvantaged backgrounds. This is especially the case for young people who have been institutionalised due to being in conflict with the law.

"In most cases the institutionalised child normally fails to make it because of misguided prejudices" (Focus group respondent).

"One young man told me that he cannot find a job because everyone assumes he is a thief. The only option for him is to beg in the street because no one will hire him, especially with no birth certificate or identity documents" (Caregiver at residential care facility).

Table 8: ***Summary of factors influencing the transition from care to independence: Nature of the transition process***

- Role of the Department of Social Services
- Residential Care Model
- Role of the institution
- Instant Adulthood
- Maintaining community ties

ii. DETERMINANTS OF A SUCCESSFUL VERSUS UNSUCCESSFUL TRANSITION

Study respondents were asked to explore what makes the difference for young people who have successful transitions from care and those who do not. In other words, the researcher sought to find out why other young people managed to transition successfully into mainstream society when others did not. This question was found to be important in determining factors that influence the transition from care to independence. Although the study was from the perspective of residential care workers and social service professionals and not the young people themselves, the respondents were able to point out some of the factors that made some young people transition successfully whilst others did not. The following were the results:

6.2.3.1 CAPABILITIES AND PERSONALITY OF THE YOUNG PERSON

This was a recurring theme with all the respondents stating that, a young person's personal attributes determined how they would turn out as adults. These were not physical attributes but more related to the young person's personality and individual capabilities. Most respondents agreed that a young person who had academic strengths, who did well in their schooling and worked hard, was usually successful after leaving the institution.

"Those who are talented academically, they continue with their education even up to tertiary level with sponsorship. Like the year before last, we managed to have donor individuals, a group of doctors who wanted to assist children who excel well in their studies so they can be better citizens in future" (Superintendent, residential facility).

"Those who are academically gifted we see them through to university. We have people who have graduated; we have teachers, one had the opportunity to get the Presidential Scholarship…those who are academically gifted we really source for funding for them." (Director, private residential facility and transitional home).

The literature presented evidence of low education attainment for most care leavers and this was attributed to multiple placements and disrupted or delayed education (Biehal et al., 1995; Stein, 2006, Kelleher, et al., 2000). The current study findings however, seemed to place the responsibility of educational performance on the child in the institution, and not the structural and circumstantial factors that might have led to that child not performing well academically.

"It's a natural phenomenon that other individuals are not well committed to whatever they will be doing, despite the environment they might be in and others depending on the background they lack that enthusiasm…" (Caregiver at residential care facility).

"We have actually seen certain children benefitting fully, we have seen children going as far as university. I still remember one of the children, one of the boys here he proceeded to the University of Zimbabwe and did a degree in Social Work" (Caregiver at residential care facility).

Those who do not perform well academically face the challenge of finding what to do next in their lives. The respondents described cases whereby the young people were referred for skills training but one

respondent mentioned that some young people felt they were being labelled if they are guided to vocational skills when others are continuing to tertiary level.

"When a child is referred for vocational subjects they feel as if they are being labelled as "dumb" or failures. They feel stigmatised."

"Most people are not intellectually gifted by nature; vocational training centres are needed to help the 75% who are not intellectually gifted, to do the practical subjects such as agriculture that will make them survive"(Superintendent at state residential facility).

Some respondents believed it was up to the child or young person to determine their own path. Their personality and how they responded to care determined their outcome. One care leaver is now a nationally acclaimed musician; others are playing sports in well-known clubs for the country.

"Sometimes its natural dullness or some have behavioural problems such as stubbornness, truancy which affects their academic performance. Usually these ones do not succeed" (Caregiver at residential care facility).

"Support is the same for every child. It is up to the child; their attitude just like in our own homes. Even if parents provide everything some children are lazy" (DSS Officer).

"Those poor at school work will be dumped at 18 whilst those who are good carry on to tertiary. I know of some who ended up in the streets, both boys and girls after 18" (Focus group respondent).

"Some institutions when they find that the child is bright and is very humble, sociable they normally stay with that child even up to the ages of 20-25, sponsorships for tertiary could be arranged to do law, medicine etc. If the behaviour is so acceptable that the girl child even finds a partner willing to marry them, that young person is supported even through the marriage process by the institution… (Social Work Researcher, UZ).

Where there is adequate preparation in the form of talent identification and needs assessments, the young people are able to identify what to do as adults before they exit the institution. It becomes clear, once again, that caregivers put more emphasis on the child's capabilities or lack thereof, rather than on the structural barriers of service provision for these children.

6.2.3.2 RELATIONSHIP WITH CAREGIVERS

The interviews with residential care staff brought out the importance of the relationship between the young person and the caregivers whilst the child is in care. It was stated that it was essential for this relationship to be based on trust with the aim of providing the child with a sense of belonging. The presence of a trusting and loving relationship between a child and caregivers meant that the young person left the institution confident that they had built lasting relationships and that they were capable of doing so. This is supported by literature that states that supportive relationships formed with social service staff whilst in care, who may act as mentors is a crucial aspect of the leaving care process (Hiles, et al., 2013). This also left room for them to always return for support in some of the institutions, even after they had left at 18.

> "We don't wean them off at this institution; we even have grandchildren and daughters in laws. They always fall back on us. We have had one of our young men do his marriage ceremony with caregivers as his witnesses and his wife came to do the cultural duties here at his old home" (Director at private residential care facility).

From this quote, it is clear that the young person who had been in care becomes a daughter to the caregivers and if she has her own children they become grandchildren of the same caregivers. This signifies a continuing relationship. However this was only mentioned in the privately owned residential facilities. It is not clear from these findings, why the relationship is not ongoing in the state institutions.

From the literature, it can be supposed that the dormitory set-up does not leave room for the creation of meaningful relationships with the children and this could be why when they leave it is difficult to maintain those ties (Chipenda-Dansoko et al., 2003).

"Some children come back to see us to tell us how they are doing. The bond is not broken" (Caregiver at residential care facility).

"If we see that the child has a close relationship with a certain caregiver we assign that caregiver to counsel and guide the child. These relationships are very important" (Superintendent at residential care facility).

The fact that the house mothers in the family based setting assume the role of "mother" to the children ensures continuity and stability for the children. However, this was also expressed as an issue for the caregivers who had their own families and at times the facilities would prefer single women for the job. This again, is problematic, considering that Zimbabwe is a society which places marriage in high esteem and women who are unmarried at a certain age face challenges living in this society; including being judged and in extreme cases, ostracised.

"This home provides a permanent substitute for children's biological families, especially for orphans. Hence the relationship with housemother is always understood by these children as being a lasting one."

"Some of the house mothers have families and they are 100% committed to their work at the home. They cannot even bring their own children to work; they must leave them to be cared for by others" (Director at private residential care facility).

When caregivers are committed to loving children in their care and leaving their own families it shows a commitment to the job or it may mean they have no option considering the tough economic conditions and the need for an income to sustain themselves. As explained in the

literature review chapter, Lynch (2009)[18] described elements of caregiving which can be considered love labour and secondary care labour whereby the latter is contractual based. In love labour relationships are formed that are lasting, person specific and there is a level of interdependency. The following quote sums it up: "All love labour involves care work but not all care work is love labour" Lynch (2009:7). In this study the presence of love labour appears mostly in family based settings, where caregivers were able to build loving relationships over time that were person specific, interdependent and had a positive impact on the young people when transitioning from care. These relationships also continued into adulthood and were incorporated into the workers and adult children's family networks.

> "We should be concerned about the lives of the children, what they are going to become as adults. They are orphans with no one to lean on but you as a caregiver, you become a parent, you are now a parent; you have to make sure your child turns into something" {referring to herself} (Caregiver at residential care facility).

6.2.3.3 PROVISION OF THE BASICS FOR AFTER CARE

The study found that no transition would be successful without the provision of the basics for aftercare. These basics were identified to be what young people needed in terms of support for their transitions. This part seemed to be lacking especially in state institutions which are facing resource shortages, but private institutions had some provision. Basics were described as accommodation, some sort of vocation/ skill or tertiary, financial support, emotional support and life skills.

For those young people who were leaving care to go and stay with their relatives or foster parents this was fairly straight forward. But for those who had no relatives or foster parents it was reported that they tended to end up living on the streets. Unfortunately, the economic

[18] Affective Equality? Who cares! (2009) Article where Lynch discusses love labour, solidarity and the care

situation is so bad that ordinary citizens are struggling to get by, even those with degree level education find themselves unemployed and with no income. Social service professionals and residential care workers believed that more can be done to support young people than is currently being done.

"When there is a crisis, especially the economic crisis that Zimbabwe is currently facing, it becomes a big challenge. The least person in Zimbabwe is the one most affected" (Social Work Researcher, UZ).

"I think to understand the reasons for failing we should juxtapose their situation to the general situation obtaining in Zimbabwe and the general populace" (Focus group respondent).

"There is need for talent identification, look for their talents and sponsor those talents for example athletics and football. When they are going back they will be having something, they will do well, and they must not go empty handed" (Caregiver at residential care facility).

In the case of extended families or non-family caregivers who accept the child into their care after they leave the institution, if there is no support for them, the study found that they usually had no motivation to carry on supporting the young person.

"When the economy is struggling it means the local family cannot afford to sustain the life of that child, an outsider who has invaded them. If they cannot even sustain their own food themselves now that a newcomer is coming in there is a challenge. That is in terms of food itself, we cannot talk of clothing, blankets."

"The Department has been assisted through cash transfers. The amount of $20 per family to survive on…and what does that mean in times of crisis like this? So it becomes a challenge for that child who is in transition to be accommodated in that community. It becomes very difficult for the child and other members of that family to be fed by a $20 note per month" (Social Work Researcher, UZ).

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relationships.

These are some of the challenges of reintegrating young care leavers back into the community.

Life-skills training according to the respondents was an important basic for young care leavers in Harare. Young people needed to know how to function independently if they were to make it in society. The halfway homes run by some of the private institutions served this purpose. Young people were taught to cook, clean and do their own shopping and budgets. This was a way of preparing them to live independently. Career guidance was also mentioned as a need because, young people needed to learn how to compete on the job market.

"We train them in various skills training of their choice depending on what we are able to do for that particular year for instance building and welding."

"In some government run institutions, children do not even know how to cook. Family set-up is good in that we teach them how to cook and clean. We teach them everything" (Director at private residential facility).

"At some homes where they stay they get some basic skills just like a child in any other kid in families because they usually have gardens and things like that" (Focus group respondent).

This is similar to findings in Israel (Zeira & Benbenishty, 2011) where life skills were found to be important aspect of assessing the young person's readiness to leave care. If the young person had not been taught basic skills to survive on their own then it was seen as wrong to discharge them into independence. According to Zeira and Benbenishty (2011), it was beneficial for the child care system to use evidence from life skills assessments to make policy provisions that were relevant to the needs of young people leaving care. Similarly this study in Zimbabwe shows that young people were considered not ready to leave care unless they had some sort of skill so they can live independently, hence the referral to vocational training centres.

Emotional support and preparation were also mentioned by some of the caregivers as being important:

"We provide counselling for them, letting them know what it is like out there. They must not expect that life is easy outside the institution. They need to be strong" (Caregiver at residential care facility).

Table 9*: Summary of factors influencing the transition from care to Independence: Determinants of successful vs unsuccessful transitions*

• Capabilities and personality of the young person • Relationship with caregivers • Provision of the basics for aftercare (financial support, life-skills, emotional support)

b. CONCLUSION

This chapter presented the study's findings and included the interpretation of these findings after analysis. The research questions sought to find out the factors influencing the transition from care to independence from the perspective of social service professionals and residential care workers. The data analysis came up with three themes for the findings: where young people go when they leave care, the nature of the transition process and the determinants of a successful versus unsuccessful transition. Further analysis and interpretation of these findings brought out a number of categories of factors influencing the transition from care to independence. These factors are; the young person's background, the role of the institution, and the role of the DSS, the provision of basics for aftercare and relationship with caregivers.

The overall finding was that young care leavers in Harare are no different from other care leavers in Sub-Saharan Africa and internationally, in that, the majority of them also lack adequate preparation for their transition into independence, lack follow-ups after they leave care and some are living in the same or worse circumstances that they were in prior to being in care. The numbers of young people leaving care every year from Harare's institutions is not known and as such, it is difficult to know their needs and outcomes. Data on young people placed in care is available, with the latest statistic being 5000 children living in institutions in the year 2007[19]. With such a figure of children in care, it becomes crucial to consider what happens to young people when they leave the institution into independence.

These factors have an impact on the success or failure of their transition from care. The following chapter will now summarise and conclude these findings. Recommendations for the support of young people's transitions from care will also be made.

[19] See introduction to the study in Chapter 1 for statistics on the number of children in residential care in Zimbabwe.

CHAPTER SEVEN

7.0 CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

This study focused on exploring the factors that influence the transition from care to independence for young care leavers in Harare, Zimbabwe. The study took on a qualitative design meant to explore the views of professional social services workers and residential care workers on young people's transitions from care. Data was collected using interviews, an online focus group and observations from residential care homes, or children's homes as they are commonly known in Zimbabwe. Theoretical frameworks by Goffman (1961), Bridges (2002) and life space were utilised in this study to further understand some institutional processes and relationships. In particular, Goffman theory of "total institutions" helped unfold the issue of block treatment of children in some residential care settings. This lack of individualised care was seen to be a major factor in determining the social identity and future outcomes of the residents. Bridges (2002) described the dynamic process of transition and how it has different stages; all of which need to be taken into consideration; such as acknowledging that the social transition may occur simultaneously with a psychological transition. The life space theory helped in understanding the importance of contexts and the current situation in which a child is in when working with them in a group setting. The researcher's own previous experience as a residential social worker also provided background knowledge of residential care practices and dynamics which were very crucial for this study.

The six-tier system proposed by the Orphan Care Policy (1999) of Zimbabwe places residential/institutional care as the last resort for care of orphans and vulnerable children. This study explored the need for placement in what should be seen as a last resort and what that means for the children and young people who live in care for prolonged periods. Although institutional care is meant to be a last

resort, there will always be children who need to be in care due to their circumstances, hence the addition of "temporary" to the last resort requirement. This study found that where there is a need for institutional care, efforts must be made for the child to be removed from the institution in the shortest possible time and be reunified with family or placed to live in the community in kinship or community care. The context of Sub-Saharan Africa poverty also means that some families, although willing to care for their children, are unable to do so. The study noted examples of the residential care institution sometimes being viewed as a better option and some children in care being seen as being more privileged than those from the surrounding community because their basic needs for example, food and education will be met by the institution. Young people leaving care to go back into an impoverished environment were reported to face challenges in making the transition from care into independence. A number of factors were found to influence young people's leaving care's transition into society such as the lack of access to higher education, lack of ability to fit into the society and lack of continuity in relationships; just to name a few. A lot of emphasis was placed in this study, on discussing how young people are being prepared for the transition process and the support services available for them once they leave care.

Young people growing up in the institutions included in the study were found to be facing similar difficulties in making the transition from care as do their counterparts in neighbouring Sub-Saharan countries and internationally. Factors that influence their journey from care in the context of poverty, economic crisis and previous disadvantage amongst other salient factors were discussed in the previous chapter and will be summarised in this conclusion. Bridges model of understanding transitions was also utilised to support the need to support young people when they are leaving a dependent state going into a supposed independent one. The factors found in this study showed that providing support services for young care leavers

may be challenging and that the needs of young care leavers are varied as viewed by those responsible for their care. In light of this, the study found that the capacity of the Department of Social Services to provide services for young people leaving care in the context of a collapsing social services system was a determining factor. Effective and specific service provision for young residential care leavers was found to be lacking in this Harare study.

With all these factors in mind, this chapter also includes recommendations that came from this study. These recommendations were developed in the hopes that there will be better knowledge of transitional processes for young care leavers in Harare as well as to offer possible suggestions for best practise to support residential care leaver transitions.

7.2 SUMMARY OF FACTORS THAT INFLUENCE THE TRANSITION FROM CARE TO INDEPENDENCE

7.2.1 PREVIOUS CIRCUMSTANCES OF THE YOUNG PERSON

The study found out that where young people go when they leave care institutions at the age of 18 is largely dependent upon their previous backgrounds. Young people with traceable family members were easily reunified when the time came for them to be discharged. Orphans with no immediate but willing extended kin would be reunified with them. Those without willing extended family members would either be referred for skills training to enable them to live independently or they would exit the institution and find their own way. Finding their own way meant living on the streets if no one was willing to take them in. The study found that this lack of willingness to support orphans and vulnerable children was found to be due to some extended families' lack of financial ability as well as lack of support from the DSS if a child or young person is reunified with immediate or non-family members. Extended family was described to be aunts, uncles, grandparents or in some cases, step-families. Due to

shortages of staff, the DSS was reported to be failing to make some follow ups for their cases after discharge placement. The financial assistance provided after reunification was also found to be too little to provide for the needs of the young person and the family taking them in.

Previous street children who spend some time in residential care were found to be harder to reintegrate into society. After spending lots of time on the street prior to their placement some of them did not have a recollection of their origins and some were unwilling to divulge this information. For instance, those who came from dysfunctional families and those who were abuse victims prior to their placement would prefer not to be placed back there. Some residential care workers struggled to contain the behaviour of previous street children and the system sometimes failed to find willing families to take them in. Another finding was that some young people could not go back to original families because of sexual abuse cases by relatives. If there had been no rehabilitation of the offender or family reconstructive services rendered after the child is removed, reunification was not advisable. In these cases, the DSS probation officers found it challenging and failed to reintegrate these young people. Inheritance issues were also found to cause a rift within extended families. When the family of the deceased are expected to care for the children of the deceased and they are unwilling to do so, the child would be found in need of care and placed in a residential care facility. There are few cases where upon discharge that young person feels comfortable being placed with the extended family that once rejected or abused them. Closely related to this is the issue of step-parenting which was found to be a big issue in the Zimbabwean context. Children were said to be placed in care due to being maltreated by the step-parent. Returning to this set-up was found to be less problematic when the child is older and able to fend for themselves. However it was noted that rebuilding a trusting relationship with both a surviving parent and their spouse after experiencing maltreatment that led to separation as

a child, was a difficult thing to do. All these pre-care circumstances were found to influence the young person's transition back into society.

7.2.2 NATURE OF THE TRANSITION PROCESS

The nature of the transition process itself was found to have an impact the young person's outcome and presented difficulties especially for those who had long placements in institutional care. The responsibility of ensuring that adequate care and support is given to the young person during and after care falls on DSS probation officers. They have the statutory role to place the child in care and make an exit plan when the time comes. The discharge process at 18 was found to have a significant influence on the transition from care into independence. The support DSS staff can offer is limited due to resources, both human and capital. For this reason, young people are being discharged without adequate preparation or proper investigation into their previous circumstances to determine if they can in fact be placed back into the community.

The residential care facilities were found to also play a role in the preparation process but much of the decision-making of the transition from the institution is done by the probation officers. The residential care staff reported that they provide emotional support to the children whilst in care through counselling, teaching them cultural values and behaviour modification. The residential care facility model; dormitory or family-based; was found to have a significant role in the transition process. Both types of models were described in Chapter 1; Introduction, as providing care for orphans and vulnerable children in Harare. It was stated that the support they provide is different due to their organizational and structural differences. In this study family-based models were found to provide more room for stability, engagement in relationship-building with care givers and other children in the "family" who remained a support throughout the

young person's life. In the dormitory style facilities, the caregiver to children ratios was found to discourage the creation of meaningful bonds. It also became apparent that most state institutions are still utilising the old dormitory style due to large numbers of children needing care. The study found that family-based models are more privately owned and tend to be better resourced. This means they are able to provide after -care services for their care leavers such as transitional homes. Despite this however, it was found that privately owned residential facilities are teaching children in their care, Western style values as they are donor funded and tend to operate in accordance with the donor country value system. The Western style institutions were criticised by some study respondents for producing young people who then fail to conform to the African cultural values and standards.

The study also found that the transition process was turning young care leavers into instant adults. This is due to the hasty discharge that is age dependent and not based on readiness to leave care. The sad reality that came from this study was that some institutions believe it is their duty to provide care whilst the child is in the institution and that care ends as soon as that child leaves the institution and deemed to be an adult. Young people then find it difficult to adjust to the new environment and state of adulthood, especially without support.

Due to the difficulties young people face upon exit the study also found that maintaining community ties whilst the child is in care was helpful. Those facilities that had maintained ties with the community through weekend and holiday visits for the children, found that the young person adjusted better when they have to live permanently in the community. Others also ensured that community children integrated with the facility's children so that they grew accustomed to interacting with others outside of the institution. This was done through mixed kindergarten and high school in the community. The study also found that involving children in the home in outside

activities also exposed them to life outside the institution and this was beneficial when making the transition.

Dependence on the institution was found to be inevitable especially when a child spends years in the institution. The institution becomes their home and provider of all basic needs. It was found that the move from childhood dependency to adult independence influenced the transition process for young people greatly. They were said to fear the unknown world, which was the society and according to their caregivers, they were often ill-prepared to face it on their own without support. Young people leaving care were also found to be unable to contribute to the development of the economy because of their dependency on state support. The study respondents were of the opinion that this made them unable to participate effectively in society.

7.2.3 DETERMINANTS OF A SUCCESSFUL VS UNSUCCESSFUL TRANSITION

The study found that there were some success stories of young people who left residential care facilities and were doing well in society. The study documented tertiary level graduates, musicians, soccer players and for female care leavers, marriage was seen as a success. The study found that a successful transition also depended on the capabilities of the young person; whether they were intellectually talented or not; whether they listened to advice and in some instances their personality. Some young people were described to be resilient despite their previous circumstances. Some caregivers and professional social service workers expressed the view that the institution cannot be fully blamed for the failure of those who refuse to work hard especially in their education. However, the study also found that the residential care system was also limited in their ability to cater for different kinds of children; including those with special needs and learning difficulties. The study found that the lack of specialised staff to cater for children with intellectual difficulties and

cognitive challenges presented a huge gap in provision. This factor affected those who were not academically gifted who were also the majority according to the caregivers. The absence of options for those with limited capabilities and opportunities for higher education was a clear determining factor in their transition process. More intellectually gifted young people were viewed to be able to make successful transitions into adulthood and independence than those who had learning difficulties.

The relationships with caregivers was found to be good for young people and made a difference, according to the residential care staff. Where there were loving relationships formed with caregivers, the study found that care was ongoing. In the absence of supportive relationships with caregivers, young people could not access further support when things did not go well for them in society. Those who had formed bonds with caregivers always felt they could return to their "mothers" in the facility to share their successes and challenges. This continued emotional support was described as important in the transition from care to independence as supported by Bridges (2002) and the lifespace theory. The dormitory model as described earlier could not provide this opportunity.

In some institutions staff reported they lacked adequate training on how to handle children in their care. Therefore, untrained and overworked caregivers, although they may be willing to assist the children, find themselves limited in their work. Once again, the context of national poverty and the economic crisis in Zimbabwe was found to influence both the young care leavers and the workers. The scarcity of human and financial resources to fully support young people after they exit the institution limited the support that could be given during transition. In this case, the provision of the basics for aftercare which were found to be life-skills, financial support which included funds for accommodation and emotional support were all affected by the current socio-economic situation in the country. The privately owned facilities with international donor funding were able

to set aside resources for transitional housing and further educational support for their graduates. The majority in state funded institutions face a tougher reality, but they are not worse off than their counterparts in the surrounding communities in this context. This is because the majority of the population is poor and with deteriorating opportunities for youth across the country in terms of employment and development, the situation seems bleak for those from already previously disadvantaged circumstances. The study found that the issue of young people leaving care is not seen as a policy priority in this context, there is yet to be adequate knowledge about their numbers and outcomes so as to identify their needs as a national social concern.

7.3 RECOMMENDATIONS TO ADDRESS FACTORS INFLUENCING THE TRANSITION FROM CARE TO INDEPENDENCE FOR CARE LEAVERS IN HARARE

Based on the summaries of social service staff and residential caregivers and supported by the global body of literature on young care leavers, the following key recommendations came from this study:

7.3.1 VIEWING YOUNG CARE LEAVERS AS NOT A HOMOGENOUS GROUP

Young people leaving care in Harare are not a homogenous group and should, therefore, not be treated as one when they are exiting institutions. They come from different backgrounds and their opportunities for returning to their previous circumstances are different, as this study evidence has shown. Biehal et al., (1995:4) also states that young care leavers are not a homogenous group in terms of their pre-care experiences, care history, needs, cultural and ethnic backgrounds. This is similar to the case of Harare care leavers. In light of this, it is therefore, recommended that, services for young care leavers should consider their differences and that support

provision then caters for specific needs. An individual approach is needed when planning the exit of young people from institutional care. Legislative policy may state that at age 18 a young person must leave the institution, but suggestions for best practice include looking at each young person's care plan and evaluating factors such as mental readiness to leave the institution, educational capacity, disability and availability of community support networks in assessing the potential for the young care leaver to be able to make a successful transition from care to independence.

In Zimbabwe this is currently difficult to do, according to most of the residential care workers, as they feel that the responsibility is too much for DSS probation officers alone and they cannot fully investigate each case. The shortage of staff in the Ministry of Labour and Social Services further makes it difficult to fulfil this role. The workers suggested that specialised staff, focusing only on the leaving care process and follow up whilst young people have been reunified is needed. This is similar to some European countries which have policies whereby the Social Service authorities include aftercare workers who are assigned to each young person when they leave care, for example the United Kingdom and Ireland.

7.3.2 IMPROVING THE KNOWLEDGE ABOUT LEAVING CARE PROCESSES AND OUTCOMES

Most of the residential caregivers, who are an important source of support for young care leavers, expressed concern over their limited knowledge of young people's transitions from care. Their lack of knowledge on what happened to young people who had grown up in their care once they left the institution prevented them from fully being able to support them.

This was a common sentiment amongst the residential care workers. The role and responsibility of discharge belongs to the probation officer, as stated earlier, and they have all the information regarding the young person's living conditions afterwards. Unless the child returns on their own to inform residential caregivers of their progress, the majority of institution staff did not know their outcomes. Relying on such "grapevine" information was described as both unprofessional and as evidence that there is a gap in information sharing and collaboration between residential caregivers and social service professionals. Residential caregivers can be a valuable source of social support for the young person, if ties with the institution are not abruptly severed once they leave at 18. Caregivers suggested being informed of research projects such as the current one to inform them of care leaver needs and outcomes. This would also improve their service delivery if they know what works during care and what does not work, especially in terms of preparing the young person for independence and adulthood.

7.3.3 FAMILY BASED VERSUS DORMITORY STYLE MODEL/ WESTERN VERSUS TRADITIONAL MODEL

The findings showed that young people leaving family-based model institutions receive further support as opposed to those leaving state institutions. This was found to be due to the availability of donor support for most family based institutions which are privately owned. They are able to fund a transitional phase to prepare their young care leavers for independence as opposed to the abrupt termination of support by state institutions. This study recommends that more institutions adopt the family-based model and do away with the dormitory style. However, this would mean building new structures and employing more staff as caregivers which may not be possible in the current economic climate.

The Western model private institutions, whose values are based on Western cultures due to their origins and funders, were found to fall

short of African cultural values in this study. The young people who grow up in these institutions are described as being unable to fit into mainstream society, as a result of their Western socialization. It therefore, poses a challenge when they have to live independently in these same communities. In this regard it was recommended that African values and vernacular languages be made a part of all Western model institutions for the longer term benefit of the children and young people with consideration being given to their future integration back into their original families and communities.

7.3.4 DEVELOPMENT OF AN AFTERCARE PROGRAMME

As seen from the findings, there is no formal aftercare service for young people leaving care in Harare. There is no aftercare policy or structured procedure for aftercare, other than informing a probation officer of a child's 18th birthday and waiting for the child to be fetched by them when they are 18, to leave the institution. In some European countries, aftercare as a separate child and youth care provision has been developed to assist young people in care to bridge the transition from care to independence (HSE, 2012). The care system in Zimbabwe would need to include aftercare workers in the social services and have resources for aftercare programmes as well as basics such as transitional homes, life-skills training and financial support. This would go towards assisting the DSS probation officers from doing all the work from admission to discharge. There is need for a continuance of support into society, especially considering the protective bubble created by residential care. The study has shown that young people fail to cope with an abrupt transition to adulthood after having been dependent on the institution for their care needs. An aftercare program would mean that transitions are more gradual and this is in line with global recommendations for aftercare. It would also mean continuous assessments of needs for young people as they move to a different set of circumstances. Preparation for aftercare would also include talent identification whereby the capabilities of

young people are identified and nurtured whilst they are in care. Those who have academic strengths could be supported to continue on to tertiary education as mentioned in the findings and more vocational training centres could be developed for those who are more vocationally orientated.

7.4 CONCLUSION

This study explored the factors influencing young people's transitions from Harare residential care facilities into mainstream society. Young people leaving care in general have been found to have poor outcomes and limited access to supportive service delivery once they leave care. The fact that they are seen as adults once they leave institutional care means that they lose the child welfare support they used to receive before they turned 18. Transitioning into adulthood, as seen by this study, is not a straight-forward process and the background and societal context into which the young person is moving plays a focal role. Young people leaving institutional care need support to make the transition because being in care teaches them to depend on the residential care system to provide for their needs. Abruptly severing this relationship was seen to have a negative impact on their transition into independence. Recommendations made include looking at their different circumstances and dealing with them individually, preferably whilst they are still in care. This specificity of service provision to support both the academically gifted and vocationally gifted young people is hoped to increase effectiveness of services for them. It is the overall conclusion of this study that those who are leaving care from family-based model institutions fare better than those who leave care from dormitory style institutions. This is due to the potential to build lasting, supportive relationships in the former that is absent in dormitory style facilities. Young people are able to make the choice to stay further in the family-based institution whilst they pursue higher education or until they find gainful

employment. This provision is absent in dormitory style institutions in Harare, where the relationship ends as soon as the young person reaches the age of 18 and is discharged. A number of factors that influence the transition were summarised in this chapter. This study concludes that young people leaving care in Harare face different challenges when they are making the transition from care into independence. Even those who are in private institutions face challenges of reintegration back into societies in which they feel as outcasts due to their Western socialisation. Overall, this study found that transitions from care to independence for young people leaving institutional care in Harare are challenging and a number of factors determine the success or otherwise of this transition. Service provision and society as a whole may need to identify these factors in their planning for young people in care in order for the residential care system to have successful outcomes.

This study has shown that there are currently some efforts to support young people making the transition from care to independence in Harare. However there is still a gap in service provision considering the fact that some care leavers are living in the streets and the majority of care leavers' circumstances are not known. This means the situation of care leavers in Harare may actually be worse than this study has portrayed as the numbers and circumstances are not known. The residential care system, which aims to provide care and support for orphans and vulnerable children in the country, appears to be in need of new policies and resources that would better serve the needs of the vulnerable children. It appears the move from a dormitory to a family-based model may be more appropriate but it also important, for all stakeholders involved, to collaborate and find a way of following up on the situation of care leavers in the country. Where there is national poverty and challenges in almost every sector of the economy, young care leavers who come from previous disadvantage, seem to not be on the agenda. Unfortunately, the private institutions which have some form of aftercare support do not have the capacity

to take on every disadvantaged child in the country. The need for state institutions is considerable due to poverty, therefore, the problem is multifaceted and it may take a while before policy changes to this effect can be made. This study found that the majority of young care leavers in Harare remain a vulnerable group.

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Appendix 1

Official communications should
Not be addressed to individuals

Telephone: Harare 790871-6
Telegraphic Address: 'WELMIN
Fax:796080/

ZIMBABWE

MINISTRY OF PUBLIC SERVICE
LABOUR AND SOCIAL WELFARE
Compensation House
Cnr 4th Street/Central Avenue
P.O. Box CY 7707
Causeway
Zimbabwe

SW 12/5/131

13 May 2015

Getrude Gwenzi
Apartment 51(2)
Castlewhite Apartments
University College Cork
Western Road, Cork
Ireland

Dear G. Gwenzi

RE: PERMISSION TO INTERVIEW STAFF MEMBERS IN THE DEPARTMENT OF CHILD WELFARE AND PROTECTION SERVICES FOR A MASTERS RESEARCH PROJECT

Receipt of your letter dated 4 May 2015 with reference to the above mentioned is acknowledged.

Please be advised that permission is hereby granted for you to interview staff members in the Department of Child Welfare and Protection Services stationed at Head Office, Hupenyu Hutsva and Northcot Training Centre on a study entitled 'Factors influencing the transition from care to adulthood; a study into service provisions for young people leaving institutional care in Harare, Zimbabwe'.

Please take note that the permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your Masters in Social Policy with University College Cork, Ireland and not for **PUBLICITY** and that the identity of all participants will be protected.

You are kindly requested to submit a copy of your final research document to the Department of Child Welfare and Probation Services upon your completion.

Yours Masoka

N. Masoka
Secretary for Public Service Labour and Social Welfare

Appendix 2

CONSENT FORM

I want to thank you for taking the time to meet with me today. My name is Getrude Gwenzi and I am a research student in the School of Applied Social Studies at University College Cork, Ireland. I am conducting a research project for the Masters in Social Policy degree under the supervision of Dr. Jacqui O'Riordan.

I want to speak to you about the factors influencing young people's transitions from care institutions to independence. I specifically want to find out about the services being rendered for young people leaving institutions that support their transition into independent living.

The interview should be between 45-60 minutes. I will be recording the session because I do not want to miss any of your comments. I will also take some notes during the session, but cannot possibly write fast enough to capture all your comments.

All responses will be kept confidential. This means your responses will only be shared with the transcribing team. Any information included in the final report will ensure your anonymity. A copy of the final report can be made available to you if necessary.

Your permission is requested to keep data collected until final write up and if possible for future academic publications. Recordings will be destroyed soon after transcribing. Participation is voluntary and you can choose to withdraw from the project at any point if the need arises.

Do you have any questions regarding what I have just explained?

Are you willing to participate in this interview?

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Interviewee Date

Appendix 3

Interview Guide

#Reading and signing of consent form. Give respondent time to ask any questions about the research before commencing with the interview.

#Please briefly introduce yourself and briefly describe your work with children and young people. Specify role and knowledge of the leaving care process?

*Prompts are in bullet form.

1) Where do young people go when they leave institutional care in Harare?
2) In relation to the policy in the country, how are young people supported in making the transition from institution care to independent living?
    - Ask about the policy guidelines that relate to leaving care
    - Who provides the support? (which department, stakeholders, other community players). Whose responsibility is it to prepare young people for transition?
    - What services are provided to support them upon exit?
3) How important is it for young people to receive support when making the transition from care to independence?
    - How long term institutionalisation affects young people upon exit (brief discussion)
4) What are your perceptions regarding the situation of care leavers in Harare? (views on service delivery and outcomes).
5) Let's talk about some of the limitations that service providers face in rendering support services for young people leaving care?
6) Any success stories of young people who have been supported to leave care institutions? Please give examples of what they are doing and what made the difference for them?
7) In your opinion, what needs to be in place in order to ensure that young people have successful transitions from care to independence?

    - Anything else you would like to say regarding what we have just discussed?

Thank you for your time. I will be in touch if there is need for clarification and if you have any questions, please contact me on gettygwenzi@yahoo.co.uk, 0772 847 992

Appendix 5
Focus group consent

9/28/2015 Gmail GETRUDE GWENZI RESEARCH PROJECT
https://mail.google.com/mail/u/0/?ui=2&ik=8cc0236f19&view=pt&search=inbox&msg=14ef7b22dab4b5fc&siml=14ef7b22dab4b5fc 1/1 getrude Gwenzi

GETRUDE GWENZI RESEARCH PROJECT james tapiwa moyo Tue, Aug 4, 2015 at 8:52 AM To: getrude gwenzi

As a group administrator i have received consent from our group of Social Workers to participate in answering the interview questions for Getrude Gwenzi's research. All members of the group were happy to participate in the discussion and to have their anonymous responses sent in response to the student's questions. James Tapiwa Moyo (Social Workers Class of 2011 University of Zimbabwe Group Admin)

See original email attachment.