Experiences of teenagers residing in a place of care in Zimbabwe

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ABSTRACT

This study explored teenagers' experiences residing in a statutory place of care in Zimbabwe. Notwithstanding the effort put by the various stakeholders in support of the teenagers living in places of care for their wellbeing, their psychosocial challenges while in care are escalating unabated. Qualitative research was adopted to explore and describe a detailed understanding of how the teenagers view and describe their experiences at the place of care. The ubuntu perspective formed the theoretical lens which underpinned the study. A purposive sampling method was used to select ten teenage children who have been in place of care for six months to three years to participate in this study. Semi-structured one-to-one interviews were used to collect data on the ten teenage children's experiences, feelings, and perceptions residing in place of care in Zimbabwe. The findings show that the teenagers in care experiences psychosocial challenges emanating from the interaction with the caregivers and loss of their parents while in care. Finally, recommendations for the strengthening of psychosocial support for children and debriefing of caregivers to safeguard the protection of the children in places of care are offered.

KEY TERMS: *caregivers, child protection, ecological perspective, place of care, teenage children, psychosocial support, Zimbabwe*

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INTRODUCTION

Hupenyu Hutsva Children's Home is a place of care and safety for children in need of care and protection as described in Zimbabwe's Children's Act (Chapter 5:06) of 2001. There are many other such places in Zimbabwe. Notwithstanding the establishment of these places of care, children in these care facilities are often victims of neglect, maltreatment, and abuse, as well as harsh and rigid discipline. Numerous studies conducted so far have demonstrated that teenage children's experiences in places of care are an aspect that is gaining attention in the field of social work as it enhances the wellbeing of the children and acts in their best interest. Conducting research that focuses on exploring the experiences of children residing in a place of care can also help see if the children's needs are adequately met. It is in light of the preceding that the study sought to explore the experiences of teenagers towards admission at a place of care, to investigate the social, emotional and physical challenges faced by teenagers staying at a place of care, to identify available support services for the teenage children staying at a place of care and to make recommendations to the place of care where the research was conducted in Zimbabwe and to social work practice based on the findings of the study.

BACKGROUND

Zimbabwe, like other countries in the globe that has been affected by the HIV/AIDS pandemic, which resulted in the dying of predominantly the economically active groups leaving children desperately in need of care and support (Powell, et al, 2004). The six-tier system of childcare, welfare, and development was developed by the Ministry of Public Service, Labour and Social Welfare (Zimbabwe) (1999) as a National Orphan Care Policy to address the plight of orphans and vulnerable children (OVCs) and, including biological or the nuclear family, extended family (kinship care), community care, formal foster care, adoption, and residential childcare facility, was developed. Despite this policy intent, there are noticeable gaps in the policy implementation of the six-tier system. Some of these gaps result from the decline of the deep-rooted African value system of ubuntu (Mugumbate and Chereni, 2019) and note that it takes a village to raise a child. Other factors which played a role and contributed to the erosion of ubuntu in the contemporary African culture in communities are associated with "colonialism, apartheid, globalization, and the encroachment of crust materialism, individualism, and consumerism (Ditlhake, 2020). In response to this burgeoning orphan and vulnerable children crisis, the well-wishers and charity organisations began to construct orphanage centers to cushion the challenge. According to Powell et al. (2004:8), by the end of 2004, there were 56 residential institutions for children in Zimbabwe with a registered capacity of 3279 children. Similarly, in 2004 there were 3800 children in care, including 67 children in unregistered orphanages. These figures represented more than a 100% increase in the number of children in residential care since the previous study conducted in 1994, and twenty-four new homes have been built during this period (Powell et al., 2004:9).

The statutory and policy documents governing child welfare and protection in Zimbabwe enacted to cushion the Orphans, and vulnerable children whose parents had died due to HIV/AIDS pandemic include the Constitution of Zimbabwe, Zimbabwe Children's Act Chapter 5:06, Muronda (2009), Zimbabwe National Action Plan for Orphaned and Vulnerable Children (2004-2010) and the Zimbabwe National Residential Care Standards policy. Muronda (2009) supports traditional child care approaches, and placement of children to institutional care is regarded as the last option because traditional approaches value the family and community systems (Kurevakwesu and Chizasa,2020). Despite these policy imperatives, to date, residential care is one of the common interventions for caring for and supporting the orphans and vulnerable children in this country. Although, traditionally, childcare in Zimbabwe preserved the nuclear family, extended family, clans, and communities. The social setup has since changed. Therefore, it is premised on this background that this study seeks to explore the experiences of teenage children residing in a place of care in Zimbabwe with reference to Hupenyu Hutsva Children's Home in the Harare area Zimbabwe from the ubuntu African value perspective. This is described by Mugumbate et al (2020) as a collection of values and practices that Africans view as making people authentic human beings.

Places of care for children in Zimbabwe

Places of care refer to an organized alternative care facility responsible for providing care and protection for orphaned and vulnerable children (Gwenzi, 2019). These places are a form of alternative care to provide care and protection for vulnerable children and adolescents (Dziro and Mhlanga, 2018; Gwenzi, 2018; Bhaiseni, 2016). The facility provides temporary organized residential care for children up to the age of 18 years. Chikwaiwa et al (2013) acknowledge that places of care have a long history and are found in many countries worldwide. Kang'ethe and Makuyana (2012) stressed that places of care form part of the solution to challenges faced by orphans and vulnerable children. The process has some effects on the admitted children. Gwenzi (2018) notes an array of evidence that shows that children residing in places of care are vulnerable to psychological, social, and emotional challenges that need to be explored.

Child care and support from an African point of view is a collective and communitarian approach that follows their cultural values and worldviews, such as ubuntu. The lack of exposing the children to Ubuntu and their cultural values is the main weakness in institutional care and denies them exposure to indigenous cultural values (Gwenzi, 2019). Bhaiseni (2016) confirms that the role of places of care remains profound as not all vulnerable children will be reintegrated back into their families and communities. In addition, growing concerns, such as the gradual weakening of the extended family system, the impact of HIV and AIDS, and economic difficulties result in many children becoming vulnerable, needing care and protection (Shangwa and Matende, 2019). Therefore, the care facilities remain the available place of safety for such children. In the places of care, children directly engage with staff members and peers. They are disengaged from their communities and families, which are expected to be connected with the ubuntu values. Therefore, it is imperative to study the services these facilities offer to children as this will contribute to safeguarding the children's social, emotional, and psychosocial experiences. Places of care are given the authority to receive and retain children found vulnerable and in need of special care by the Zimbabwe Children's Act 2001. Therefore owing to this fact, places of care are required to provide admitted children with recreational, developmental, and therapeutic programs to enhance their wellbeing (Malatji and Dube, 2017). The therapeutic services include psychosocial support. As noted by the Ministry of Public Service, Labor and Social Welfare (2010) and on the discussed causes of child placement, most children are admitted to places of care due to different factors such as abuse, neglect, abandonment, and exploitation which results in them having difficulties in cognitive functioning and emotional instabilities. In compliance with this principle of the children's rights, places of care offer care and support services to the children.

UBUNTU PERSPECTIVE AND RESIDENTIAL CARE FOR CHILDREN

Ubuntu is the African value system that defines relations, culture, indigeneity, 'wholism'/holism/holistic, justice and freedom, responsibility, community/collectivity/reciprocity, and respect (Mugumbate, 2021). With ubuntu placing a child in residential care facilities was never an option and only to be considered after all efforts to place the child with extended family or kinship care in the community failed. With the ubuntu African value system of raising a child, as Mugumbate et al (2019:31) note, children are considered to pass through different stages of physical growth and social development and effectively graduate at each stage, need to be in a family environment. Therefore, it is paramount for instilling ubuntu to expose the children to their indigenous cultural values in the residential care system.t. Furthermore, Mugumbate and Chereni argue that ubuntu can be used as a social work theory in Africa for contextual relevance and the effective implementation of the social work practice.

Ringson and Chereni (2020), in their study on the efficacy of the extended family in orphans and vulnerable care in Zimbabwe, emphasized the importance of African value systems in OVC care through an African Model of Social Parenthood (AMSP). The AMSP recognizes the importance of Africans' relational roles in the welfare and protection of children where the whole community or family collectively engages in child support networks. The foregoing theories or models have contextually interpreted the ecological theory of childcare and protection into an African-centered perspective. Our community engagements must be used to protect our children in or out of residential care environments. Thus, in this study, an African perspective premised in the developments of ubuntu theory and the AMSP that recognizes the collective engagement of different stakeholders. In the case of teenagers, the ubuntu theory is believed to be very relevant in understanding children's experiences in a place of care due to its acknowledgment of the roles played by the interaction of human beings with their environment at various levels. Despite the teenagers being in residential care they are still not divorced from their culture and communities. Thus, failure to expose the teenage children to their family values may result in care and support rendered ineffective through the residential homes.

METHODOLOGY

The study employed an explorative qualitative research approach. A descriptive qualitative research approach was adopted, which described the experiences of teenagers living in a place of care. The participants were selected using a non-probability sampling method utilizing the purposive sampling technique. The purposive sampling was very appropriate to this study because it allowed the researcher to select only participants who have the right experience and information to respond to the study's research objectives. This paper is based on the discussions with the ten teenagers who participated in the study from Hupenyu Hutsva Children's Home, Harare, Zimbabwe.

An ethics application was submitted to the University of Johannesburg's Research Ethics Committee for approval prior to the start of the study. The research was conducted under ethical guidelines: avoidance of harm, voluntary participation, informed consent, and confidentiality (Dziro et al , 2013; Gwenzi, 2018). Ethical considerations that include but are not limited to the informed consent of the participants, organisational consent, and institutional consent were obtained prior to the commencement of the study. The study was conducted with ethical issues in mind, and many efforts were taken to ensure that the study met the appropriate ethical standards. Before the study began, the University of Johannesburg's Research Ethics Committee granted ethics approval, and

an ethics clearance certificate was received. The permission to conduct the study was granted by the Ministry of Public Service, Labour, and Social Welfare of Zimbabwe. We were very clear about consent and ascent, confidentiality, and anonymity, so we utilized pseudonyms, kept data securely, and coded the data throughout the analysis to eliminate all the participants' identifying information.

Counseling was recommended for children distressed by the experience of being institutionalised in a place of care. Face-to-face in-depth interviews were conducted at the site. The data collection method used in this study was a semi-structured one-to-one interview, which helped gain a broader meaning of the experiences of staying at a place of care environment. Interviews were tape-recorded, transcribed, analysed using the thematic analysis model following the guidelines by Clarke and Braun (2013). The study focuses on Hupenyu Hutsva Children's Home located in Harare, the capital city of Zimbabwe. Hupenyu Hutsva Children's Home accommodates various forms of children that include orphans and vulnerable children. This place of care was chosen because of its location in the capital city of Zimbabwe, where people from different corners of the country converge in pursuant of different types of socio-economic engagements. Thus, the participants were not from one community of Zimbabwe but the different communities dotted around the country.

FINDINGS

The study aimed to explore the experiences of teenagers staying at a place of care. The key themes arising from the interview with the participants were related to the ecological theoretical lens, highlighting the environmental systems pivotal to safeguarding the social, emotional, and physical wellbeing of the children in places of care. This is because of the holistic approach to understanding people's experiences in their given environments. In the discussion of the findings, participants are identified only by their pseudonyms, as shown in Table 1. The discussion of results focuses on three themes: i) experiences of living in a place of care, ii) The teenager's emotional wellbeing and experiences of treatment and care offered by the caregivers iii) access to care and support systems.

Table 1: Participant demographic table

Pseudo names	Age (years)	Sex	Level of Education	Period of admission at the place of care (years)
Participant 1	16	Boy	Form 2	2
Participant 2	15	Boy	Form 2	3
Participant 3	13	Boy	Form 1	2
Participant 4	16	Boy	Form 2	2
Participant 5	14	Girl	Form 1	3
Participant 6	13	Girl	Grade 7	3
Participant 7	15	Girl	Form 2	3
Participant 8	15	Girl	Form 1	2
Participant 9	15	Girl	Form 2	3
Participant 10	16	Girl	Form 2	2

Psychosocial needs of the teenagers

Notwithstanding the roles that residential care plays to mitigate the psychosocial challenges of the teenagers, the study established that the teenagers are still subjected to psychosocial challenges of different nature. A typical example of these psychosocial challenges includes but is not limited to lack of safety, shelter, professional counseling, and social life. The Zimbabwe National Council for the Welfare of Children (2011) stipulates that the places of care should provide stable homes or shelter for the children and care, support, and dignity. To fully understand the relationships between people and their environments, one needs to consider the role of places of care in the wellbeing of the children and the significant role they play for children in need of care when no one is available to take care of them. These reflections emerged strongly from the findings, as summed up in the three comments below:

> *I am here because my parents died and my mother's sister did not take good care of me. It is all right for people like me who have no one to look after them (Participant 3).*

> *I have good experiences here compared to the kind of life I was living after my mother's death. When l came here, I was able to go to school. Now I am in form 2. Also, besides going to school, I have a safe*

place to stay, I have food on the table every day, and I am given clothes to wear, which I could not get after the passing away of my parents. To me, staying at a children's home is fine (Participant 7).

Based on the above responses that places of care play a key role in providing basic needs such as food, shelter, security, and access to educational facilities. It makes sense to engender Ubuntu and ecological perspective. Mainly because the OVC residing in residential care, not all of them will successfully reintegrate back into the families and communities (Zimbabwe National Council for the Welfare of Children, 2011). For example, reasons for admission of children to the places of care differ from one child to another. Participant 1 and participant 5 expressed the view that:

To me, it is okay. I accept it because that's what is there. But if it were not, l would know where I would be. What makes me feel bad is not seeing my parents, and I don't even know them, whether they are alive or not. This really affects me (Participant 1).

I'm usually affected by the reason why I am here. Where are my parents, and why did they decide to abandon me when I was young? (Participant 5).

Abandoned children in places of care live with emotional scarce and unanswered questions about their roots and reasons for abandonment. According to Ringson (2020), because children in places of care would have been separated from their biological parents, they frequently deal with emotional trauma whether they have been exposed to abuse or not. Previous research has also revealed that children in care have emotions related to missing their parents and feelings of loneliness. Carsky (2009) also reported feelings of sadness and loneliness among interviewed teenagers.

However, notwithstanding the challenging experiences, all the participants indicated that being placed at the place of care meant enormous protection, care, and fulfillment of their essential needs.

It is a good thing because we are provided with an opportunity to go to school, we are given uniforms and books, we have food to eat every day, clothes, and a place to sleep.

Here we have a decent life, go to school, have a good place to sleep, and have food. Although there are some disadvantages, they don't out strengthen the advantages. So, yea, I will encourage them to come and stay here.

Worth noting in the above excerpts are children's experiences and the advantages of the places of care for the vulnerable children due to the loss of their parents or family to care for them. A place of care plays a critical role in providing care for children. Therefore, the places of care facilities emerged to remain the available places of safety for such children (Zimbabwe National Council for the Welfare of Children, 2011). This can be understood in the light of the absence of ubuntu values within the residential care facilities. The collective engagement of the communities and families in child care and support is a form of a psychosocial support approach that is not found in the residential care systems.

Emotional wellbeing and treatment and care offered by the caregivers

The findings of this study indicate the participant's negative experiences of the treatment received from the caregivers and thus consequently affect their emotional wellbeing negatively. These experiences emerged strongly from the findings, as revealed in the three comments below:

Socially I don't have problems with anyone, but I just don't like it when I am shouted at. It is better to tell me nicely than to shout at me. Some mothers, however, just shout without understanding (Participant 2).

I was shouted about doing the duty before going to school. When l tried to explain, she shouted at me and said I'm 'lazy' ndiko saka wakadzingwa kumba nehama dzako {that's why your relatives failed to stay with you at home} and l must do that duty for the whole week. If I get to school late, I will also be punished (Participant 4).

If you complain, you will be shouted at in front of everyone, and you will be humiliated in front of others (Participant 9).

Furthermore, the participants also argued that being at home is better than being at the place of care. Therefore, they do not get the care, love, and support they would get from their parents or relatives. As argued:

> But if you have parents or relatives to look after you, staying in children's home is not a good thing (Participant 6).

> It does not feel as good as you are staying at home with your family." (Participant 8)
> "You don't get the love you would wish to get from your mother or father, and you will miss your relatives (Participant 10).

Explicit from the above is the limitations of the institutionalisation of children. Literature confirms that the institutionalisation of children in a place of care deprives them of opportunities to develop stable and continuous attachment relationships due to the limited amount and poor quality of contact with their caregivers (Gwenzi, 2018). Being shouted at and prejudged has a bearing on their emotional wellbeing. The above responses need to be appreciated in the light of the understanding that the microsystem level contexts of places of care, the interaction between the child and the caregiver, the caregiver-child relationships, attachment between the caregiver and the child, and the place of the care environment (Ringson, 2019; Mugumbate et al; 2019). Hence, as Mugumbate et al (2019) argued, the ubuntu African values help the children understand their culture and enforce human development and experiences that involve the understanding the humanity based on Africanism and not Eurocentrism.

Access to care and support services

The findings of this study indicate that participants have access to essential support services such as access to the education system. All participants seem to appreciate being allowed to attend school and have opportunities to excel in life further. This experience emerged strongly from the findings, as summed up in the narrative extract: *"The home provides us with the opportunity to go to school from primary to secondary."* Additionally, all the participants indicated that they have access to free health care services. When they are not well, they are accompanied by the caregiver on duty to health care facilities.

> When you get sick, you tell the mother on duty, and she will give you the card to go to polyclinic. If you are serious, you then go to hospital…We do not pay for medical services; we get free medication, and we are told our medical bills are paid by the government.

Moreover, all participants stated that counseling services are available for the children admitted at the place of care. These reflections emerged strongly from the findings, as revealed in the two comments below:

> You can talk to any father or mother you want (caregivers) when you have your issues.
> I tell the mother on duty, and if she doesn't take me seriously, I will go to the superintendent and get my issues sorted. If she can't help me, she will send me to Makombe to my officer (social worker).

Additionally, Participant 9 reflected that although there are available counseling services at the place of care, children follow a specific procedure to receive them.

> We first report to the caregiver on duty, who will refer us to the superintendent if the one had serious issues when one referred to his or her social worker from Makombe, the District office for Child Welfare and Protection Service.

DISCUSSION

The related psychosocial needs, emotional wellbeing, and access to care and support were the major themes extracted from the findings of this study. While the place of care plays a pivotal role in the psychosocial wellbeing of teenagers, the study established that teenagers are constantly facing psychosocial-related challenges such as stigmatization, discrimination, and insecurity. This establishment contravenes the primary purpose of the places of care of providing care, support, and safety to the children. According to Ringson and Chereni (2020), the African model of social parenthood demonstrated that the needs of shelter, food, safety, security, and mental development are fundamental psychosocial stabilizers for childcare and support. Premised in the foregoing, in case of the absence of the biological parents, places of care are an organized alternative care facility responsible for providing places of care and protection for orphaned and vulnerable children. Many of the children are admitted for various reasons, including abandonment, neglect, death of the parents, and others. It emerged in the

study that the participants shared experiences of appreciation for being able to have a place to stay when their families or relatives have failed to provide it. The same sentiments were shared about the support systems received regarding access to education, health, and psychosocial support from social work intervention. Essentially, the intervention of any form in working with vulnerable children at the places of care should, therefore, concentrate on both the person and the system to be effective (Dziro and Rufurwokuda, 2013; Gwenzi, 2018). The findings support the ubuntu theory and the African Model of Social Parenthood. Despite the teenagers being in residential care, they still need to be culturally exposed and socialized to deal with the challenges associated with residential care.

The role of the places of care remains profound as not all vulnerable children will be reintegrated back into their families and communities (Zimbabwe National Council for the Welfare of Children, 2011). In this instance, the psychosocial role of social work to children in places of care cannot be underestimated. Ringson (2020) noted that psychosocial wellbeing has to do with the physical, social, emotional, social, and material environment. Safeguarding the children's protection, care, and emotional support from an ecological perspective, one needs to consider the interaction and relationships between people and their environments. Besides these potential benefits, while staying at the place of care, the findings revealed that teenage children experience adverse treatment, which affects them emotionally and psychologically. It affected their emotional wellbeing. Being shouted at on many occasions affects the emotional well-being of the children.

Notably, research by Dziro and Rufurwokuda (2013); Ringson (2019) found that parenting behaviors and the quality of caregiver-child relationships are more likely to be negative among places of care facilities and kinship foster homes. Bhaiseni (2016) confirms the common occurrence of violence against children at government residential care for children. In research studies conducted by Gwenzi (2019), peer violence in adolescent residential care has been reported to be expected. It is worth noting that the attachment behaviors of caregivers as parents to these placed teenagers offer these children their first trust-building experience. As a result, psychosocial support and counseling programs become essential and relevant services for such children, including the caregivers providing care and protection.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

The study findings show that teenagers' entry into residential care results from many reasons, such as parental death, abandonment, socioeconomic challenges, and others. However, the placement of children in residential care does not agree with the body of research evidence that shows the harmful impact institutional care can have on a child's emotional, social, behavioral, and educational development (Petrowski et al., 2017). In tackling the challenges related to the institutional forms of care. Rwanda is mainly an example of a country that adopted a sustained, comprehensive reform or deinstitutionalisation programme to protect the rights of children and teenagers living in institutions of care programme and replaced them with local, family support services (Foster 2010; Kuehr, 2015; Milligan et al, 2017). Where a child cannot be brought up by his or her birth parents, the extended family or community is considered an alternative of care for developing the child's well-being. However, the study findings show that the ability and capacity of families and communities to care for children remains a challenge, and the residential form of institutional care was the available option for the teenagers after the death of the parents and abandonment. These findings have implications for social work practice and policy reforms for strengthening the alternative care system. Based on the discussion of the findings, social work practice has emerged as an essential service that must be available in places of care. The role of social work practice is to make sure that the children in care have been given proper psychosocial support and connected with their cultural environments and to support OVC vulnerable children in non-institutional ways. The indigenous child protection system reflects cultural value base and diversity. As Mugumbate and Chereni (2019) informed in their study advocating for ubuntu theory as a social work theory, the distant engagement of the social workers in the lives of the teenagers in care may put their profession in disrepute. Existing research shows that for children in residential care, understanding why they entered care and knowledge of their family and heritage could help develop their identity and sense of self (Watson et al., 2015). In addition to ubuntu theory, the African Model of Parenthood demonstrates how the roles of social workers are crucial in ecologically networking the teenager in care as they grow towards adulthood within their African environments.

CONCLUSION

It can be noted that Zimbabwe supports child care approaches of family and community systems rather than placement of children to institutional care. However, many children and teenagers remain in the institutional care system. Policy procedures and efforts should be made to strengthen the alternative (e.g. institutional) care system by striking a balance reducing the children's entry into institutional care and increasing the number of children leaving institutions to families and community is urgently required. The study established that despite the effort that the place of care is putting in caring and supporting the teenagers, the teenagers are still experiencing

psychosocial challenges, lack of emotional wellbeing, and support during their stay in the residential care. It emerged that children in the place of care due to abandonment and parents' death had accepted the place of care to be necessary since neither their parents nor their relatives can be traceable. Thus, for the foregoing to be achievable, the residential care and social workers must be conversant with the African Ubuntu values and expose the children in care to their cultures and values. In conclusion, social workers should invest in indigenous approaches to fostering ubuntu interconnectedness and traditional approaches to care and practice. Ubuntu and alternative care systems such as extended families or kinship care offer opportunities to diminish the children's exposure and vulnerabilities connected to institutional care and consider implications for ongoing work in this field.

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