BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

PATHWAYS TO PROMOTE INDEPENDENCE OF YOUNG ADULTS TRANSITIONING FROM CHILDREN'S HOMES. A CASE STUDY OF TARIRO CHILDREN'S HOME, SANYATI DISTRICT, KADOMA

BY

SHARON GOMA

(B214169B)

SUPERVISOR: DR V.P MANGWIRO

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTSFORTHE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK AT BINDURA UNIVERSITY OF SCIENCE EDUCATION.

JUNE 2026

APPROVAL FORM

Supervisor

I certify that I have supervised Goma Sharon (B214169B) for this research titled PATHWAYS TO PROMOTE INDEPENDENCE OF YOUNG ADULTS TRANSITIONING FROM CHILDREN'S HOME. CASE STUDY OF TARIRO CHILDREN'S HOME, SANYATI DISTRICT, KADOMA in partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree and recommended that it proceed for examination.

Supervisor

Name: Dr Mangwiro V. P Signature 

Date: 18/08/2026

Chairperson of Department Board of Examiners

The Department Board of Examiners is certified that this dissertation report meets the examination requirements and therefore recommended to the Bindura University of Science Education to accept a research project by Goma Sharon titled PATHWAYS TO PROMOTE INDEPENDENCE OF YOUNG ADULTS TRANSITIONING FROM CHILDREN'S HOMES. CASE STUDY OF TARIRO CHILDREN' HOME, SANYATI DISTRICT, KADOMA, in partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree.

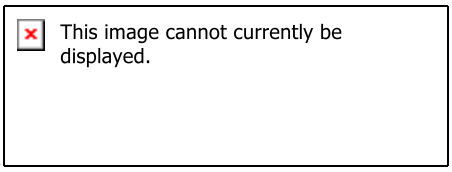
Chairperson Name……. Signature…… Date…….

DECLARATION FORM

I, B214169B, hereby declare that this dissertation is entitled "Pathways to promote independence of young adults transitioning from children's homes". A case study of Tariro Children's Home, Sanyati District, Kadoma" is my original work. It has been prepared in partial fulfilment of the requirements for the degree of Bachelor of Science (Honours) in social work at Bindura University of Science Education.

All sources of information, whether published or unpublished, have been duly acknowledged through appropriate citations and references. No part of this dissertation has been previously submitted for any other degree or qualification at this or any other institution. The views and opinions expressed in this work are my own unless otherwise attributed and do not necessarily reflect those of the university.

I further declare that research was conducted in accordance with the ethical standards and all participants provided informed consent prior to their involvement. Pseudonyms have been used throughout to protect the identity of participants and the institution involved.

Student name.....signature …

…….

Registration number: B214169B

Date: 11/06/2026

ACKNOWLEDGEMENTS

This dissertation would not have been possible without the support, guidance, and generosity of many individuals and institutions, to whom I am deeply grateful. First and foremost, I thank the Almighty God for His grace, strength, and sustenance throughout this research journey. I wish to express my profound gratitude to my supervisor, DR Mangwiro, for her patient guidance, insightful feedback, and unwavering encouragement. I would also like to thank the eight care leavers who shared their stories with me. Their courage, honesty, and resilience moved me deeply, and I hope this dissertation honours their voices and contributes, however modestly, to the change they deserve. I am equally grateful to the key informants, the social workers, carers, and community leaders who gave generously of their time and knowledge. My sincere thanks go to the management of Tariro Children's Home and the Department of Social Development, Kadoma, for granting permission to conduct this research and for facilitating access with openness and trust. I would also like to thank my family for patience, prayers, and unfailing support. Finally, I dedicate this work to every young person who leaves a children's home with little more than hope and a small bag of belongings. May the walls that closed behind them one day open doors before them.

DEDICATION

This research project is dedicated to my parents whose unwavering support, prayers and belief in me has been a beacon of hope and motivation. I am forever grateful for their love and support throughout my academic journey and in every aspect of my life.

ABSTRACT

The transition from institutional care to independent living is one of the most critical but underappreciated events in the child protection system. In Zimbabwe, care leavers exit children's homes into a policy and service vacuum, with no legally mandated aftercare framework to help them transition into adulthood. This study explored pathways to promote the transition of young people discharged from Tariro Children's Home in Kadoma into independent living, examining the challenges they face, the resources available to them, and the strategies needed to ensure successful reintegration into society. A qualitative, multi-site case study design was employed. Semi-structured interviews were conducted with eight care leavers (aged 18–24, comprising four women and four men) who had exited Tariro Children's Home between two and five years prior, and six key informants (two social workers, two carers, and two community leaders). Data were analysed using thematic analysis, guided by Braun and Clarke's (2006) six-phase framework. Findings were interpreted in dialogue with existing international and African literature on leaving care. The study identified six interlocking challenges. Profound social isolation resulting from the depletion of both institutional and community bonds, critical gaps in practical and emotional life skills and pervasive stigma attached to the identity of "home child".

Participants and key informants articulated a unified vision for reform encompassing legislated extended aftercare until at least age 21, community-based mentorship, experiential life-skills preparation, employment quotas, and statutory recognition of aftercare as a right. The strategies proposed by participants align with international best practice but remain aspirational in the Zimbabwean context, where no demonstrable improvement pathways currently operate. Legislative reform mandating aftercare as a statutory right, establishment of a dedicated national aftercare fund, introduction of a single-window case management system, institutionalisation of community-based mentoring, implementation of experiential preparation curricula, and creation of employment pathways through quotas and supported internships. The Community Anchor Model (CAM), a low-cost, community-embedded intervention for immediate implementation while systemic reform is pursued, was proposed.

ACRONYMS AND ABBREVIATIONS

CAM	Community Anchor Model
CG	Caregiver
CM	Community Member
DSD	Department of Social Development
DSW	Department of Social Welfare
ITP	Individual Transition Plan
LCTS	Leaving Care Transitions Survey
NGO	Non-Governmental Organisation
P	Participant
SW	Social Worker
UN	United Nations

Table of Contents

APPROVAL FORM 2

DECLARATION FORM 3

DEDICATION 4

PLAGIARISM REPORT ..... **Error! Bookmark not defined.**

ABSTRACT 6

ACRONYMS AND ABBREVIATIONS 7

CHAPTER 1: INTRODUCTION OF THE STUDY 15

1.0 Introduction 15

1.1 Background of the study 15

1.2 Statement of the problem 17

1.3 Aim of the study 17

1.4 Research objectives 17

1.5 Research questions 18

1.6 Significance of the study 18

1.7 Assumptions of the study 19

1.8 Delimitations of the study 19

1.9 Limitations of the study 20

1.10 Definition of key terms 20

1.11 Dissertation outline 21

1.12 Chapter summary 22

CHAPTER 2: LITERATURE REVIEW 23

2.1 Introduction 23

2.2 THEORETICAL FRAMEWORK 23

2.2.1 Social capital theory 23

2.2.2 Relevance of social capital theory to the study 24
2.2.3 Resilience theory 26
2.2.4 Relevance of resilience theory to the study 27
2.3 LITERATURE REVIEW 28
2.3.1 Support mechanisms being used to promote the independence and self-reliance of young adults leaving children's homes 35
2.4 Institutional care preparations for life outside care 37
2.5 Challenges faced by young adults after leaving care 38
2.6 Pathways that can be used to improve the support mechanisms and aftercare services offered by various institutions 40
2.7 Summary 43
CHAPTER 3: METHODOLOGY 44
3.0 INTRODUCTION 44
3.1 RESEARCH PHILOSOPHY 44
3.2 RESEARCH APPROACH 44
3.3 RESEARCH DESIGN 45
3.4 Target population 45
3.5 Sampling Technique 46
3.6 Sample Size 46
3.7 DATA COLLECTION METHODS 47
3.8 Data collection tools 47
3.9 RESEARCH PROCEDURE 48
3.10 Data analysis 49
3.11 Ethical consideration 50
3.11.1 Voluntary participation 50
3.11.2 Informed consent and confidentiality 51

3.11.3 Neutrality 51
3.11.4 Integrity and transparency 51
3.11.5 Beneficence and non-maleficence 51
3.12 Trustworthiness 51
3.12.1 Validity and reliability 53
3.13 Delimitations of the study 53
3.14 Limitations of the study 54
3.15 CHAPTER SUMMARY 55
CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS 56
4.1 Introduction 56
4.2 Demographic Profile of Participants 56
4.2.1 Biographical Information of Key Informants 58
4.3 Presentations and discussions 59
4.4 Challenges in Transitioning to Independent Living 59
4.4.1 Psychological and Emotional Distress 59
4.4.2 Financial Hardship and Employment Barriers 61
4.4.3 Housing Instability and Homelessness 62
4.4.4 Insufficient Social Support Networks 64
4.4.5 Inadequate Preparation and Life Skills Deficits 65
4.5 Available Support Resources 66
4.5.1 Formal Support Systems 68
4.5.2 Informal and Community-Based Support 70
4.5.3 Gaps and Unmet Needs 70
4.6 Strategies for Successful Reintegration 71

4.6.1 Mentorship and Stable Relationships 75
4.6.2 Life-Skills Training and Employment Support 75
4.6.3 Policy and System-Level Reforms 76
4.7 Synthesis and Implications 76
4.8 Conclusion 77
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 78
5.1 Introduction 78
5.2 Summary of Findings 78
5.2.1 Challenges faced by care leavers during transition 78
5.2.2 Formal and informal support 79
5.2.3 Recommended support mechanisms 79
5.3 Conclusions 79
5.4 Recommendations 81
5.4.1Recommendations for Policy and Legislative Reform 81
5.4.2 Recommendations for Practice 82
5.5.4 Operational Principles 88
5.5.5 Pilot Implementation Pathway 89
5.5.6 Expected Outcomes 90
5.5.7 Distinction from other interventions 90
5.6 Chapter summary 90
REFERENCES 91
APPENDICES 102
Appendix 1: Consent Form 102
Appendix 2: Interview Guide For Care Leavers 103
Appendix 3: Interview Guide Social Workers And Childcare Staff 104

Appendix 4: Interview Guide For Foster Families 107
Appendix 5: Interview Guide Community Members 109
Appendix 6: Letter of approval from Tariro Children's Home 111
Appendix 7: Letter from Bindura University of Science Education to conduct research..... 112
..... 112

LIST OF TABLES

Table 1 Biographical information of care leaver participants 56
Table 2 Biographical information of key informants 58
Table 3 Post-discharge support accessed and adequacy ratings 66
Table 4 Strategies suggested by participants 72

LIST OF FIGURES

Figure 1 Proposed model 85

CHAPTER 1: INTRODUCTION OF THE STUDY

1.0 Introduction

The transition from institutional care to alternative care arrangements to independent living is a crucial period in the lives of children who have spent a significant portion of their formative years in childcare institutions. This study seeks to explore how children's homes equip adolescents with practical skills before they leave care, the support systems available to them, the challenges they face and the impact of their institutionalisation on their overall well-being. The study provides an understanding of their post-institutional experiences, areas that need improvement in childcare policies and practices can be identified, ultimately enhancing the outcomes for these vulnerable children. While much research has focused on the experiences of these children within the institutions, there is a paucity of literature examining the pathways of ensuring independence in the post-discharge phase. This dissertation seeks to bridge this gap by exploring the unique opportunities that arise during such a critical period. This chapter provides an overview of the background, problem statement, research objective and research questions that will guide the study.

1.1 Background of the study

Globally, the pathway to independence for young adults transitioning from children's homes has evolved from an abrupt "ageing out" at 18 to a more supported process, informed by research revealing disproportionate risks of homelessness, unemployment, and educational discontinuity. Seminal longitudinal studies, such as the Midwest Study in the U.S. by Courtney & Dworsky, provided the evidence base for this shift, demonstrating that without support, outcomes were often poor. This has spurred a paradigm shift towards extended care models, exemplified by California's Extended Foster Care programme up to age 21 and comprehensive aftercare services that include transitional housing and mentorship, principles now embedded in international frameworks like the UN Guidelines for the Alternative Care of Children. Scholars like Mike Stein have been instrumental in advocating for this approach, arguing that successful transitions require more time, more support, and more connection, positioning the state as a corporate parent whose responsibility extends well beyond a child's 18th birthday.

Regionally, the pathway to independence for young adults leaving children's homes in Africa is uniquely challenging, shaped by the erosion of the traditional kinship safety net, hostile economic conditions, and a pervasive policy implementation gap. Scholars like Mildred Mushunje and Praise M. Moyo have documented how the weakening of the extended family system, once a robust social security framework, leaves care leavers in a social vacuum without the guidance or financial backing that peers receive. This is compounded by economies with mass youth unemployment, forcing care leavers into precarious informal work, a trend extensively researched by Michael Bawole in Ghana. While countries like South Africa have progressive policies such as the Children's Act 38 of 2005 that mandate aftercare, the work of Sharlene Swartz reveals a critical implementation gap where legislative intent rarely translates to tangible support, leaving NGOs to fill the void with unsustainable projects. This confluence of factors creates a systemic failure, demanding culturally grounded solutions that address both economic exclusion and social isolation.

In Zimbabwe, the pathway to independence for young adults leaving children's homes is critically obstructed by a confluence of systemic failures. The nation's severe socio-economic constraints, including mass unemployment and inflation, create a hostile environment for any youth, but care leavers face this without the traditional safety net of the extended family (ukama), a system documented as eroded by scholars like Chigwenya (2019). While a progressive policy framework, including the Children's Act (2022), exists on paper, researchers such as Gomba (2018) highlight a profound implementation gap, where statutory aftercare is virtually non-existent, leaving NGOs to provide fragmented support. Consequently, young adults are propelled from institutional care into a high-risk vacuum, lacking the social capital for housing and jobs and the practical skills to navigate the informal economy, perpetuating cycles of poverty and vulnerability across the nation.

The pathways to independence for young adults transitioning from children's homes in the Kadoma-Sanyati District are fraught with unique local challenges, shaped by the district's mixed agro-economic base and limited formal support structures. As noted by scholars like Gomba (2018) in national studies, the abrupt ageing out at 18 forces youth into a local economy where success in artisanal mining "makorokoza" in Kadoma or subsistence farming in Sanyati requires start-up capital and social networks they critically lack. The erosion of the traditional extended family, a trend documented by Mupedziswa & Ushamba (2020), is acutely felt here, leaving care-leavers without the "hukama" (kinship) needed for housing or apprenticeships with local tradespeople.

While the national Children's Act (2022) exists, its implementation in this district is weak, with social workers from the Kadoma office often overwhelmed, creating a reliance on under-resourced NGOs. Therefore, effective pathways here must be hyper-local, integrating practical training in small-scale mining safety or market gardening with mentorship from community elders to rebuild the fractured social capital essential for survival.

1.2 Statement of the problem

The transition from institutionalisation to independent living can be difficult for young adult care leavers, who are frequently underprepared and lack the necessary support networks. The government and other private sectors have done little to none to prepare these children for when they leave care. According to Gift Dzorai, a care leaver from SOS Children's Village in Zimbabwe who is now the director of Zimbabwe Care Leavers Network, it is disturbing that care leavers are expected to become independent, self-sufficient, and productive adults without the resources and support systems to achieve this. He went on to say that their fact-finding mission in Zimbabwe's constitution discovered that most policies and acts in the constitution speak in support until the age of 18 and then go silent. In 2020, the Care Network presented these grievances to the parliament with a list of proposals. The legislatures agreed there was a need for the Aftercare Act and recommended increasing the age of leaving care to 23. However, it may take years before the Aftercare Act is ratified, and in the meantime, care leavers are in the same plight. According to Gwenzi (2021), there is a need for a safety net so that care leavers do not face immediate risks such as homelessness, exploitation and poverty. This research seeks to find pathways in which children's homes can prepare these children fully for independent living.

1.3 Aim of the study

The study aims to assess the efficacy of the available support systems and their efficacy to enable young adults leaving Zimbabwe's children's homes to achieve sustainable independence.

1.4 Research objectives

1. To explore the support mechanisms that are being used to promote the independence and self-reliance of young adults leaving children's homes

2. To assess how institutional care systems prepare care leavers for life outside care

3. To identify challenges faced by young adults after leaving children's homes

4. To develop pathways that can be used to improve the support mechanisms and aftercare services offered by various institutions

1.5 Research questions

1. What are the main challenges faced by formerly institutionalised children as they transition from institutional care to independent living?

2. What resources are available to support formerly institutionalised children after their discharge from child care institutions?

3. What can be done to ensure successful reintegration into society for formerly institutionalised children?

4. What are the support mechanisms that are being used to promote the independence and self-reliance of young adults leaving children's homes?

1.6 Significance of the study

The significance of this study lies in the potential to contribute to the understanding of deinstitutionalised children's experiences after being discharged from childcare institutions. By exploring their experiences, challenges and factors that influence successful reintegration, this study might have several important implications. The findings of this study might inform the development and improvement of support systems for ex-institutionalised children. The government of Zimbabwe put in place a number of policies meant to address the needs of care leavers, and these include the National Care Policy, the National Youth Policy, the Children's Act and the National Action Plan for Orphans and Vulnerable Children. All these policies are positive steps in addressing the needs of care leavers, however, their implementation has been limited in scope and scale and has not been able to ensure that the care leavers have positive outcomes.

Further, understanding the factors that contribute to successful reintegration might help guide efforts to prevent reinstitutionalisation and promote stable family environments for ex-institutionalised children. By giving voice to the ex-institutionalised children, this study might empower them and validate their struggles and success. It might raise awareness about the challenges they face and promote a more empathetic and supportive society and reduce the stigma that is associated with institutionalisation. To add on, the study might contribute to existing

research literature on institutionalised children and their experiences after discharge. It might add to the body of knowledge on this topic, providing insights that could be built upon by future researchers and furthering our understanding of the long-term outcomes and the needs of ex-institutionalised children.

1.7 Assumptions of the study

It is assumed that participants may open up and provide accurate information about their experiences during institutionalisation and after discharge. However, there is a possibility that the participants may withhold certain information and provide biased responses due to various reasons, such as trauma-related issues and social desirability. In addition, the findings of this study may not fully be generalised towards all deinstitutionalised children due to the specific context and characteristics of the sample. Furthermore, it is assumed that ethical considerations such as informed consent and participant consideration will be followed throughout the research process. However, there is a possibility of ethical challenges and breaches that may impact the validity and reliability of the study.

1.8 Delimitations of the study

This study is deliberately bounded to ensure depth and focus. It will be geographically confined to a specific region of Zimbabwe, such as Kadoma, Sanyati District, and will focus exclusively on young adults (aged 18-25) who have recently left children's homes, excluding those from foster care. The research concentrates on pathways like life skills preparation and aftercare support, the transition period itself, the final year in care and the first few years after. It will be conducted without delving into deep childhood trauma or conducting a broad national economic analysis. The methodology will be primarily qualitative, prioritising detailed personal accounts over large-scale statistical data.

Furthermore, the focus will be on defined pathways, such as institutional preparation programmes and formal aftercare support, without extensively exploring the psychological impacts of pre-care trauma. Methodologically, the study will prioritise qualitative insights into lived experiences over large-scale quantitative data, aiming for depth of understanding rather than statistical generalisability.

1.9 Limitations of the study

The study had a limited sample size due to the availability and willingness of ex-institutionalised children to participate therefore, the small sample size restricted the generalisability of the findings to a larger population. Despite efforts to maintain objectivity, there was a possibility of researcher bias during data collection, analysis, and interpretation. Personal beliefs and perspectives of the researcher might unintentionally influence the results. The study relied on self-reported data from ex-institutionalised children, which might be subject to recall bias or social desirability bias.

Furthermore, the concept of independence itself is complex and multifaceted, making it difficult to define and measure success uniformly across different cultural and economic contexts. Also, the effectiveness of any pathway is highly dependent on external factors like the local job market and social welfare system, which are often beyond the control of intervention programmes. Research typically captures only a short-term snapshot of a transition that is lifelong and non-linear, potentially missing long-term outcomes and setbacks. In addition, the role of individual agency and inherent resilience is a significant, yet difficult-to-quantify, variable that can greatly influence outcomes, meaning even well-designed pathways may not guarantee success for every individual.

1.10 Definition of key terms

An **ex-institutionalised child** refers to individuals who have been discharged from childcare institutions after having spent a significant portion of their formative years in institutional care (Nelson et al., 2007).

Institutionalisation refers to the process of placing children in institutional care, such as orphanages, residential facilities, or foster care, due to various reasons, including abandonment, neglect, or the inability of parents or carers to provide adequate care and support (Nelson et al., 2007).

Support systems are the networks, resources, and services available to provide assistance, guidance, and care for formerly institutionalised children during and after their transition from institutional care. This can include governmental agencies, social workers, carers, mentors, support groups, and community organisations (Dozier et al., 2002).

Alternative care refers to arrangements, other than traditional family-based care, that provide a safe and nurturing environment for children who cannot live with their biological parents. This can include foster care, kinship care, guardianship, and other community-based care options. Alternative care aims to provide children with stable and supportive relationships while promoting their overall development and well-being (UNICEF, 2009).

Childcare institutions refer to facilities or organisations that provide residential care and support for children who are unable to live with their biological families, such as orphanages, foster care homes, or residential treatment centres (Juffer and Van IJzendoorn 2005).

Reintegration refers to the process of ex-institutionalised children adapting and integrating into society after their discharge from childcare institutions, which involves establishing a stable and fulfilling life, forming meaningful relationships, and contributing to their community (Zeanah et al., 2007).

A care leaver refers to a young adult who has previously lived in the care system, away from their **family, which includes foster care, residential child care facilities, supported housing services or other arrangements made by their probation worker. In Zimbabwe, as per section 24 (1)a of the** Children's Act (5.06), a child who has reached the age of 18 years should be discharged from residential care**.**

Residential care: According to Lee and Barth (1999), the term 'residential child care facilities' refers to a range of different types of out-of-home care settings for children who cannot live with their families.

Additionally, child care facilities may be known by various names, including children's homes, residential treatment centres, group homes, and youth centres.

1.11 Dissertation outline

Chapter 1: Introduction

The chapter gives details of the background of the study as a whole. It also outlines the introduction, statement of the problem, and research objectives, as well as the research questions and assumptions.

Chapter 2: Literature review

This chapter outlines the theoretical framework of this study and reviews the resilience model and focuses particularly on how the theory was used in this study. The literature review is on the experiences of young adult care leavers, detailing the services they are provided with when they leave care, the challenges they face and their coping mechanisms. International, regional and national legislative instruments concerning life outside the perimeters of residential child care facilities are also reviewed in this chapter.

Chapter 3: Methodology

The chapter details the research paradigm that informed this study. It outlines the methodology of the study. The chapter explores the research design and the rationale for employing the design. The chapter also reviews the sampling procedures, the data collection methods used, the data collection tools, ethical considerations, limitations and delimitations of the study.

Chapter 4: Presentations and analysis of findings

It focuses on presentation, analysis and discussion of the data collected using qualitative methods.

Chapter 5: Summary, recommendation and conclusion

This chapter presents a summary of findings, conclusions and recommendations.

1.12 Chapter summary

This chapter provided an overview of the study's components, which included the introduction, background of the study, statement of the problem, aim and objectives of the study, justification, significance of the study and definition of key terms.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter first outlines the theoretical frameworks that ground the study, which are the social capital theory and resilience, providing the necessary lens through which the pathways to promote care leavers' successful transitions into independent living are interpreted. This is followed by a comprehensive literature review that synthesises current global and regional knowledge, identifying critical gaps in how support systems are behind in Zimbabwe. Finally, the chapter presents the research objectives, which serve as the study's compass, defining the specific enquiries intended to bridge the identified gaps and provide a roadmap for the intended goal.

2.2 THEORETICAL FRAMEWORK

This section proposes a theoretical framework that incorporates relevant theories and concepts to guide the investigation of pathways to independence for formerly institutionalised children. The framework recognises the importance of social capital and resilience theory in understanding their development and transition processes. This framework allows for a more comprehensive analysis of their experiences and transition. A theoretical framework can serve as a guiding lens for understanding effective pathways to promote independence when studying the experiences of formerly institutionalised children in Zimbabwe.

2.2.1 Social capital theory

The term 'social capital' became widespread in the 1980s and 1990s with the work of three fathers of social capital, Bourdieu, Coleman, and Putnam. Their work inspired three main schools of thought within social capital, summarised by Adam and Rončević (2003). The first school is based on Bourdieu's work, published in 1986, which distinguished different types of capital (economic, cultural, and symbolic) to explain social stratification. According to him, social capital is about the benefits of membership in networks and other social structures. The second school of thought, introduced by Coleman in 1988, unites sociological and economic perspectives and emphasises the function or outcomes of social capital, not only for the individual but also for groups, organisations, institutions, or societies. Social capital enables the achievement of goals that would otherwise be unattainable. The third school of thought originated in the work of Putnam, a political

scientist, in 1993 and incorporates this functional view of social capital but focuses on the structural and relational dimensions of community life. His view features aspects of social organisation, such as trust, norms, and networks, that can help improve the efficiency of society. According to Nahapiet and Ghoshal (1998), social capital is the sum of actual and potential resources embedded within, available through, and derived from the network of relationships possessed by an individual or social unit.'

The concept of social capital has been applied to organisations, where it can contribute to organisational success. Adler and Kwon (2002) developed a conceptual framework of social capital for the organisational context to show how it creates value. The framework unites two views of aspects of social relations that build social capital, namely the formal structure of the ties that make up the social network and the content of those ties. It also defines three sources of social capital, which are opportunity, referring to the actor's network of social ties, motivation, referring to the willingness of the social ties to help the actor, and ability, which is whether the social ties are able to help the actor. Nahapiet and Ghoshal (1998) acknowledged perspectives on the sources of social capital, structural and relational social capital, and added a third type of social capital, cognitive social capital.

According to Adler and Kwon (2002), social capital can have various positive outcomes in terms of information, influence, control and power, and solidarity, but there might also be some risks associated with it for both the focal actor and the aggregate, for example, if one overinvests in social capital. Ayios et al. (2014) argue that there are also dark sides to social capital, such as exclusion of others, excessive claims on members of the group, restrictions on individual freedoms, and group closure because actors can be highly selective and manipulative when using the resource, which can lead to significant inequalities. According to Taylor (2007), it is also important to realise that social capital is a construct that originated in the West and that cultural differences can affect how social capital is defined and built.

2.2.2 Relevance of social capital theory to the study

The pathway from the structured environment of a children's home to independent adulthood is arguably defined more by social deficits than by a lack of individual capability. While practical skills and material resources are crucial, the most profound disadvantage care leavers face is their

isolation from the networks of support, information, and opportunity that most young people inherit.

According to Putnam's distinction, care leavers are deprived of both bonding social capital, which comprises ties that provide emotional support and safety nets, and bridging social capital, which are ties that provide access to new information and opportunities. They lack the bonding capital of a family to provide a shoulder to cry on or a small loan in a crisis. Simultaneously, they lack the bridging capital that connects them to job markets, educational pathways, and community institutions. This network poverty creates a form of exclusion that perpetuates material poverty. As Schaefer-McDaniel (2004) argues, social capital is not merely a personal asset but is embedded in the structure of opportunities, a structure from which care leavers are often entirely disconnected.

Furthermore, in Zimbabwe, where economic survival is heavily dependent on informal kinship networks, the chances of care leavers gaining independence are slim. The work of Mupedziswa and Ntini (2020) demonstrates that the erosion of the extended family system (ukama) under economic pressure means this traditional repository of social capital is less able to absorb young adults, leaving care-leavers in a social vacuum. Without these networks, they lack the "who you know" that is so often the gateway to "what you can achieve" (Bourdieu, 1986).

Consequently, social capital theory reframes effective pathways to independence as deliberate, systematic interventions for capital construction. Programmes must be designed not just to teach skills but to build networks. Formal mentorship, for instance, should be reconceptualised from a supportive friendship to a strategic injection of both bonding and bridging capital. They should have a mentor who provides the emotional grounding of bonding capital while simultaneously acting as a social bridge, leveraging their own networks to create opportunities for the young person, a mechanism highlighted in research on effective youth mentoring by Schwartz et al. (2021).

Similarly, transitional housing programmes and peer support groups can be engineered to function as incubators for social capital. As Dutta et al. (2023) argue, facilitated peer networks among care leavers can generate collective capital where young people themselves become resources for one another, sharing information about job openings and navigating bureaucratic systems. This directly addresses the isolation they face. Furthermore, partnerships between child welfare agencies and

local businesses, as studied by Mann-Feder and Goyette (2019), create structural bridges, embedding pathways to employment directly into the transition process rather than leaving the care leaver to navigate the labour market alone.

Social capital theory provides an indispensable and sophisticated framework for understanding and intervening in the transition from care. It argues that the journey to independence is not solitary but a process of integration into a web of supportive and resource-rich relationships. This theory demands a shift in metrics and methods, success should be measured not only by stable housing and employment but also by the strength, diversity, and resourcefulness of a young person's social network. By diagnosing the problem as a deficit of connections and the solution as the strategic building of bonding and bridging capital, social capital theory moves beyond preparing youth to survive alone and toward connecting them to a community in which they can truly thrive.

2.2.3 Resilience theory

The resilience theory by Norman Garmezy initially studied children who succeeded despite growing up in high-risk environments and thus explored the traits, relationships and environments, such as those with parental mental illnesses and poverty (Masten and Cicchetti, 2012). Ann Masten, who coined the phrase 'ordinary magic' to describe resilience, later expanded the theory. According to Masten (2014), resilience is neither rare nor extraordinary, rather it is built from everyday support such as caregiving relationships, emotional regulation and community stability. She reframed resilience theory as something that can be nurtured rather than something one is born with.

George Bonanno defines emotional resilience as a stable trajectory of healthy functioning after a highly adverse event. According to Bonanno and Burton (2013), there are different patterns of adaptation, such as minimal impact resilience, delayed recovery and chronic dysfunction. He emphasised that resilience is situational, measurable and shaped by a person's ability to adapt their coping strategies in real time (Bonanno and Burton, 2013).

The resilience theory reveals how positive adaptation can flourish even in the face of significant adversity. The theory explores how psychosocial, social and environmental factors interact to create the capacity to withstand, recover from and grow through significant life challenges. According to Rutter (2012), resilience refers to the ability to cope positively despite adversity.

Masten (2014) describes resilience as the capacity of a system to adapt successfully to disturbances that threaten system function, viability, or development. Coping strategies provide evidence of the processes that contribute to resilience, per Frydenberg (2017).

Resilience emerges not from the absence of risk but from the interplay between risk exposure and protective processes. The theory is a multidisciplinary framework used to understand how systems, whether they are individuals, ecosystems, societies or economies, cope with shocks, disturbances and persistent stress. Unlike other theories that focus on returning to a normal state, resilience theory emphasises adaptation, transformation and the ability to persist despite changing conditions.

2.2.4 Relevance of resilience theory to the study

The theory enables examination beyond challenging circumstances that care leavers face, including pre-care trauma, institutionalisation, and the abrupt deinstitutionalisation to identify the processes that enable successful adaptation. Ungar (2018) emphasises that resilience is not a trait that individuals possess but rather a process that involves interactions between individuals and their environments. The theory transforms care leavers from passive victims of circumstance to active agents in their own development, capable of positive outcomes when provided with the right resources and support.

According to Taormina (2015), resilience is based on an individual's self-assurance and capacity to suffer, adjust, and recover from misfortune. Taormina identifies four key dimensions of resilience. For instance, at the individual level, the framework focuses on internal assets such as self-regulation capabilities, academic self-efficacy, and future orientation, which form the foundation of resilient adaptation. These personal qualities enable care leavers to navigate the complex challenges of independent living, from managing finances to maintaining employment. Individuals who demonstrate resilience, as described by Bandura (1997) and Wu et al. (2013), are able to successfully adapt to crises or hardships in their lives and have effective coping mechanisms. Van Breda (2018) specifically applies this ecological understanding to care leavers, developing a multi-level resilience model that accounts for the complex interactions between individual, relational, and environmental factors. At the relational level, consistently supportive relationships emerge as the most critical protective factor. The presence of even one stable, caring adult, whether a mentor, former carer, or dedicated youth worker, can alter a care leaver’s trajectory by providing emotional support, practical guidance, and sustained encouragement.

Gilligan (2015) supports this, as he states that the presence of just one truly caring adult can make a significant difference in the life of a child growing up in adversity.

The community and cultural levels complete this protective matrix. Community-level factors include access to education, vocational training, safe housing, and mental health services, the essential scaffolding that supports young adults during their transition. Cultural factors, such as positive cultural identity and community belonging, provide meaning and context for the transition to adulthood. In Zimbabwe, concepts like Ubuntu (humanity through others) can be used as cultural resources to promote resilience through community connection and shared responsibility. Theron and Liebenberg (2015) demonstrate how cultural context shapes resilience processes, arguing that understanding local cultural frameworks is essential for designing effective interventions.

By identifying the protective factors and processes that enable positive adaptation, this approach reveals the fundamental ingredients for effective independence pathways. It reveals that successful transitions depend not on eliminating all adversity but on building adequate support across individual, relational, community, and cultural levels. Policymakers should work to improve outcomes for care leavers. Resilience theory provides both a practical guide for intervention design and a powerful reminder of the human capacity for growth and adaptation under even the most challenging circumstances. The theory ultimately directs attention not on what is broken but on what can be built, nurtured and strengthened in young people transitioning from care to independence.

2.3 LITERATURE REVIEW

This section provides a comprehensive and critical analysis of the scholarly literature regarding the transition of formerly institutionalised children into independent adulthood. Traditional child welfare research usually focuses on the immediate risks and negative outcomes associated with ageing out of care, such as homelessness, unemployment and social exclusion, among others. This review shifts focus towards pathways to independence that facilitate successful reintegration and self-sufficiency.

Global patterns to promote the independence of care leavers

The transition from children's homes to independent adulthood represents a critical developmental period for care-experienced young people. Globally, young adults leaving institutional or residential care are disproportionately at risk of homelessness, unemployment, poor mental health, and social exclusion (Stein, 2012; Mendes & Snow, 2016). In response, governments and international organisations have developed pathways aimed at promoting independence through legal protection, education, employment, housing, psychosocial support, and sustained aftercare services.

The rights of young people leaving care are enshrined in the international law, the United Nations Convention on the Rights of the Child (UNCRC), which establishes that children without parental care are entitled to special support from the state. This has been elaborated in the United Nations Guidelines for the Alternative Care of Children, which recognise the critical importance of preparing for and supporting the transition to adulthood.

Youths in countries like the United States of America and the United Kingdom remain in state care beyond age 18, often until 21 or 25, with continued housing and support. For instance, 28 states in the United States have Title IV-E-approved programmes of the Social Security Act which provide federal funding for foster care. In England there is the 'staying put' scheme whereby after youths turn 18, they are said to no longer be in care but are in a supported living arrangement which is not legally binding until they turn 21 or 25 if they are in education or training (HM Government, 2017). Local authorities act as a corporate parent and must provide a personal adviser and a local offer of support to all care leavers, and the youths may also contribute. Social Care Ireland (2015) noted that care leavers in Ireland can receive rent subsidies but may still face difficulties finding affordable, suitable housing. According to Pinkerton and Rooney (2014), in developed countries this interest in care leavers has led to policy and legislative reform, particularly in the United Kingdom.

Legal frameworks play a foundational role in shaping pathways to independence. In many high-income countries, legislation has shifted from abrupt discharge at age 18 toward extended care and aftercare models. Argentina's 2017 law guarantees a personal caseworker and a monthly financial allowance which is 80% of minimum wage from age 13 until at least 21 or 25 if studying. The

goal is to guarantee full social inclusion, personal and social development and a supported transition toward independence.

In 2022 France passed a new child protection law which strengthened care leaver rights by extending support up to the age of 21 and the right to return to care among those who had been released at the age of 18. In addition, Victoria's Home Stretch programme supports care leavers until age 21 (Mendes et al., 2016). Lee and Berrick (2014) point out that while care leavers face high risks of adverse adult outcomes, they also have opportunities for positive changes and developing stability in young adulthood.

However, despite this global framework, implementation is highly inconsistent, mainly because this action is often driven more by domestic political and economic factors rather than by international guidance. Research indicates that young people transitioning out of residential child care often face significant challenges. Havlicek (2011) found that care leavers in the USA and other Western countries commonly struggle with accessing housing, education, and employment and earn lower incomes compared to their peers from low-income families without care experience. Rudnicki (2012) further noted high rates of unemployment (22-55%) and incarceration (18-26%) among youth leaving care. Additionally, O'Donnell (2020) highlighted that the quality and availability of governmental "aftercare" support for care leavers varies across and within European nations. However, a significant development is the recent creation of the International Standards and Recommendations on the Right of Leaving Care, presented at a 2025 United Nations forum, which provides a new model for comprehensive state support.

Regional patterns to promote the independence of care leavers

Across Africa, young adults transitioning from children's homes face complex and uneven pathways towards independence. Legal frameworks, socio-economic conditions, cultural norms, and the capacity of child protection systems shape these pathways. While many African countries have ratified international child-rights instruments, including the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC), the translation of these commitments into comprehensive aftercare and transition systems remains limited.

At a regional level, the African Charter on the Rights and Welfare of the Child (1990) provides the primary normative framework for protecting children deprived of a family environment. Article 25 of the Charter obliges states to ensure special protection and assistance for such children, implicitly extending to preparation for independent adult life (African Union, 1990). The Pan-African Advocacy, the Association for Care Leavers Networks in Africa (ACNA), established in 2021, is a youth-led, pan-African movement coordinating national care-leaver associations to advocate for rights and systemic reform. In South Africa, the Children's Act 38 of 2005 allows for continued care and support beyond 18 up to age 21 under specific conditions, including education or vulnerability (Republic of South Africa, 2005). This provision represents one of the more developed legal pathways for care leavers on the continent.

In contrast, in countries such as Kenya and Uganda, child protection legislation largely ends formal state responsibility at 18, with after-care support dependent on non-governmental organisations (NGOs) rather than legal entitlement (UNICEF, 2021). Although the South African Children's Act of 2005 legally provides for an Independent Living Programme (ILP), no official guidelines, programmes, or funding exist to implement it. Furthermore, although Ethiopia has a progressive model shown in the National Minimum Standards for Preparation of Leaving Care and Aftercare Support, launched in June 2025, it faces challenges in implementation, including securing government budgets and integrating the standards into care institution licensing.

Education and vocational training are widely identified as key pathways to independence for care leavers in Africa. Many children's homes prioritise access to schooling. Most initiatives in Africa are NGO-led. For instance, in Kenya, non-governmental organisations such as SOS Children's Villages and Better Care Network partners offer vocational training and educational sponsorships to young people exiting care, supporting employability and income generation (SOS Children's Villages, 2020). In Ghana, transitional programmes linked to children's homes focus on apprenticeships in trades such as carpentry, tailoring, and hairdressing, reflecting local labour market realities (Frimpong-Manso, 2014).

NGOs in countries such as Uganda and Tanzania offer start-up grants or tool kits for self-employment. (UNICEF, 2021). The Tools for Reliance, a UK-based charity, refurbishes and supplies tool kits and equipment such as tools for carpentry and sewing in countries like Tanzania, Ghana and Uganda, among others. Rwanda has the Inkomoko Entrepreneurial Training and

Financing, which provides entrepreneurship training, coaching and accessible financing to care leavers and displaced persons, among others. The King's Trust International Enterprise Mentorship and Grants in Nigeria runs programmes that build entrepreneurial thinking and employment skills, offer mentorship and pitch competitions and provide grant funding to support business ideas emerging from participants. Care leavers in participating areas gain both skills and seed funding support if qualified. Such organisations have played a key role in helping youths transition to independence. Economic independence is a central challenge for care leavers in Africa. Unlike high-income countries, state welfare benefits for young adults are minimal or non-existent, placing care leavers at heightened risk of poverty, thus, the aid of such non-governmental organisations is vital.

However, although stable housing is a foundational pathway to independence, across Africa, formal after-care housing schemes are rare. Many care leavers return to extended family networks, informal settlements, or precarious accommodation. Although there are transitional housing options linked to child and youth care centres that exist in countries like South Africa, availability is uneven and largely urban-based (Jamieson et al., 2017). NGOs are also not reliable, as they provide short-term transitional accommodation, which is not guaranteed and is often dependent on donor funding. The lack of housing support significantly undermines other pathways such as education and employment.

Due to limited state provision, faith-based organisations play a dominant role along with NGOs in supporting transitions from children's homes in Africa. Many faith-based organisations in Africa provide extended residential support beyond the legal age of majority and sometimes up to the age of 21. For instance, the SOS Children's Villages are faith-inspired operations located in Kenya, Uganda, Malawi and Zimbabwe, among others, that provide youth villages where care leavers remain in a structured environment while completing their vocational trainings. The Catholic Church-run orphanages and institutional houses or supervised semi-independent living arrangements, allowing youths to gradually assume adult responsibilities while still receiving mentorship and pastoral care (Frimpong-Manso 2014).

However, while effective in individual cases, reliance on NGOs creates inequitable outcomes, as access depends on organisational capacity rather than rights-based entitlement (Better Care

Network, 2019). Also, research indicates that without sustained mentoring and market access, these interventions often have limited long-term impact (Mendes & Snow, 2016).

Pathways to promote independence for young adults transitioning from children's homes in Africa remain fragmented and uneven. While education, livelihoods, housing, and psychosocial support are widely recognised as essential, their provision is largely dependent on NGOs rather than enforceable state systems. South Africa represents a partial exception, with limited statutory aftercare provisions, but across much of the continent, transitions remain abrupt and unsupported. Strengthening legal frameworks, expanding family-based care alternatives, and embedding aftercare as a rights-based obligation are consistently highlighted as priorities within the literature.

National patterns to promote the independence of care leavers

Zimbabwe's socio-economic landscape significantly shapes the experiences of young people leaving institutional care. According to Gumbo and Chibwana (2014), high levels of poverty, youth unemployment, and fragile family systems are persistent structural barriers to youth independence. Nkoma & Dzapasi (2023) argue that young adults who mature out of institutional care at age 18 frequently confront socioeconomic instability, limited job prospects, and inadequate housing factors that undermine successful transition outcomes.

Zimbabwe lacks comprehensive legal frameworks specifically designed to support young adults transitioning from care. According to Muzingili & Gunha (2017), the Children's Act of 2001 provides some guidelines for child welfare but falls short in addressing aftercare needs and long-term support. This gap leaves many young adults vulnerable as they age out of the system, often with minimal guidance or resources. Chibwana & Gumbo (2014) state that policy frameworks in Zimbabwe, such as the Children's Act and the National Orphan Care Policy, assert the importance of preparing institutionalised children for adulthood and self-sufficiency. Despite these intentions, implementation challenges persist due to resource constraints and limited aftercare structures. Gwezi (2018) stresses that policies must extend beyond legal provisions to ensure effective transition programming that enhances independent living capacities.

Education is a vital pathway to independence, yet many care leavers struggle with access to adequate educational opportunities. The Basic Education Assistance Module (BEAM) aims to provide educational support to vulnerable children; however, care leavers often find themselves

disproportionately affected by systemic barriers, such as financial constraints and lack of documentation (ZiCLAN, 2022). Moreover, organisations like the Zimbabwe Care Leavers Network (ZiCLAN) emphasise the importance of life skills training, vocational education, and mentorship programmes (ZiCLAN, 2020). These initiatives help equip care leavers with practical skills necessary for employment. Research by Gwenzi (2019) indicates that care leavers who receive such support are more likely to secure stable job opportunities, thereby enhancing their independence.

Unemployment remains a significant barrier for care leavers in Zimbabwe. The current economic climate, characterised by high inflation and limited job opportunities, exacerbates the already precarious situation for these young adults (Muzingili & Gunha, 2017). Studies reveal that care leavers often lack the necessary social networks and support systems to secure employment, relying instead on institutions to provide transitional support (Herald, 2022). Programmes aimed at improving economic empowerment, such as entrepreneurship training and access to small business loans, have emerged. However, challenges persist in accessing financial resources and mentoring (ZiCLAN, 2022). Richter (2020) argues that facilitating economic independence must involve creating comprehensive support networks that extend beyond traditional educational and employment initiatives.

Stable housing is another critical component of successful transitions for care leavers. Many young adults face homelessness or inadequate living conditions upon exiting care (ZiCLAN, 2022). Transitional housing programmes, while beneficial, are often limited in scope and duration, leaving care leavers vulnerable to instability (Herald, 2022). Research underscores the need for more expansive housing policies that incorporate support for care leavers, allowing for a smoother transition into independent living (Muzingili & Gunha, 2017). The conversations around establishing halfway houses and affordable accommodation options reflect the urgent need for systemic reforms to address these challenges (Gwenzi, 2019).

Many young adults transitioning from care experience trauma, necessitating comprehensive psychosocial support. According to Dziro and Rufurwokuda (2013), mental health services are often underfunded and unavailable in Zimbabwe, contributing to feelings of isolation among care leavers. ZiCLAN is one organisation that offers counselling and peer support, fostering a sense of community among care leavers (ZiCLAN, 2020). Psychosocial support is essential not only for

mental well-being but also for enhancing resilience and fostering the development of healthy social networks. Studies indicate that young adults with access to such support are more likely to succeed in their transitions (Richter, 2020).

The transition from children's homes to independent living in Zimbabwe is fraught with challenges, but it is also marked by opportunities for growth and resilience. By enhancing legal frameworks, educational access, employment opportunities, housing stability, and psychosocial support, stakeholders can improve the pathways to independence for care leavers. Continued advocacy and research are essential to ensure these young adults receive the comprehensive support they need to thrive in society.

2.3.1 Support mechanisms being used to promote the independence and self-reliance of young adults leaving children's homes

Globally, the goal is to move away from survivalist self-reliance towards a structured safety net that provides a safety net similar to what a biological family might offer. Although this is the global goal, the mechanisms used to achieve it vary between the global practices and those in Zimbabwe. Globally, international best practices are generally categorised into three primary pillars, which include permanency and housing support whereby they are provided with safe, subsidised or supervised housing options. Countries like the United States and the United Kingdom allow care leavers to stay put in their care placements until the age of 21 or 25 to avoid homelessness. In Scotland and England they are provided with sustainable social capital such as formal mentorship programmes and training in self-advocacy, ensuring that they have a say in their transition. They are also provided with financial aid, vocational training and bridging programmes that help them enter labour markets or higher education with specialised fee waivers. Ukraine developed supported independent living models where care leavers live in small group homes or apartments with light supervision while they complete their studies.

Regionally, South Africa has organisations like Hearts of Hope which utilise transitional homes that focus on the 'forever family' concept, ensuring care leavers are not just independent but are reintegrated into supportive community structures. Under South Africa's Children's Act, homes are required to have intensive exit planning that starts at the age of 16 focusing on obtaining identity documents, opening bank accounts and vocational placement. Botswana utilises a state-driven approach that prioritises tertiary education as the primary vehicle for self-reliance. Care

leavers are often fast-tracked for government-funded vocational training or university placement. Kenya has seen a surge in youth-led advocacy through the Kenya Society of Care Leavers, where rather than solely relying on social workers, care leavers form regional clusters to provide emotional support and job leads to one another. They also have social capital such as microfinancing and Village Savings and Loan Associates, especially for care leavers to start small businesses.

Zimbabwe has models like the Youth Empowerment Trust (YET) in Harare demonstrating success by offering training in high-demand fields such as welding, fashion design, cosmetology, and interior design. These programmes link skills directly to entrepreneurship or employment, as seen with graduates who secure jobs or start their own businesses. The launch of the Zimbabwe National Youth Empowerment Strategy (2026–2030) is a pivotal development whose blueprint aims for multisectoral action. Gwenzi (2020) argues that the current Zimbabwean legal framework, which largely terminates support at age 18, fails to account for the developmental readiness of young adults. Effective pathways involve the implementation of extended care policies, similar to those proposed in the pending Aftercare Bill, so as to allow care-leavers to remain under the umbrella of state or institutional support while they pursue higher education or vocational training. By shifting from a mandatory exit to a needs-based transition, the state can mitigate the immediate shocks of homelessness and unemployment that frequently plague Zimbabwean care-leavers (Chibwana & Gumbo, 2014).

The Zimbabwe Care Leavers Network (ZiCLAN) has been highlighted as a successful model for peer-to-peer support. These networks provide a sense of belonging and practical survivalist knowledge that institutional staff may not be able to offer. Furthermore, the provision of transitional housing and financial literacy training serves as a practical bridge toward self-reliance. The halfway house model, where care-leavers live in supervised residential settings while managing their own budgets, allows for the incremental mastery of life skills. Dickens (2016) notes that many care leavers fail not because of a lack of will but due to a lack of experience in managing daily logistics such as utility bills, grocery shopping, and time management. Effective pathways must therefore include independent living programmes (ILPs) that start years before the actual exit date, ensuring that the young adult has practised these skills in a safe environment before facing the pressures of the open market.

2.4 Institutional care preparations for life outside care

The United Nations Guidelines for the Alternative Care of Children **(**2009) provide the foundational international framework for care transitions, emphasising the right of every child to grow up in a family environment and the necessity of aftercare services for care leavers. A global best practice of institutional care preparation for life outside care is seen in Australia's Home Stretch Campaign, which offers housing, finance and mentorship. European countries have a mandated pathway planning that serves as a roadmap for transition. England and Scotland are legally required to provide a personal adviser and a pathway plan for all care leavers up to age 25. China's recent pilot programmes in state-funded institutions focus on assessing readiness markers and providing vocational linking for those not entering university. The country focuses preparation on economic strengthening through guaranteed grants for employment quotas.

In the African region, there is the SOS Children's Village operating in about 48 countries, which include Malawi and Somalia. This is one of the world's largest non-governmental organisations, which focuses on a permanent social network rather than just pushing for autonomy. Rwanda has the most aggressive deinstitutionalisation programme in Africa, aiming to move all children into family-based care. The preparation for life outside care is not just done by the child but also with the family. This includes providing the extended family available with small-scale livestock, seeds and microloans before the child goes to live with them. Uganda utilises a community-integrated supervised living model where small groups of two or four care leavers are supported to rent a house within a normal residential neighbourhood and are visited weekly by a social worker to manage their own daily chores and budget. Regional practices in Southern and Eastern Africa are increasingly moving away from the cliff-edge model, where support stops abruptly at 18, towards gradual community-anchored transitions.

In Zimbabwe the preparation of care leavers is theoretically guided by the Children's Act and the National Residential Care Standards (2010). Chibwana and Gumbo (2014) highlight that the Children's Act mandates residential facilities to collaborate with the Department of Social Services to establish mechanisms for continuing education, vocational training, or employment for those outgrowing the system. The National Residential Child Care Standards (2010) and the Children's Act stipulate that a formal, written discharge plan should be in each child's file to support their

development beyond 18 years. Institutions are also expected to provide training in independent living skills, which may include budgeting, shopping, decision-making, relationship building, and vocational skills training. Social workers are mandated to ensure children in care have vital registration documents like birth certificates and national identity cards, though this is often a significant challenge in practice.

Despite the policies, the transition to independence is often sudden, with support ending at age 18 in Zimbabwe, forcing young people into instant adulthood without the necessary skills or safety nets. In other parts of the world, organisations have managed to offer financial aid and housing and increase the age limit for care leavers, however, the root cause of the problem has still not been addressed in order to ensure that care leavers sustain themselves without the aid of the state and private sectors. In Zimbabwe, institutions often lack the financial and human resources to provide comprehensive, quality transitional services, including sufficient transitional housing or follow-up support after discharge.

Care leavers in Zimbabwe face significant barriers to accessing higher education and formal employment. Government assistance programmes like the Basic Education Assistance Module (BEAM) often do not adequately cover children in residential care or examination fees, and access to scholarships is limited. Furthermore, the effectiveness of social workers' aftercare involvement is often limited by resource constraints. Karandikar and Charegaonkar (2019) point out that a lack of properly planned aftercare services often results in immediate crises for leavers, including lack of shelter and unemployment. In addition, despite policy intentions, many care-leavers face fast-tracked adulthood. Van Breda and Frimpong-Manso (2020) observe that limited social welfare programmes and a weakened traditional family support system leave care leavers isolated. Institutions, the states and private sectors are failing to prepare care leavers for independent living.

2.5 Challenges faced by young adults after leaving care

The struggle for independence is universal, even in a country with a mandated pathway plan and personal advisors, such as the United Kingdom, care leavers face challenges such as bureaucratic hurdles. Australia is currently dealing with a massive care cliff despite the rollout of the Home Stretch programme. Reports show that care leavers represent a disproportionately large percentage of the homeless population under the age of 25. The reports also note that those who experience

homelessness after care have significantly lower life expectancy due to the lack of primary health safety nets. In the United States, despite the country's Fostering Connection Act allowing care up to age 21 in many states, homelessness remains a massive threat. Reports indicate that one in three care leavers experience homelessness within 24 months of exit. Canada faces the educational gap. Reports indicate that less than 50% of care-experienced youth complete high school, thus influencing long-term unemployment.

In much of the African region, legislation traditionally views 18 as the absolute cutoff for child protection. Although South Africa's Section 78 allows for care until the age of 21, social workers report that resource scarcity often makes it difficult to implement for everyone. Research from 2025 to 2026 indicates that care leavers are significantly more likely to be not in employment, education or vocational training. Therefore, many female care leavers report high rates of early pregnancy, while male leavers often struggle with substance abuse as a coping mechanism for the isolation of accelerated independence. Youth-led research in Malawi and Zambia has highlighted specific vulnerabilities for care-experienced young adults, such as lack of access to sexual reproductive rights services once they leave a controlled environment, leading to higher rates of HIV and early parenthood in the first three years post-exit. Zambia also faces educational abandonment, whereby the lack of aftercare mentorship means youths often drop out of vocational training programmes because they can not balance the cost of rent with their studies. The core challenge remains the transition into adulthood at the age of 18 in economies with high structural unemployment and limited social safety nets.

Zimbabwe has limited aftercare policy legislation. Most policies go silent after the age of 18, leaving care leavers legally unsupported and vulnerable to problems like homelessness, poverty and unemployment. Care leavers are forced to rely on informal networks such as kinship, churches and peers, as formal aftercare is largely absent. However, these networks, especially the extended families, are often themselves struggling with poverty, limiting their ability to provide sustained support. Furthermore, without the support of the extended families, navigating legal systems can be particularly daunting for care leavers. Although the department of social development tries to ensure that all children have their legal documents before leaving care, the few that do not manage to obtain them face serious problems. Gwenzi (2019) describes how difficulties in obtaining required documentation such as identification and school certificates can hinder their ability to

access jobs, education, and healthcare services. Karandikar and Charegaonkar (2019) emphasise the difficulty of reconnecting with biological families, many of whom may be unable or unwilling to provide the necessary support. This lack of familial support can further hinder successful reintegration into society.

According to Courtney and Heuring (2005), care leavers frequently experience higher rates of unemployment compared to their peers. The problem is more severe in Zimbabwe than other developed countries, which offer a chance for education and job training until the age of 25. In Zimbabwe, they have limited access to job training and educational opportunities coupled with a shortage of employment and a stable economy, they find it difficult to secure stable employment, which exacerbates their financial instability. Mendes et al. (2014) point out that care leavers often have interrupted schooling and may not possess the qualifications needed to pursue further education or vocational training. This educational gap limits their future opportunities and contributes to a cycle of poverty exacerbated by lack of stable housing. Research suggests that a significant number experience homelessness or are forced to live in precarious conditions shortly after leaving care. Van Breda and Frimpong-Manso (2020) assert that a lack of transitional housing programmes exacerbates this challenge, leaving care leavers vulnerable to exploitation.

The challenges faced by young adults leaving children's homes in Zimbabwe are multi-faceted and interlinked, necessitating a comprehensive understanding and effective interventions. Policy reforms and targeted support programmes are essential to address the unique needs of care leavers and ensure they have the tools and resources needed for successful independent living.

2.6 Pathways that can be used to improve the support mechanisms and aftercare services offered by various institutions

Globally, countries have tried to work on mechanisms to improve the transition of care leavers into independent living by moving away from accelerated independence, where youth are forced to be adults at 18 and toward interdependence pathways. These pathways, as identified in global research and policy reforms, focus on legal stability, relational capital, and economic bridging. Legal and policy pathways have been the most successful pathways in extending the legal definition of vulnerable youth to align with social norms, where adulthood is reached in the mid-twenties. The United Kingdom (England & Scotland) has a staying-put pathway which allows care

leavers to remain with foster families until age 21. Recent 2026 updates to the Children's Social Care National Framework emphasise that local authorities must act as "corporate parents" until age 25, providing a personal adviser to navigate housing and health.

In economic strengthening and livelihood pathways, the United States' several states implemented Guaranteed Income pilots specifically for care leavers. It provides a monthly stipend of approximately $1,000 for 12 to 24 months post-exit to cover basic needs while they pursue vocational training or higher education.In relational and mentorship pathway, Poland has the empowerment guardian programme which matches every care leaver with a trusted adult from the community who is not a social worker. This mentor provides the social capital necessary to navigate challenges like job interviews or apartment hunting. Ireland utilises the Aftercare Grant which is contingent on the youth having a dedicated aftercare worker who helps them maintain a social support map to identify safe people in their network.

In the African region, pathways to improve aftercare are shifting from state-led discharges to community-led reintegration. The African region should focus on the ubuntu and kinship reintegration pathway. For instance, drawing on Ubuntu philosophy, countries like Kenya and Rwanda are prioritizing the restoration of family bonds as the primary aftercare service. Kenya has been a leader in the "deinstitutionalization" movement, moving children from orphanages back into family settings, guided by the belief that a child belongs to the community. Organisations like the Ubuntu Life Foundation focus on inclusive growth for care leavers especially those with disabilities. Transitioning should also involve vocational training that happens within the community market, ensuring that the community sees the youth's value, which fosters social acceptance and belongingness. Transition should not viewed as a "graduation into adulthood" that occurs on a specific birthday, but as a gradual strengthening of the threads that connect an individual to their community.

Zimbabwean institutions should treat the acquisition of a National ID and Birth Certificate as a critical milestone so that once documented, care leavers can be pre-registered for the Harmonised Social Cash Transfer (HSCT) or similar regional safety nets before they leave care. This is to help solve the legal invisibility bottleneck, allowing care leavers to participate in the formal economy and access government grants immediately upon exit. A shift from age-based to readiness-based transitions should also be utilised. The policies in Zimbabwe should be revised to change the

discharge age from 18 to when children are capable enough to live on their own. An assessment-driven model should be utilised where readiness is the primary determinant for leaving. Transition should also occur gradually, where care leavers go through a semi-independent living phase where they live outside of care with constant supervision and coaching in order to see their readiness to be independent. Also, every care leaver should be given a living document which ensures that they are covered in terms of expenses of their accommodation, health, education and other basic necessities for at least two to three years after leaving care.

In addition, institutions should partner with vocational training centres in order to build a bridge for careleavers to move from protected dependency to economic agency. This collaboration should be a long-term encounter where children receive vocational training 3 or 4 years before they are due to leave. The institution should also be providing pastoral support in order to maintain emotional stability and teach about domestic tasks. Staff from both sides should meet regularly in order to discuss the progress of the children. There should also be community hub programmes where children from care homes can go into communities in places such as hair salons, auto shops, catering services and sewing shops and carpentry, among others, in order to get a taste of the work environment in a low-stakes setting before committing to a full course.

Follow up tracking should also be utilised. Institutions often fail to improve because they do not track what happens to youth after they leave. Institutions should maintain a connection for at least 2-3 years post-discharge. The data obtained can help to refine transition programmes. The care leavers should also be given a voice in decisions for their living arrangements after care and professional training to increase their commitment to the plan and build a sense of agency. Peer support networks should also be created to allow care leavers to share experiences, advocate for their rights collectively and provide mutual emotional and practical support for one another, such as the Zimbabwe Care Leavers Network, which was established in 2018 and formally registered as a private voluntary organisation in 2020.

Furthermore, there should be work on extending care leavers' support systems to rural areas. According to Van Breda & Frimpong-Manso (2020), many programmes are concentrated in urban centres like Harare and Bulawayo, leaving rural care-leavers with minimal resources and support. Additionally, the government, institutions, the private sector and vocational training centres should collaborate in order to curb the reliance on donor funding, which creates vulnerabilities. Over 80%

of NGOs report budget cuts following economic downturns, limiting their operational efficacy (ZiCLAN, 2023). Although the government in the Children's Act mandates aftercare planning, it should have specificity. The National Orphan Care Policy (2010) and National Action Plan for Orphans and Vulnerable Children should also be included in the national budget in order to fill funding gaps. According to Artamonova et al. (2020), the Department of Social Services (MOLSS) nominally oversees reintegration, yet only 23% of care-leavers report receiving state support. According to the ZiCLAN 2022 report, 68% of care-leavers experience homelessness within 2 years of exit, thus there should be national transitional housing programmes.

To enhance the effectiveness of aftercare services, comprehensive reforms are imperative. Advocating for the passage of the Aftercare Bill, integrating NGO and governmental efforts, and allocating dedicated funding for transitional housing and support programmes are critical steps to ensure that care-leavers can navigate the complexities of independent living successfully.

2.7 Summary

In summary, the chapter has provided a comprehensive review of the literature on institutionalisation and support systems for formerly institutionalised children. The findings highlighted the challenges they face, the impact of institutionalisation on wellbeing and the importance of support systems in facilitating their successful transition. The next chapter will look at the research methodology employed in the study.

CHAPTER 3: METHODOLOGY

3.0 INTRODUCTION

This chapter presented the research methodology and the systematic procedures that were utilized to investigate the transition of care leavers from institutional care into independent living. The investigation was guided by the interpretivist philosophy and qualitative research design. It further outlined the target population, sampling techniques, data collection tools, thematic analysis and ethical considerations.

3.1 RESEARCH PHILOSOPHY

It refers to a system of beliefs and assumptions about the development of knowledge. For this study, an interpretivist philosophy is adopted. Interpretivism is defined by Creswell (2018) as an approach where researchers seek to understand the world in which they live and work, developing subjective meanings of their experiences. Bryman (2016) describes interpretivism as an epistemology that requires the social scientist to grasp the subject meaning of social action. He distinguishes it from positivism, noting that social reality has a specific meaning for human beings, which is why they act the way they do. Interpretivism looks for culturally derived and historically situated interpretations of the social life-world.

Interpretivism allows the researcher to capture the nuances of care leavers' emotions, challenges and successes that are purely objective a numerical approach might miss since the transition to independent living is a deeply personal and subjective experience. Schwandt (2000) supports that interpretivism is utilized when the researcher seeks to understand the complex world of lived experiences from a point of view of those who live it

3.2 RESEARCH APPROACH

According to Cresswell (2014), research approaches are the overall strategy or plan that researchers adopt to address their research questions or objectives. It outlines the general framework and direction of the study, guiding the selection of the research methods, data collection techniques and data analysis procedures. Qualitative research methodology is the research method that this study employed for a number of factors that all point to its applicability. By definition,

the objectives of a qualitative research approach are to reveal, explore, and comprehend the meanings, experiences, perceptions, and attitudes that people, either individually or collectively, have on a social phenomenon (Creswell, 2009).

This methodology was appropriate for the study since it enabled the investigator to investigate the subjective experiences of formerly institutionalised children who were released from Tariro Children's Home, Kadoma. This was consistent with Neumann's (2013) argument that, with its constructionist and interpretivist philosophical foundations, qualitative research approaches primarily aim to interpret the subjective experiences of individuals with respect to a particular social reality. According to a qualitative method, social reality is subjective and can only be comprehended by analysing the individual experiences of the population being studied in their natural setting.

3.3 RESEARCH DESIGN

Although the term research design has many different meanings, in general, it may be simply understood to mean a strategy that outlines how data was collected. Crucially, research designs depend on the selected research approach as well as the research topics. Keeping that in mind, the foundation of this study was a qualitative research strategy, meaning that only research designs specifically related to the qualitative domain were employed. Accordingly, a case study approach was employed in this investigation. The approach enabled the researcher to select a small number of participants and examine their experiences in depth. Hence, this design allowed the researcher to explore the pathways to promote independence of ex-institutionalised children after being discharged from childcare institutions. In addition, the qualitative was well-suited to the research objective of gaining a deeper understanding of the experiences of formerly institutionalised children in trying to obtain independence. It offered a comprehensive and nuanced exploration of individual cases.

3.4 Target population

Willie (2024) defined 'target population' as the specific group of individuals that the researcher intended to study and generalise the study to. Asiamah et al (2017) further defines target population as the specific group of people that the study results are intended to represent. Therefore, the target population refers to individuals who lived in institutional settings during their childhood. In this

study, the target population were children who were discharged from Tariro Children's Home Kadoma, the care takers and social workers at the home. social workers as the Department of Social Development Sanyati District, Kadoma as well as community memembers. The care leavers consisted of care leavers aged 18 to 24 who have exited the home within the last 5 years and are currently living independently. Narrowing the population to those who have recently exited care ensured that their memories of the transition were fresh and relevent to the current social policies.

3.5 Sampling Technique

Typically, sampling is used to choose study participants. As a result, Bell (2010) contends that a set of guidelines and methods for selecting participants from the target population can be used to define sampling. Consequently, purposive sampling was used to select participants in compliance with the demands of the research designs for qualitative studies. Patton (2015) describes purposive sampling as selecting information-rich cases of study in depth where one can learn a great deal about issues of central importance to the purpose of the inquiry. Care leavers can be a hard-to-reach hidden population, henceforth, purposive sampling allowed the researcher to deliberately select participants who have lived the specific experience of transition. For carers and social workers the researcher also used purposive sampling to select immediate carers and social workers and used the same sampling method by selecting community members who lived close to the home and had personal contact with the children at the home or carers through donations or volunteer work.

3.6 Sample Size

According to Babbie (2017), a sample size refers to the number of individuals or units selected from the larger population to participate in the research study. In qualitative research, size is often determined by data saturation. Saunders et al. (2018) suggest that saturation is reached when no new information or themes are observed in the data. For this study, a sample size of 14 participants were utilised, 8 care leavers, 4 boys and 4 girls, 2 carers, 2 social workers, one from the home and the other from the Department of Social Development and 2 community members. The small, focused sample size allowed in-depth description, which is required in qualitative research, and ensured that the researcher devoted significant time to each participant's narrative.

3.7 DATA COLLECTION METHODS

Parveen and Showkat (2017) defined data collection as the process of gathering and measuring information on targeted variables in an established systematic fashion which enables one to answer relevant questions and evaluate outcomes. Creswell and Poth (2018) define qualitative data collection as a series of interrelated activities aimed at gathering good information to answer emerging research questions, typically involving interviews, observations and documents. Selecting the right method ensured that the voice of participants was captured accurately.

The study utilised semi-structured interviews for social workers and care leavers. The location of these interviews for care leavers was a neutral safe space of their choice, which was a private room at the home to ensure safe sharing of sensitive information and for social workers, it was their respective offices. This method allowed a deep dive into personal experiences of care leavers and captured the emotional and practical nuances of leaving home. The interviews lasted for about 45 to 60 minutes per session. The researcher used an audio recorder and supplementary by field notes in order to capture non-verbal cues.

Key informant interviews was utilised for carers. Carers have observed the pre-transition phase thus the key informant interviews was used to gather specialised knowledge from those who had first hand experience preparing g children for exit. The interviews lasted for about 30 to 45 minutes per session and they were conducted in a private administrative office at the home. The researcher used a notebook and a pen to take note of the responses.

Focus group discussions were used for the community members. Nyumba et al. (2018) states that focus group discussions are powerful for identifying group norms and community attitudes towards a specific phenomenon for instance how the community perceives and supports care leavers. The discussion was conducted in a quiet room at the home and it lasted for about 60 minutes and the discussion was recorded supplemented by note taking to track who was speaking.

3.8 Data collection tools

According to Mohajan (2020) data collection tools are the instruments used to collect data, they are vehicles through which researchers gather information about a specific phenomenon to test hypotheses or answer research questions. Abawi (2017) further defines data collection tools as the

instruments used by researchers to observe, interview or measure the phenomena of interest, ensuring that the information gathered is structured and aligned with the study's objectives. The tools utilised flexibility, allowing participants to lead the conversation into areas the researcher had not predicted.

i. interview schedule guide

This tool was used for care leavers, carers, and social workers. It was guided by themes such as challenges faced, preparation and support networks. Open-ended questions were used exclusively to allow participants to provide in-depth descriptions. According to Pathak (2017), open-ended questions are essential in qualitative research because they do not limit the participant's choices, allowing for deeper exploration of feelings and attitudes.

ii. Focus group discussions

This tool was used for community members and consisted of a few broad questions designed to stimulate conversation between participants rather than between researcher and participant. The questions were open-ended and facilitatory so as to see where the group agreed and disagreed. The data was recorded by a voice recorder and supplemented by the researcher's notes.

3.9 RESEARCH PROCEDURE

The researcher, firstly, sought permission to conduct the study from the superintendent at Tariro Children's Home in Kadoma, Rimuka. She presented the Bindura University research letter and the proposal for the research and also outlined other reasons that had motivated her to choose Tariro as a case study. This prompted the superintendent to approve of the study and provided the researcher with contact details of the care leavers the researcher could engage in interviews with. The researcher then engaged care leavers through phone calls and set up individual interviews with them. She also engaged a social worker working for the Department of Social Development and managed to interview the social worker concerning experiences of young adult care leavers. The researcher then utilised data collected from the participants to develop themes and compose a well-detailed report.

3.10 Data analysis

According to Flick (2023), qualitative data analysis is the classification and interpretation of linguistic material to make statements about implicit and explicit structures of meaning-making and their contexts. Noble and Heale (2019) define it as a process of examining, cleaning, transforming and modelling data with the goal of discovering useful information, suggesting conclusions and supporting decision-making in a way that preserves the participant's subjective voice. The most widely utilised framework analysis is the thematic analysis as refined by Braun and Clarke (2006). According to Braun and Clarke (2021), thematising is about the researcher's active role in constructing themes rather than simply discovering them as if they were pre-existing entities. Thematic analysis within qualitative data is to find and interpret meaningful patterns (Guest & MacQueen, 2012). When conducting a thematic analysis of data, there are distinct stages involved. These were used in order to facilitate the researcher's interpretation of the data collected from participants.

- **Familiarisation with data:** Involved transcribing the data, reviewing it over and over again, and making notes on preliminary concepts. Since the researcher used audio recordings for data gathering, the data were first transcribed. After familiarising herself with the data, the researcher proceeded to read and reread the acquired data, taking notes and compiling summaries (Clarke and Braun, 2013).

- **Generating initial codes:** According to Clarke & Braun (2013), this entails compiling information relevant to each code and systematically coding noteworthy aspects of the data across the whole data collection (Clarke & Braun, 2013). As a result, the researcher divided the large amount of data into more manageable, meaningful chunks and categorised the significant portions of the data with respect to developing themes.

- **Searching for themes:** It entails organising codes into possible themes and compiling all information relevant for each theme (Babbie, 2014). In order to easily address the study's research questions on the challenges faced by formerly institutionalised children, the support systems available to them, and the factors influencing their reintegration into society, the data was analysed and summarised.

- **Reviewing themes:** This involves figuring out if the themes apply across the full data set and the coded extracts (Clarke & Braun, 2013). The researcher improved the themes that were developed, eliminating those that had sufficient evidence to support them. Even though they were still relevant to the investigation, some of the themes completely blended together.

- **Defining and naming themes:** In order to improve the details of each theme and the overall narrative the study conveys, the researcher conducted continual analysis, giving each theme precise descriptions and names. Additionally, these topics must immediately convey to the reader the main point of the theme (Braun & Clarke, 2013).

- **Producing the report:** According to Braun & Clarke (2013), this entails choosing vivid, captivating extract examples, analysing the chosen extracts at the end, connecting the results to the literature and search question analysis, and creating an academic report on the analysis. Therefore, the researcher made use of participants' quoted responses as proof supporting the identified themes, integrating them with arguments from significant literature.

3.11 Ethical consideration

According to Arifin (2018), research ethics are the principles and standards that guide the moral and legal conduct of a study aimed at protecting the dignity and well-being of research participants. For this study, the researcher adhered to several key ethical considerations. These included ensuring the confidentiality and anonymity of participants, obtaining informed consent and safeguarding participants from any potential harm. The researcher upheld these ethical standards throughout the research process, in alignment with the established norms and guidelines that govern ethical research practices.

3.11.1 Voluntary participation

According to Engel and Schutt (2019), the principle of voluntary participation is a fundamental ethical consideration in research, which ensures that human subjects have the right to freely decide whether or not to be part of the study. In this study, the researcher upheld this principle, avoiding any form of coercion, in order to maintain the reliability and integrity of the research findings. Participants were not forced or pressured to take part in the study but rather were given the autonomy to make an informed and voluntary decision about their involvement.

3.11.2 Informed consent and confidentiality

Informed consent was obtained from all participants, who were fully apprised of the purpose of the research prior to their involvement. The researcher was transparent about the academic nature of the study and made it clear that all information provided would be treated with strict confidentiality. This safeguarded the participants from exploitation and protected their privacy, aligning with the ethical standards that govern responsible research practices.

3.11.3 Neutrality

The researcher maintained a neutral and objective approach throughout the research process. They respected the diverse perspectives of the respondents without attempting to alter their views. The researcher avoided being judgemental and kept their own opinions separate from their experiences shared by the respondents, ensuring that the data collected was free from bias.

3.11.4 Integrity and transparency

According to Manti and Lichrou (2018), integrity in research involves honesty and transparency in reporting data without fabrication or plagiarism. The researcher reported all findings accurately, ensuring that the voices of the care leavers and social workers were represented fairly even when they contradicted the researcher's initial assumption.

3.11.5 Beneficence and non-maleficence

According to the Belmont Report (1979), the principle of beneficence requires the researcher to maximise benefits for the participants, while non-maleficence ensures the prevention of physical or psychological harm. The researcher recognized that discussing the transition from care could trigger emotional distress thus remained empathetic. In stances where participants became visibly emotional, the interview was paused. Furthermore, the researcher prepared a list of local counseling services and social support organisations in Kadoma which she shared with the participants should they require post interview support.

3.12 Trustworthiness

Trustworthiness refers to the degree of confidence that readers can place in the findings that they are an authentic, accurate, and faithful representation of participants' lived experiences rather than a distortion shaped by researcher bias, methodological flaws, or inadequate data. Qualitative inquiry establishes quality through the parallel criteria of credibility, transferability, dependability,

and confirmability (Lincoln & Guba, 1985). These four criteria work together to demonstrate that the research process was rigorous, the interpretations are grounded in the data, and those who read and apply the study can rely upon the conclusions.

Credibility: refers to the extent to which the findings accurately represent the participants' realities. To enhance credibility, the researcher employed the following strategies. First, prolonged engagement was achieved through extended fieldwork in Kadoma, where the researcher spent considerable time building rapport with care leavers, key informants, and community members before conducting formal interviews. This immersion allowed participants to feel comfortable sharing sensitive and deeply personal experiences of their post-discharge struggles. Second, triangulation of data sources was achieved by gathering data from three distinct participant groups, care leavers (n=8), professional key informants, including social workers and carers (n=4), and community leaders (n=2). Comparing perspectives across these groups allowed the researcher to cross-check information and develop a more complete understanding of the challenges, resources, and strategies for successful reintegration. Where accounts converged, such as the unanimous identification of financial hardship and the inadequacy of formal support, confidence in the findings was strengthened.

Transferability: is the extent to which findings can be applied to other contexts. Qualitative research provides rich, contextualised descriptions that enable readers to assess the applicability of findings to their own settings. The researcher enhanced transferability through thick description, providing detailed accounts of the research setting (Tariro Children's Home, Kadoma, Zimbabwe), the demographic characteristics of participants, the socio-economic context of post-discharge life, and the specific challenges encountered. The inclusion of verbatim quotations in both Shona and English preserves the authenticity of participant voices and allows readers to evaluate the interpretations made. Furthermore, the diversity within the sample spanning ages 19 to 23, both genders, varying educational levels, different lengths of institutional stay, and discharge dates ranging from 2020 to 2024 enable readers to assess the range of experiences within this population.

Dependability: refers to the consistency and stability of findings over time and across conditions. The researcher enhanced dependability through the use of an audit trail, which meticulously documented all research decisions, from the initial formulation of research questions through sampling, data collection, transcription, coding, theme development, and final interpretation. This

transparent record enables an external reviewer to trace the analytical pathway and assess the logic and coherence of the conclusions drawn. Additionally, a reflexive journal was maintained throughout the research process, in which the researcher recorded personal reflections, assumptions, and potential biases.

Confirmability: refers to the extent to which findings are shaped by participants' experiences rather than researcher bias or interests. The researcher enhanced confirmability through the triangulation and member checking strategies described above, which ensured that findings remained grounded in participant accounts. The use of verbatim quotations throughout the presentation of findings allows readers to directly assess whether interpretations are warranted by the data. By presenting participant voices in their original Shona with English translations, the researcher sought to preserve linguistic and cultural authenticity, minimising the distortion that can arise from translation alone.

3.12.1 Validity and reliability

Reliability and validity, as measures of trustworthiness in qualitative studies were addressed through the triangulation of data collection methods, including both key informant interviews and in-depth interviews with the care leavers themselves, to ensure the integrity of the findings.

Validity: refers to the degree to the extent to which an instrument or method measures what it intends to measure. Validity ensure that the research instrument measures what it claims to measure. The research instruments were developed based on an extensive literature review aligned with the study's conceptual framework.

Reliability: it means that a research tool produces consistent and stable results if repeated. High reliability means the measurement is dependable and repeatable. Interview guides and focus group guides cobtained the same core questions for all participants. Audio recordings of interviews and focus group discussions enhanced reliability by ensuring the data was captured accurately.

3.13 Delimitations of the study

This study was deliberately bounded to ensure depth and focus. It was geographically confined to a specific region of Zimbabwe, such as Kadoma, Sanyati District, and focused exclusively on young adults (aged 18-24) who had recently left children's homes, excluding those from foster

care. The research concentrated on pathways like life skills preparation and aftercare support, the transition period itself, the final year in care and the first few years after. It was conducted without delving into deep childhood trauma or conducting a broad national economic analysis. The methodology was primarily qualitative, prioritising detailed personal accounts over large-scale statistical data.

Furthermore, the focus was on defined pathways, such as institutional preparation programmes and formal aftercare support, without extensively exploring the psychological impacts of pre-care trauma. Methodologically, the study prioritised qualitative insights into lived experiences over large-scale quantitative data, aiming for depth of understanding rather than statistical generalisability.

3.14 Limitations of the study

The study had a limited sample size due to the availability and willingness of ex-institutionalised children to participate therefore, the small sample size restricted the generalisability of the findings to a larger population. Despite efforts to maintain objectivity, there was a possibility of researcher bias during data collection, analysis, and interpretation. Personal beliefs and perspectives of the researcher might unintentionally influence the results. The study relied on self-reported data from ex-institutionalised children, which might be subject to recall bias or social desirability bias.

Furthermore, the concept of independence itself is complex and multifaceted, making it difficult to define and measure success uniformly across different cultural and economic contexts. Also, the effectiveness of any pathway was highly dependent on external factors like the local job market and social welfare system, which are often beyond the control of intervention programmes. Research typically captured only a short-term snapshot of a transition that is lifelong and non-linear, potentially missing long-term outcomes and setbacks. In addition, the role of individual agency and inherent resilience was a significant, yet difficult-to-quantify, variable that greatly influenced outcomes, meaning even well-designed pathways may not guarantee success for every individual.

3.15 CHAPTER SUMMARY

This chapter focused on research methodology by highlighting the research philosophy, sampling techniques, data collection methods, research procedure, data analysis approach and limitations encountered. The interpretivist philosophy was adopted inorder to prioritise the subjective lived experienced of participants and semi structured and focus group discussions enhanced the validity of the findings. Finally, ethical considerations were adhered to, the researcher ensured that the dignity of this vulnerable population remained paramount.

CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the findings of a qualitative, multi-site study that examined the transition of care leavers from children's homes to independent living. The study addressed three research questions, (1) what are the main challenges faced by formerly institutionalised children as they transition from institutional care to independent living. (2) What resources are available to support them after discharge? (3) What can be done to ensure successful reintegration into society? Data were generated through semi-structured interviews with 8 care leavers (aged 18–24) who had exited Tariro Children's Home, Kadoma, between two and five years earlier, and 6 key informants (2 social workers, 2 carers, and 2 community leaders). Results and discussion are woven together, and for each thematic area, a deliberate comparison is made between the present findings and previously published research, highlighting points of convergence, disagreement, and the consequent recommendations. Pseudonyms identify verbatim extracts, and tables organise the distribution of themes.

4.2 Demographic Profile of Participants

Table 1Biographical information of care leaver participants

Pseudonym	**Age**	**Gender**	**Education**	**Marital status**	**Number of years in the institution**	**Date of discharge**
P1	22	Male	ordinary level	single	6	7 February 2020
P2	19	Male	form 2	single	8	22 October 2021
P3	23	Female	ordinary level	married	9	21 June 2022

P4	19	Male	ordinary level	married	12	04 may 2022
P5	23	Female	ordinary level	single	10	12 July 2023
P6	20	Female	form 2	married	11	22 April 2020
P7	21	Female	ordinary level	single	7	13 march 2024
P8	20	Male	advanced level	single	13	09 my 2022

Table 1 indicates that eight participants are above 20 years old, while two are 19. The age range confirms that participants were mature enough to consent and reflect meaningfully on their post-care experiences. Their lengthy stays in the institution (6–13 years) mean they possessed an in-depth understanding of institutional life and the abrupt transition to independence.

The researcher collected biographical data from all participants. In-depth interviews were first conducted with eight young people discharged from Tariro Children's Home, gathering information on age, sex, current occupation, educational level, and date of discharge. This allowed the researcher to explore diverse experiences irrespective of age, gender, or time since exit. Eight care leavers participated (four women, four men). Most left at the official discharge age of 18, although two had exited earlier at 16 and 17 years due to behavioural issues and a failed family reunification, respectively. All but two were unemployed in the formal sector; four earned occasional income from informal trading and piecework. Only two reported regular contact with at least one biological family member. Six were living in rented single-room accommodation in high-density urban areas, and two had experienced homelessness at one point after their discharge.

4.2.1 Biographical Information of Key Informants

Table 2 Biographical information of key informants

Pseudonym	**Gender**	**Education level**	**Number of years at the agency**	**Organisation bases**
SW 1	Female	Tertiary	12	Department Of Social Development, Kadoma
SW 2	Male	Tertiary	10	Tariro Children's Home, Kadoma
CG 1	Female	ordinary level	8 years,	Tariro Children's Home, Kadoma
CG 2	Female	ordinary level	6 years	Tariro Children's Home, Kadoma
CM 1	Female	form 2	been living near the home for 8 years	Community, Kadoma
CM 2	Male	ordinary level	been living near the home for 13 years	Community, Kadoma

Key informant interviews were conducted with two social workers (one from Tariro Children's Home and one from the Department of Social Development, Kadoma), two carers at the home, and two community leaders. Key informants were asked about their sex, educational background,

and length of employment or residence, ensuring that data were collected from skilled, knowledgeable sources familiar with the experiences of formerly institutionalised children. This biographical data was crucial for establishing the trustworthiness, credibility, reliability, and neutrality of the study findings. The social workers and carers have extensive employment experience with institutionalised children and those recently discharged. Their tertiary or secondary qualifications in social work or caregiving suggest they possess both theoretical knowledge and practical expertise in child protection and aftercare, rendering them reliable sources for this study.

4.3 Presentations and discussions

Participants narrated their post-discharge experiences concerning accommodation, employment, social support, social interactions, identity documents, education and training, and mental and physical health. They detailed the challenges encountered in their quest for independent living, the aid received, and what they believed would ensure a successful transition. The discussion that follows integrates findings with existing literature to reveal where they align and where they diverge, drawing implications for policy and practice.

4.4 Challenges in Transitioning to Independent Living

Participants described multiple interlocking difficulties. Six core themes emerged, psychological and emotional distress, financial hardship and employment barriers, housing instability and homelessness, insufficient social support networks, inadequate preparation and life skills deficits, and stigma and discrimination.

4.4.1 Psychological and Emotional Distress

Approximately every care leaver described profound emotional upheaval upon exit. Loneliness, anxiety, and feelings of abandonment dominated early narratives. One female participant stated:

> *"Mazuva ekutanga mushure mekunge ndabva pahome ndiwo akanga akanyanyakuoma. Ndaive ndakajaira kugara pamba pakazara vamwe vezera rangu tichitamba, kuita mabasa epamba pamwe chete nekutsiurwa patainge takanganisa. Ndainzwa kusurukirwa zvikuru muroom yandaigara nekuti ndaiziva kuti ndaive ndega zvemachokwadi."*

(The first few days when I exited the home were the hardest. I missed the loud voices of my brothers and sisters as well as our carers calling us for meals or reprimanding us for not doing our chores. I felt very lonely in my small rented room, realising that I was truly alone in the world with no one to look out for me.)

A male participant added:

"Mazuva ekutanga ndaifara chaizvo ndichiti hapachina achandiudzir zvekuita, ndakukwanisa kuita zvandinoda ndisina anonditsiura. Zvisinei zvekufarira kugara ndega zvakapera pasina mazuva nekuti ndaive ndakusurukirwa nekugara pasina anonditsiura, ndaive ndavekutoshivira kutukwa nekutsiurwa kwandaiitwa kuhome. Nguva zhinji ndaitoswera ndakarara kuti ndisanyanyekusurukirwa nekugara ndega."

(At first I felt free no rules, no chores, and no lights-out. I walked in the streets of Kadoma with my head up, thinking that I had finally made it, but the freedom turned hollow fast, nobody cared or noticed whether I had eaten or not. Freedom became an unbearable silence, and sleeping became an escape mechanism.)

The distress was rooted in the abrupt severance of relationships. While physical departure had been anticipated, the emotional disconnection from carers, peers, and daily routine was severely underestimated. Compounding this were anxieties about daily survival and where food and rent would come from. Several reported symptoms consistent with depression, yet formal diagnoses were rare because mental health services were inaccessible. These findings strongly confirm Stein's (2006) identification of "emotional insecurity" as a defining feature of care leavers' compressed transitions. The acute loneliness and anxiety align with Häggman-Laitila et al. (2020) and Sulimani-Aidan & Melkman (2018), who show that mental health difficulties characterise the early post-care period. Mendes & Moslehuddin (2006) argue that children's homes often fail to equip young people with relational continuity necessary for emotional resilience; the present data vividly support that claim. The sense of abandonment when the "secure base" (Schofield & Beek, 2009) is lost reactivates earlier trauma.

While international literature often frames distress as prolonged but manageable with extended support, these care leavers in Zimbabwe faced a total absence of post-care psychological services, making their distress more acute and unmitigated. The finding that a brief initial sense of freedom

gave way to hollow silence adds nuance to the linear decline often assumed. It suggests that emotional response may follow a pattern of initial excitement followed by despair when material and relational voids become apparent. Thus, the findings extend existing knowledge by highlighting the specific contextual factor of absent mental health safety nets in a resource-constrained setting. Discharge planning must include mandatory mental health screening and accessible counselling for at least the first year or two after exit, tailored to each care leaver's unique emotional trajectory.

4.4.2 Financial Hardship and Employment Barriers

The participants indicated severe financial strain. Without family backup, they bore all living costs immediately. Even those with small savings from piecework saw these evaporate quickly. Formal employment was elusive, lack of qualifications, experience, and networks were repeatedly cited. Even a participant with an advanced-level education struggled. One stated:

> "*Ini zvangu ndakawanirwa nyasha ndikakwanisa kupedza form 6 yangu, zvisinei hazvo handina kuzokwanisa kuzoenderera mberi nekudzidza. Ndaifunga kuti sezvo ndakadzidzawo zvirinani, ndichawanawo basa, asi handina kukwanisa kuriwana nekuda kwekushaya wandaiziva aikwanisa kundibatsirawo. Izvevzu ndinotengesa mavegetables kumusika kuti ndiwane kurarama."*
>
> (Although I finished my advanced level, I was not able to find employment because tertiary education is usually a requirement in formal employment. I do not know anyone who can speak for me. Right now, I sell vegetables at the market, earning very little income, and some days I do not earn anything.)

Another related:

> *"Ini ndakakwanisa kuwana basa rekuoffloader zvitinha pane imwe hardware. Ndaienda mazuva matatu pavhiki, pamwe pacho ndaienda mushure mekunge ndadaidzwa. Ndakadzimara ndakungodya makuseni nemanheru, nekuti mari yacho yaisakwana. Vazhinji vanotaura nezvekushanda nesimba kuti munhu ubudirire asi unoshanda nesimba sei kana pekushanda pacho pasina?"*

(I managed to get a job at a hardware store offloading bricks, but it was never steady. The foreman called when he needed me, which was usually 3 times a week. I stopped having lunch and would only eat in the morning and later at night in order to save money. Everyone talks about working hard, but no one tells you that hard work means nothing when you have no connections, no backup but just yourself.)

The findings are consistent with Mendes et al. (2011), who note that care leavers occupy the lowest rungs of the labour market due to a compressed transition. Stein & Munro (2008) emphasise the lack of a parental home to return to during unemployment. This study confirms that without family backing, a short period of joblessness quickly becomes catastrophic. Wade & Dixon (2006) stressed the absence of family backing and material, informational, and emotional support, and the present data illustrate precisely how this absence drives survival strategies like skipping meals.

International studies often assume some level of state financial support, however inadequate. In Zimbabwe, the discharge grant is non-existent in practice, the Cash for Cereal Programme is often more theoretical than real. Consequently, the financial cliff is steeper than described in high-income settings such as in Australia, where the active Home Stretch Programme provides an accommodation allowance, and the Financial Safety Net called the Invest in Me fund provides a discretionary budget that young people can use for goals that promote independence. Moreover, participants with advanced-level education still found no advantage, challenging the assumption that more education automatically improves employment outcomes in the absence of social capital. The finding extends the literature by demonstrating that in Zimbabwe's informal economy, educational certificates matter less than connections, making the "no one to speak for me" refrain a crucial, under-explored barrier. Economic support must be a right, not a transaction. Aftercare should provide a monthly stipend, direct employer linkages, and job quotas, while also addressing the social capital deficit through mentoring and professional network building.

4.4.3 Housing Instability and Homelessness

No participant accessed a formal transitional housing programme. They had to secure accommodation independently, facing demands for deposits and guarantors they could not meet. As a result, they ended up in overcrowded, unsafe rentals, and housing precocity was common. Four participants experienced literal street homelessness.

One participant recounted:

> *"Ini ndichibuda kubva pahome ndakakwanisa kuwana karoom kekuti ndagare, zvisinei hazvo hapana kutora nguva yakawanda ndaive ndakusakwanisa kunhadhara mari yerent. Nekudaro ndakabva ndabuda ndakatanga kugara parank yemabhazi kwemavhiki anenge maviri kusvika ndazowanirwawo Kamba kaive kasina kana floor, magetsi kana chimbuzi. Panguva yese iyi, hapana kana umwe wekusocial welfare kana kuhome akandibatsira "*
>
> (Upon discharge, I managed to rent a small room, however, I later could not pay the rent and was forced to move out. I slept at the bus rank for two weeks. I later managed to find a shack without electricity or a toilet, I had to use public toilets. No one from social welfare or the home checked up on me to see how I was doing. I had to survive on my own.)

Another stated:

> *"Ndichibuda ndakakwanisa kuwana karoom kadiki kuRimuka uku ndakagara kwemwedzi miviri ndikazobuda nekuda kwekushaya mari. Ndakazosangana nevamwe mhamha vekuhome ndichigara murank vakandibatsira kuwana basa remumba"*
>
> (I found a small room in Rimuka. I managed to live there for about 2 months before I was kicked out. I slept at the bus rank for a few weeks until one of the carers at Tariro saw me and helped me secure a job as a stay-in house helper and nanny.)

The literature argues that housing is the platform upon which other stabilisations rest (Mendes & Moslehuddin, 2006), the present findings concur, as participants' attempts to find work were undermined by the daily search for shelter. International evidence (Muir & Hand, 2018) shows that even short-term transitional housing helps, though 12-18 month programmes remain insufficient, such as supervised independent living in North America and Europe. Here, transitional housing was completely absent, making the housing crisis even more severe. The finding that informal intervention by a carer was a lifeline suggests that while the formal system fails, relational ties can sporadically bridge the gap, an extension to the literature that typically focuses on formal schemes. A "Housing First for Youth" model, adapted for care leavers, is urgently needed, guaranteeing affordable supported accommodation with flexible tenure. Until

such a programme is implemented, informal carer networks should be formally supported as interim safety nets.

4.4.4 Insufficient Social Support Networks

Only two participants maintained regular contact with a biological relative, and those bonds were fragile or exploitative. Institutional friendships faded as peers scattered. The absence of an unconditionally caring adult was a recurring lament. One participant said:

> *"Ndiri pahome paive namhamha vaive nemoyo wakanaka zvikuru vaitichengetedza nekutitrisa kuti hapana chirikutinetsa here. Mushure mekunge ndabva pahome, zvese izvi zvakabva zvapera. Ninoziva kuti vane vamwe vana vavari kuchengeta, asi ndinoshuwira kuti vambondifonerawo vachindibvunza nezvehupenyu hwangu."*
>
> (At the home I had a housemother I loved. Nevertheless, when I left, that door closed. I understand she has other children to care for. However, I wish she could just call and check up on me.)

Another added:

> *"Ndiri paTariro ndaive nehama nemasisters and brothers, asi kubva pandabva ipapo ndipo pakaperera hukama. Taive takatenderana kuti ticharamba tichitaura tese kunyangwe tabva pahome asi hazvina kuendeka sekudaro. Umwe neumwe aive avekuita zvehupenyu hwake."*
>
> (At Tariro, I had brothers, other boys who knew my story without me saying a word. We shared everything, fights, secrets and the last piece of bread. When we left we promised to stay in touch, but life scattered us. Now when something good or bad happens, I look around, and there is no one to tell. I need to have my own people where I feel like I belong.)

Some participants forged informal bonds with church members or neighbours, but these ties were shallow and could not prevent crises. The finding that church networks provide partial but insufficient support extends the literature by showing that faith communities, though present, cannot replace professional or familial bonds without structured mentorship. The participants'

desire for "people where I feel like I belong" highlights the need not just for functional ties but also for emotionally meaningful, identity-confirming relationships, a nuance less emphasised in the social capital literature. The sudden depletion of both bonding and bridging social capital echoes Pinkerton (2011) and Putnam (2000). The loss of "corporate parenting" (Stein, 2012) is evident in that the children's home regarded discharge as the end of its responsibility, consistent with institutional abandonment at a time of maximum vulnerability. The insufficiency of informal networks aligns with Sulimani-Aidan & Melkman (2018), who found that care leavers struggle to convert acquaintances into dependable allies. European aftercare sometimes maintains long-term contact (Stein, 2012), in Zimbabwe, it was entirely absent, making the social isolation total. Aftercare models must intentionally cultivate enduring, non-professional mentoring relationships before discharge. Churches and community groups should be equipped to provide not just material aid but sustained relational support.

4.4.5 Inadequate Preparation and Life Skills Deficits

All participants felt the children's home had not adequately prepared them for daily life. Domestic chores had been taught, but practical skills such as budgeting, navigating bureaucracy, accessing healthcare, and understanding tenancy agreements were lacking. One participant said:

> *"Pahome takangodzidziswa basa remumba rakaita sekubika, kusuka nekuwacha, hatina kudzidziswa zvekuti bank account rinovhurwa sei kana kuti ukaenda muhospital unofanirwa kudii. Havana kutidzidzisa zvinhu zvakakosha mukurarama"*
>
> (They taught us to cook and clean, but not how to open a bank account or read a rental agreement. The first time I went to the clinic, I did not know what to do. I felt stupid.)

Another emphasised:

> *"Vazhinji vanofunga kuti kungoziva kubika, kusuka, nekutsvaira ndiko kwakakosha. Taifanirwa kunge takadzidziswa kuzvichengetedza maererano nehutano uye kuzvichengetedza kuva munhu akasimba mupfungwa nepanyama"*
>
> (People think life skills are about cooking and cleaning, but I needed to be taught how to care for myself. I left the home knowing how to polish the floor until it shone, but I did not

know how to keep myself alive. I did not have the mental resilience or the skills to do so. The home should have prepared us for all that.)

The finding confirms the international critique that independence preparation overemphasises domestic tasks while neglecting cognitive and relational capabilities (Stein, 2006; Courtney et al., 2011). The concept of emerging adulthood (Arnett, 2000) assumes a prolonged semi-autonomous period that care leavers are denied the present data show that when the curriculum is not experiential, young people fail. A lack of sexual and reproductive health education contributed to early pregnancies and exploitation. The gendered risks of early pregnancy are consistent with Daining and DePanfilis (2007).

The literature often calls for simulated independent living units within the home, but in this setting, such resources were absent. Participants uniquely emphasised "mental resilience" as a lacking skill, suggesting that preparation must go beyond practical tasks to build psychological coping mechanisms as an extension of existing frameworks. The failure to prepare youth for common bureaucratic hurdles (identity documents, clinic procedures) is particularly stark and context-specific. Preparation must be experiential, beginning years before discharge and continuing with aftercare. It should include mental resilience training and practical exposure to real-world systems, not just hypothetical instruction.

4.5 Available Support Resources

Participants described the formal and informal resources they accessed post-discharge. Table 3 summarises the types of support and participants' assessment of their adequacy on a three-point scale (inadequate / partially adequate / fully adequate).

Table 3 Post-discharge support accessed and adequacy ratings

TYPE OF SUPPORT	ACCESSED IN NUMBERS	RATED ADEQUATE BY USERS
One-off discharge grant	2	Inadequate

Social worker follow-up	3	Partially adequate
food parcels	0	Inadequate
Educational bursary or scholarship	3	Partially adequate
ongoing aftercare Programme (6 months)	0	inadequate
Transitional housing schemes	0	inadequate
Access to free psychosocial counselling	2	Partially adequate
Informal mentor/concerned adult	2	Partially inadequate
Peer support/care leaver network	1	inadequate
Church/faith-based community support	3	partially adequate
Government social grant	4	partially adequate
Assistance obtaining identity documents	8	fully adequate
Legal aid/advice	1	inadequate
Employment/internship placement	2	inadequate

The table reveals that only one of the fourteen support types, identity document assistance, was universally accessed and fully adequate. Five supports were partially adequate, offering some

relief but falling far short of what was needed. Eight forms of support were rated inadequate, with six of these reflecting total absence rather than merely poor quality. The services most essential for successful transition, ongoing aftercare, transitional housing, food security and psychosocial support were either entirely unavailable or accessed by a small minority with insufficient depth. This pattern confirms that the post-discharge support system for care leavers from Tariro Children's Home is fragmented, tokenistic and fundamentally inadequate to meet the multidimensional needs of young people transitioning to independent living.

4.5.1 Formal Support Systems

The formal support available to care leavers from Tariro Children's Home was profoundly inadequate. The discharge grant, where it existed, was a small one-off payment that was exhausted within days and entirely absent for most participants. Social worker follow-up was limited to a single phone call for only a few, after which contact ceased completely. No participant accessed any structured aftercare programme or transitional housing, as these simply did not exist. Food parcels were never received, and psychosocial support reached only a minority in limited form. Government grants were irregular, difficult to access and insufficient for basic needs. Services were fragmented, with care leavers sent between offices without coordinated case management. Overall formal support was characterised by shallow material assistance, premature withdrawal of care and complete absence of legislated extended care, leaving young people completely abandoned upon discharge.

One carer stated:

> *"The children were discharged with nothing to their name and not even a place to go. Due to the scarce resources, the home looks forward to children turning 18 and leaving with very little regard for their wellbeing and aftercare. The home struggles with the children at the home alone, therefore, discharge of those who turn 18 is usually a relief."*

Another one supported it, saying:

> *"Although we feel guilty about feeling relieved about some of the children being discharged, we are. Managing a child who consistently challenges authority is emotionally exhausting, therefore checking up on such children after care may be difficult."*

Social Worker 1 stated:

> *"The department tries to check up on discharged children by adding them to social security programmes, however, the department has little to no control of the programmes being fruitful. The department tries to check on the children through phone calls. The department has transport and fuel shortages to check on them in person."*

Formal support from Tariro Children's Home and the Department of Social Welfare was characterised by shallow material assistance, premature withdrawal of care, and lack of coordination. The discharge grant was practically non-existent even the Cash for Cereal Programme proved more theoretical than real. Social worker follow-up, though a statutory obligation, occurred only via mobile phone and reached few people. No aftercare programme of six months or longer existed, reflecting the absence of a legislated framework for extended support. Transitional housing, internationally recognised as a cornerstone of successful reintegration, was unavailable to all participants. Services were fragmented, although participants obtained identity documents with fully adequate assistance, they had to navigate disjointed systems for social grants and healthcare. The finding strongly supports Stein's (2012) concept of "corporate parenting" failure, where the state abdicates its role at age 18. Van Breda et al. (2020) observed that aftercare in many African contexts is reduced to a single material transaction rather than sustained relational commitment, a pattern evident here, where even that single transaction was largely absent. The fragmentation of services mirrors the bureaucratic disengagement described in global studies.

The literature from high-income countries often assumes some aftercare infrastructure, such as the United Kingdom's Staying Put and the Continuing Care in Scotland. In this study, aftercare was virtually non-existent. The one resource that worked, identity document assistance, demonstrates that targeted, practical support can succeed. This suggests that the failure is not one of impossibility but of prioritisation and resource allocation, extending the critique to include implementation failure even where policy might exist on paper. Formal aftercare must be legislated as a statutory right until at least age 21, with guaranteed transitional housing, continuous social work contact, and integrated case management. The model of identity document assistance should be replicated for other essential services.

4.5.2 Informal and Community-Based Support

Informal mentors, often former carers, volunteers, or church members, were the most highly rated source of support, though only two participants had an individual, they considered a reliable mentor. Four attended church regularly and described the congregation as a new family. Peer networks were rare but highly valued when they existed.

Community member 1 stated:

> *"Umwe wevana vakabva paTariro akauya kuchurch kwedu uye akabatsirwa neVafundisi vedu nevamwe vanhu vemuchurch kuwana zvekudya nemapiece jobs. Izvezvi arikutoshanda kumba kwaMufundisi semusikana webasa achitogara navo."*
>
> (One of the discharged children managed to get a job as a live-in housekeeper at our prophet's house.)

The centrality of relational continuity and the high value placed on informal mentors align with Wade & Dixon (2006) and Sulimani-Aidan & Melkman (2018). Faith communities can provide bridging social capital (Höjer & Sjöblom, 2014), and the present data confirm their role as partial surrogate families. The low prevalence of natural mentoring aligns with research showing care leavers struggle to build dependable ties due to attachment difficulties and transitory circumstances.

While the literature often frames church support as a stable resource, here it remained sporadic and conditional, not preventing crises. This extends the understanding that informal support, without structure, cannot substitute for formal safety nets. The participants' unmet need for "someone who chooses you" highlights a gap in mentoring models that often rely on assignment rather than voluntary, enduring commitment. Aftercare planning should intentionally identify and support potential long-term relationships before discharge. Churches and community groups should be given training and resources to provide consistent, structured mentoring, not just occasional aid.

4.5.3 Gaps and Unmet Needs

Participants identified numerous needed but unavailable resources, mental health services, sustained rental subsidies, assistance with tertiary education financing, and reproductive health

services. Three women had become mothers within a year of discharge and received no antenatal or postnatal support from the child welfare system. One participant said:

> *"Kubata pamuviri ndiyo mistake ihombe yandakaita. Ndaive ndajaira zvekuti taingoenda kuhospital tonorapwa pachena pasina mari yataibvisa. Asi mushure mekunge ndabata pamuviri ndakanetsekana zvikuri nekunyoresa pamuviri uye kuzvichengetedza mushure mekunge ndaita mwana."*
>
> (The biggest mistake I made was getting pregnant, it was terrifying. I did not even know how to register my pregnancy at a local clinic. I needed to be taught my human needs so that I could take better care of myself.)

Another added:

> *"Ini ndaida kuendereramberi nechikoro kuti ndiende kuuniversity asi nekushaya mari handina kukwanisa. Ndakayedza kutsvaga scholarship asi ndakashaya uyezve kunyangwe dai ndakawana raingokwanisa kucover tuition chete"*
>
> (I wanted to go to university, but I did not have the means to do so. Even if I had gotten the scholarship, it is usually tuition only.)

The invisibility of young mothers post-care is a globally neglected issue raising concerns about intergenerational transmission of institutionalisation. The data align with Gough & Theron (2022) that resource availability depends not just on existence but also on accessibility, acceptability, and depth. The complete absence of reproductive health support, even for those who became mothers, is starker than in many documented settings. This extends the literature by highlighting an acute service gap that exacerbates gendered vulnerabilities. A dedicated care-leaver support fund for tertiary education, a housing subsidy programme, and integrated reproductive health services must be established immediately, with proactive follow-up for young mothers.

4.6 Strategies for Successful Reintegration

Participants and key informants proposed several interventions. Four interlinked strategies emerged as holistic and extended aftercare, stable mentorship, integrated life skills and employment support, and policy reform. Table 4 displays the strategies endorsed.

Table 4: Strategies Suggested by Participants (N = 14)

STRATEGY NUMBER OF SUGGESTIONS

Table 4 Strategies suggested by participants

STRATEGY	NUMBER SUGGESTIONS
extended aftercare until at least age 21	14
aassigned mentor from within the community	13
practical, hands-on life-skills training before and after exit	13
peer support groups and networking	10
legal reforms to make aftercare a statutory right	11
access to free psychosocial counselling	12
government job quotas for care leavers	13

The strategies proposed by participants converge around four interlinked priorities, extended, rights-based aftercare, proactive mentoring and relational continuity, practical, experiential preparation for adult life, and structural interventions in employment and policy. The near-unanimous endorsement of extended aftercare and mentorship underscores the participants' shared conviction that successful reintegration depends less on material transactions and more on sustained, supportive relationships embedded within a legislatively guaranteed framework of care.

Extended aftercare until at least age 21 (suggested: 14)

This was the only strategy unanimously endorsed by all 14 participants. Both care leavers and key informants agreed that the current discharge age of 18 is arbitrary and ignores the emotional and economic realities young people face. Participants argued that structured support should continue well into the early twenties, with key informants envisioning a model where a transition coach walks alongside each care leaver until age 24, assisting with education, housing, and employment decisions. This strategy reflects the understanding that emerging adulthood now stretches into the mid-twenties and that care leavers, lacking family backup, require extended institutional support during this period.

Assigned mentor from within the community (suggested: 13)

Thirteen participants supported the idea that every young person should leave the children's home with at least one committed, non-professional adult mentor from the community. Mentors were envisioned as bridges to employment, sources of emotional comfort, and advocates in times of crisis. The emphasis was on voluntary, enduring commitment rather than paid professional relationships. Participants distinguished mentors from social workers, noting that mentors choose the young person and remain in their lives beyond file closures and bureaucratic timelines. This strategy addresses the profound relational void that care leavers described.

Practical, hands-on life-skills training before and after exit (suggested: 13)

Thirteen participants called for experiential, continuous life-skills education embedded in the final years of institutional care and extended into aftercare. The emphasis was on learning by doing rather than theoretical instruction. Participants wanted practice with real money, real interviews, and real-world bureaucratic processes while they still had institutional backup. This strategy seeks to bridge the gap between the domestic chores taught in the home and the complex demands of independent adult life.

Government job quotas for care leavers (suggested: 13)

Thirteen participants endorsed the establishment of employment quotas specifically earmarked for care leavers, alongside apprenticeship and internship programmes with patient mentorship. This strategy addresses the structural barriers care leavers face in the labour market, where lack of qualifications, experience, and professional networks render them invisible to employers. The

emphasis was on dignified entry into work, not charity open doors held long enough for care leavers to prove themselves.

Access to free psychosocial counselling (suggested: 12)

Twelve participants recommended that free, accessible psychosocial counselling be embedded within aftercare services. This strategy responds to the high prevalence of psychological distress, loneliness, anxiety, and depression documented among care leavers. Participants recognised that emotional wounds from childhood trauma and the abrupt rupture of institutional relationships require professional therapeutic support, which was almost entirely absent from their experience.

Legal reform to make aftercare a statutory right (suggested: 11)

Eleven participants argued that aftercare should be legislated as a legal right, not left as a discretionary charitable add-on. This strategy addresses the fundamental policy gap: without a statutory framework mandating extended support, good practice remains dependent on individual non-governmental organisations and cannot be scaled. Participants recognised that only legislative change can guarantee the funding, coordination, and accountability necessary for sustainable aftercare.

Peer support groups and networking (suggested: 10)

Ten participants proposed the establishment of formal care-leaver peer support networks, facilitated by the institution but led by care-leavers themselves. These networks would provide spaces for shared experience, mutual encouragement, and practical information exchange. This strategy seeks to preserve the bonding social capital formed in care, which currently dissolves under the pressures of poverty, distance, and lack of communication resources.

The strongest consensus was on extending structured support beyond age 18, described as an arbitrary cut-off that ignores emotional and economic realities. Key informants envisioned a transition coach walking alongside youth until age 24. This aligns with the evidence that emerging adulthood now stretches into the mid-twenties (Arnett, 2000) and that countries like England and Finland with extended support report better outcomes (Stein & Munro, 2008; Häggman-Laitila et al., 2020). The divergence here is that, without such legal obligation, aftercare remained a charitable add-on for the few, not a right. Legislation for aftercare up to age 21 with funding is recommended.

4.6.1 Mentorship and Stable Relationships

Participants imagined a system where every young person leaves with a committed, non-professional adult. Mentors were seen as bridges to employment, emotional comfort, and advocates in crises. One care leaver said the following:

> *"Kuva nemunhu anogara achikupa mazano chinhu chakakosha zvikuru. Zvasiyana naSocial Worker anenge achitoitawo basa rake rekuti kana wadarika 18 avekutovhara fairi oenda pane umwe mwana. Vazhinji vedu vanobva pahome hatina munhu akadaro anokwanisa kutidzoreredza nekutipa mazano."*
>
> (A mentor is not like a social worker who closes your file. It is someone who chooses you that makes all the difference. Most of us care leavers have no one like that.)

Formal mentoring yields small-to-moderate positive effects (Sulimani-Aidan & Melkman, 2018). The value placed on voluntary, enduring commitment aligns with natural mentoring literature (DuBois & Silverthorn, 2005). The present participants' emphasis on "choosing you" highlights an emotional dimension often overlooked in programme designs that assign mentors. This suggests that successful models must allow for mutual selection and relationship-building time before discharge. Institutionalising community-based mentor recruitment with training, screening, and long-term matching can allow relationships to form before exit.

4.6.2 Life-Skills Training and Employment Support

Participants called for experiential, continuous life-skills education and employer partnerships with internships earmarked for care leavers. One stated:

> *"Kungadai takadzidziswa nekuita kwete nekuungodzwa, kumboenda kumainterviews, kuvhura mabank accounts uye nekutipa mari ishomanana kuti tidzidze kuchengetedza mari."*
>
> (We should have been taught by doing, not telling, saving real money, attending real interviews, and opening bank accounts. We also should have been given internships with patient mentors, not charity.)

The participants' rejection of charity and desire for dignified entry into work extends the literature's focus on skills to the importance of self-worth and social recognition. Developing pre-discharge practice apartments, real-money budgeting, and post-discharge internships with quotas and mentor support is imperative. Mendes et al. (2011) support the shift from didactic to experiential learning, and Norway's state-supported apprenticeships show higher employment (Kristofersen, 2019).

4.6.3 Policy and System-Level Reforms

All participant groups argued for a legislative framework that makes aftercare a right, mandates multisectoral coordination, and sets standards for transitional housing and education funding. This aligns with the UN Guidelines for the Alternative Care of Children (2010), which stress adequate aftercare. In Africa, Ghana has begun integrating aftercare into policy, but enforcement is weak (Frimpong-Manso, 2017). The present findings highlight the chasm between global norms and local practice, without law, good practice remains NGO-dependent. Policy advocacy must be evidence-based, and this study adds experiential weight to calls for reform. The urban bias and absence of government voices are limitations, but consistency with global evidence strengthens the case.

4.7 Synthesis and Implications

The three research questions are interconnected. The challenges, emotional distress, economic exclusion, housing precarity, social isolation, skills gaps, and stigma form a mutually reinforcing network of disadvantage. Current resources are disjointed and fail to provide the relational continuity participants identified as essential. The strategies proposed converge on extended rights-based aftercare, proactive mentoring, experiential life-skills preparation, and legislative reform. A cross-cutting finding is the centrality of relationships, from the wound of severed bonds to the power of a committed adult. This calls for a paradigm shift from a focus on placement and discharge to a life-course approach where the state acts as a continuing corporate parent. Practical implications include legally mandating aftercare until at least 21 years, embedding mental health services, creating a housing pathway with guaranteed affordability, establishing employment quotas and bridge-to-work programmes, investing in community mentoring networks and running anti-stigma campaigns.

4.8 Conclusion

This chapter has presented the painful accounts of young people navigating the precipice from institutional childhood to adult independence. The transition is a crisis, not a planned progression. Emotional trauma, economic desperation, housing instability, severed social ties, and skill deficits undermine the independence the system purports to foster. Available resources are too shallow to alter trajectories. The convergence of participants' proposals with international evidence calls for urgent systemic reform. Without it, institutional care will continue producing young adults set up to fail.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study examined the transition of care leavers from Tariro Children's Home in Kadoma, Zimbabwe, to independent living. Through the voices of eight formerly institutionalised young people and six key informants, the research explored the challenges encountered, the resources available, and the strategies required for successful reintegration into society. Chapter 4 presented these findings in detail, weaving participant narratives with existing literature to highlight convergences, divergences, and practical implications. This final chapter synthesises the key findings, draws overarching conclusions, and offers a set of recommendations directed at policymakers, practitioners, and future researchers. It closes with a reflection on the study's contribution to knowledge and the urgent need for systemic reform.

5.2 Summary of Findings

The transition from institutional care to independent living for young people leaving Tariro Children's Home is not a gradual supported progression but an abrupt traumatic crisis. The findings are summarised according to the three research questions that guided the study. The first being a web of challenges care leavers face that span emotional, economic, housing, social and skill-based domains. The findings also include the formal and informal support care leavers received in their transition to adult living as well as what they recommended should be done so that the same problems they faced during their transition will not be faced by care leavers to come.

5.2.1 Challenges faced by care leavers during transition

The study brought out that, psychological and emotional distress was near-universal, manifesting as loneliness, anxiety, and feelings of abandonment triggered by the abrupt rupture of institutional relationships. Financial hardship and employment barriers affected all participants; without family safety nets, even those with secondary qualifications could not secure stable work, and survival required skipping meals. Housing instability and homelessness were pervasive, no participant accessed transitional housing, and four experienced literal street homelessness after failed rentals. Insufficient social support networks left the majority isolated, institutional friendships dissolved under poverty and distance, and family reconnection often resulted in further rejection. Inadequate

preparation and life skills deficits meant that while participants could perform domestic chores, they lacked the practical and psychological skills to navigate tenancy agreements, healthcare systems, and financial management. Finally, stigma and discrimination attached to the label "home child" compounded these difficulties, closing doors in employment and housing and eroding self-worth.

5.2.2 Formal and informal support

The study revealed that formal support systems such as the discharge grant, social worker follow-up, aftercare programmes, transitional housing, and food assistance were entirely absent, tokenistic, or withdrawn prematurely. The only resource universally accessed and rated fully adequate was assistance with obtaining identity documents. Government social grants, educational bursaries, and church-based support were rated partially adequate at best, offering momentary relief but failing to provide sustained, holistic assistance. Informal mentors, though highly valued, were rare and unstructured. The overall picture was one of systemic abandonment: the state and the institution alike regarded the eighteenth birthday as the termination of responsibility, leaving young people to navigate the precipice of adulthood entirely alone.

5.2.3 Recommended support mechanisms

The study showed the strongest consensus on extending structured aftercare until at least age 21, due to the recognition that emerging adulthood requires ongoing support. Other highly endorsed strategies included assigning a community-based mentor to each care leaver, providing practical, experiential life-skills training before and after exit, establishing government job quotas and internships for care leavers, and legislating aftercare as a statutory right. Access to free psychosocial counselling and formal peer support networks were also widely advocated. Underpinning all these strategies was a call for a paradigm shift from transactional, time-limited interventions to relational, rights-based, and continuous care.

5.3 Conclusions

The following conclusions are drawn from the findings and their interpretation in the light of existing scholarship. The central conclusion is that the current system sets care leavers up to fail, but the participants' own proposals echo international best practice and offer a viable evidence-based pathway with a different future. The barrier is not a lack of knowledge but a lack of political

will, legislative commitment and institutional accountability to transform aftercare from an afterthought into a right.

Firstly, the transition from institutional care to independent living for young people leaving Tariro Children's Home is not a supported, gradual progression but an abrupt, traumatic crisis. The convergence of emotional, economic, housing, social, and skill-based challenges creates a mutually reinforcing cycle of disadvantage that undermines the very independence the system purports to foster. This conclusion aligns with Stein's (2006) concept of accelerated and compressed transitions and extends it by demonstrating that in a resource-constrained setting without any aftercare infrastructure, the compression is absolute.

Furthermore, the formal support available to care leavers is systematically insufficient. It is characterised by three failures, shallow material assistance that evaporates quickly, premature withdrawal of professional contact, and a complete absence of legislated extended care. The one fully adequate resource, identity document assistance, proves that effective support is possible when it is targeted, practical, and properly resourced. Its exceptional status serves as both a benchmark and an indictment of the system's broader neglect. As Van Breda et al. (2020) observed, aftercare in many African contexts is reduced to a single material transaction, in this study, even that transaction was largely absent.

In addition, informal support networks, while profoundly valued, cannot substitute for a statutory safety net. Families, peers, churches, and neighbours provided sporadic, conditional aid, but the consistent, unconditional relational anchor that care leavers craved was almost entirely absent. The finding that participants desired a person, not things, highlights a fundamental misalignment between what is provided, not guaranteed occasional material relief, and what is needed, sustained relational commitment. This extends the social capital literature (Pinkerton, 2011; Putnam, 2000) by showing that the quality of social ties matters as much as their existence and that dehumanising transactional ties can deepen isolation.

The solutions proposed by participants are not novel, they echo established international best practice. Extended aftercare, mentoring, experiential life-skills preparation, employment pathways, and legislative reform are all components of well-functioning leaving care systems in high-income contexts (Stein & Munro, 2008; Courtney et al., 2011; Häggman-Laitila et al., 2020). The

significance of the present findings lies in their contextual rooting: they demonstrate that these strategies are not merely desirable but urgently necessary in the Zimbabwean setting and that their absence produces profound and preventable suffering.

Finally, a crosscutting conclusion is the centrality of relationships. From the psychological wound of severed bonds to the protective power of a single caring adult, the data insist that successful transition cannot be reduced to a set of technical skills or material provisions. The state, as corporate parent, must ensure relational continuity before, during, and long after the point of discharge. This calls for a life-course approach to child protection, one that sees the state's parental responsibility not as ending at eighteen but as evolving to support the emerging adult.

5.4 Recommendations

The findings of this study reveal a profound gap between the needs of care leavers and the support currently provided. The challenges are severe and interlocking, the resources are fragmented and insufficient, yet the strategies articulated by participants and key informants offer clear evidence-based direction for reform. The following recommendations translate these findings into reasonable steps for policymakers, practitioners and future researchers. They are grounded in the lived experiences documented in this research and aligned with international best practices in leaving care. Their implementation would represent a fundamental shift from a system that abandons young people at the threshold of adulthood to one that honours the state's enduring responsibility as a corporate parent.

5.4.1Recommendations for Policy and Legislative Reform

i. Legislate extended aftercare as a statutory right.

The Children's Act should be amended to mandate aftercare services for all care leavers until at least the age of 21, with provisions for extension to 24 for those in education or training. The legislation must specify minimum standards for financial support, housing, social work contact, and case management.

ii. Establish a dedicated national aftercare fund.

Government should create a set-aside fund to finance transitional housing, monthly stipends, educational bursaries, and psychosocial services for care leavers. This fund should be protected

from political reallocation and disbursed through an efficient, single-window system to end the fragmentation documented in this study.

iii. Introduce employment quotas and partnerships.

In collaboration with the private sector, government should institute a quota system reserving a percentage of entry-level positions and internships in public and private organisations for qualified care leavers. Tax incentives could encourage employer participation.

iv. Ratify and domesticate international guidelines.

Zimbabwe should align its child protection framework with the United Nations Guidelines for the Alternative Care of Children (2010), translating its provisions on aftercare into enforceable domestic law with clear accountability mechanisms.

5.4.2 Recommendations for Practice

i. Implement a phased, experiential preparation curriculum.

Children's homes must replace didactic life-skills classes with experiential programmes commencing at least three years before discharge. These should include supervised independent living units, real-money budgeting, mock tenancy agreements, and guided navigation of healthcare and bureaucratic systems.

i. **Assign a transition coach to every care leaver.**

Each young person should be matched with a professional transition coach at age 16 who will walk alongside them through discharge and into independent living, coordinating services and providing consistent relational support until at least age 21.

ii. **Institutionalise community-based mentoring.**

A formal mentoring programme should recruit, train, screen, and support volunteer mentors from local communities. Relationships should be initiated well before discharge, with mentees having a voice in the matching process to foster genuine, voluntary commitment.

iii. **Embed mental health services in aftercare.**

Routine mental health screening should be conducted at discharge and at regular intervals thereafter. Accessible, free, and ongoing psychosocial counselling must be integrated into all

aftercare provision, recognising the high prevalence of depression, anxiety, and trauma among care leavers.

iv. **Establish care-leaver peer networks**.

Children's homes should facilitate the formation of alumni associations, providing communication resources, regular gatherings, and peer-mentoring opportunities to preserve the bonding social capital formed in care.

v. **Provide targeted support for young mothers**

Given the high rate of early pregnancy among female care leavers, aftercare must include reproductive health education, antenatal and postnatal care, and parenting support to prevent intergenerational cycles of institutionalisation.

5.4.3 Recommendation for future research

While this study provides rich qualitative insights on the pathways to promote independence of young adults transitioning from Tariro Children's Home, it does not reveal empirically tested pathways to improve those transitions. The strategies proposed by participants, though aligned with international best practice, remain aspirational in the Zimbabwean context, where no structured evaluated aftercare models currently operate. Further research is therefore essential to move beyond documenting proposed pathways to identifying, designing and testing contextually appropriate interventions. The following recommendations outline priority areas for scholarly inquiry that would build upon present findings and contribute to the development of evidence-based scalable solutions.

i. **Longitudinal tracking studies.**

Research that follows care leavers over several years post-discharge is needed to understand the long-term trajectories of vulnerability and resilience and to evaluate the impact of any interventions introduced.

ii. Comparative studies.

Comparative research across different children's homes, regions, and countries in Southern Africa would illuminate how contextual factors such as rurality, cultural norms, and varying institutional models affect transition outcomes.

iii. Evaluation of mentoring models.

Rigorous evaluation of different mentoring approaches (professional, volunteer, and peer) would identify which models most effectively promote relational continuity and well-being in resource-constrained settings.

iv. Economic analysis of aftercare investment.

Cost-benefit analyses that quantify the social and economic returns of investing in comprehensive aftercare versus the costs of homelessness, unemployment, and poor health resulting from its absence would provide powerful advocacy evidence for policy reform.

v. Participatory action research.

Studies that involve care leavers as co-researchers in designing, implementing, and evaluating aftercare interventions would ensure that solutions remain grounded in lived experience and empower the very population they seek to serve.

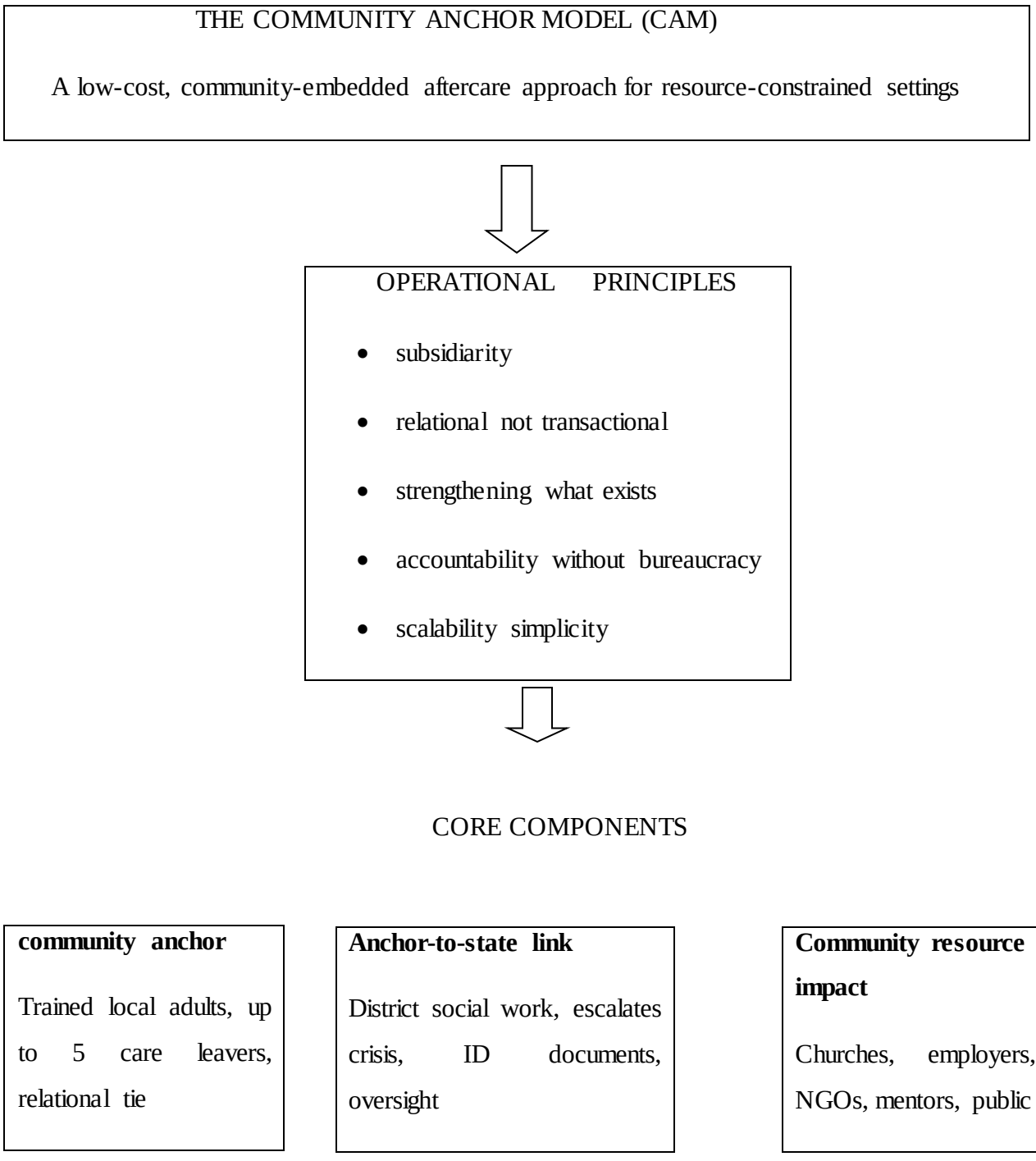
5.5 Proposed model

Below is an alternative intervention model that could be proposed, drawing from the findings of this study. It is designed specifically for settings where state capacity and funding are severely limited, drawing directly on the resources that participants identified as partially functional church networks, informal mentors, and the one effective formal service, identity document assistance.

5.5.1 Proposed Intervention: The Community Anchor Model (CAM)

A Low-Cost, Community-Embedded Aftercare Approach for Resource-Constrained Settings

Figure 1 Proposed model

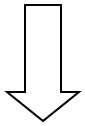


Peer circles

5-8 members, fortnightly mutual support

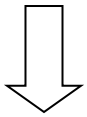
Opportunity fund

Flexible grants, rent, tools, medical, travel



Care leavers

Emotional support, resource access, peer connection, emergency relief, identity documents, community belonging.



Expected outcomes

reduced homelessness, decreased social isolation, strengthened community ownership, pathway to independent living, improved service access, reduced stigma

5.5.2 Rationale

The findings of this study reveal a near-total absence of formal aftercare infrastructure. Government funding is scarce, legislation is absent, and professional social work capacity is stretched beyond its limits. The same findings identify existing, if fragile, community resources, churches that offer temporary shelter and food, neighbours who provide occasional piecework, and the universally successful identity document assistance programme. The Community Anchor Model (CAM) is designed not to build an entirely new system from scratch but to strengthen, coordinate, and formalise these existing community resources into a coherent, low-cost safety net. It operates on the principle that where the state cannot immediately provide, the community can be equipped to serve as a bridge provided there is a minimal coordinating structure and accountability mechanism.

5.5.3 Core Components of the Community Anchor Model

i. The Community Anchor

At the heart of the model is the community anchor, a trusted, trained, and modestly stipended local adult who agrees to serve as the primary point of relational continuity for up to five care leavers simultaneously. The community anchor is not a professional social worker but a mature individual drawn from existing community structures, a retired teacher, a church elder, a respected neighbour, or a former carer at the children's home. This person receives basic training in listening skills, referral pathways, and crisis response and is provided with a small monthly stipend and a mobile phone with airtime. The anchor’s role is to be available, to know each care leaver by name and story, and to connect them to existing resources, not to provide all support directly.

ii. The Community Resource Map and Compact

Each children's home, in partnership with local government and community leaders, develops a Community Resource Map identifying every available asset within a defined geographical area, including churches offering food or shelter, employers willing to provide piecework or internships, clinics with free services, non-governmental organisations offering bursaries, and individuals prepared to mentor. These resources are formalised through a community compact, a non-binding but public agreement in which resource holders commit to prioritising care leavers where possible.

The compact is renewed annually in a community gathering that also serves as an anti-stigma awareness event.

iii. The Anchor-to-State Link

While the community anchor model is community-based, it does not absolve the state of responsibility. A single, designated social worker at the district level serves as the anchor-to-state link, receiving monthly reports from community anchors, escalating crises beyond the community's capacity, and facilitating access to the one statutory service that functions as identity documentation. This creates a minimal but functional bridge between informal community support and the formal child protection system, addressing the fragmentation documented in the study.

iv. Peer Circles

Care leavers connected to each community anchor are organised into peer circles of five to eight individuals who meet fortnightly. Facilitated initially by the anchor, these circles develop into self-sustaining mutual support groups where members share information, pool resources for emergencies, and combat the isolation that participants in this study described so painfully. The children's home provides a venue and light refreshments, but leadership rotates among members.

v. The Opportunity Fund

A small, flexible opportunity fund is established, seeded by non-governmental organisations or donor funding initially, and accessible through the community anchor. Unlike the inadequate once-off discharge grant, this fund responds to specific, time-sensitive needs: a deposit for a room, a set of tools for a trade, emergency medical treatment, or transport to a job interview. Disbursements are decided jointly by the anchor and the care leaver, with simple record-keeping. The fund is small enough to be sustainable but flexible enough to prevent the catastrophic spirals of eviction, untreated illness, and lost employment opportunities that push care leavers into homelessness.

5.5.4 Operational Principles

1. Subsidiarity: The model operates at the lowest possible level, with the community anchor as the first responder and the state intervening only when necessary.

2. Relational not transactional: The anchor's value lies in knowing the care leaver, not merely processing their needs.

3. Strengthening what exists: The CAM does not create parallel structures but maps and reinforces existing community resources.

4. Accountability without bureaucracy: Monthly check-ins between anchors and the state link, annual community compact renewals, and care-leaver feedback mechanisms provide oversight without the heavy administrative burden that paralyses under-resourced systems.

5. Scalability through simplicity: The model requires minimal funding, no legislative change to pilot, and can be introduced one community at a time.

5.5.5 Pilot Implementation Pathway

1. Community selection: Identify two communities, one urban (Kadoma) and one rural, where children's homes already operate and where churches, clinics, and employers are accessible.

2. Anchor recruitment and training: Select and train ten community anchors through a two-week programme covering active listening, referral protocols, boundaries, child protection, and basic record-keeping.

3. Resource mapping and compact signing: Facilitate community workshops to map assets and sign the first annual compact.

4. Care-leaver enrolment: Each Anchor is matched with up to five care leavers prior to discharge, allowing relationships to form before exit.

5. Twelve-month pilot with evaluation: Track housing stability, employment status, mental well-being, and social connectedness at baseline, six months, and twelve months, using both quantitative indicators and qualitative interviews.

6. Refinement and scale: Based on evaluation findings, refine the model and expand to additional communities.

5.5.6 Expected Outcomes

If implemented, the community anchor model would produce modest but meaningful improvements, reduced homelessness through timely, flexible financial interventions; decreased isolation through peer circles and consistent anchor contact; improved access to existing services through the resource map; and strengthened community ownership of care-leaver welfare, potentially reducing stigma over time. While the community anchor model does not replace the need for legislated aftercare and state-funded transitional housing, it provides an immediate, low-cost intervention that can operate while advocacy for systemic reform continues.

5.5.7 Distinction from other interventions

The community care model is a complementary, immediate-term intervention. Instead of a long-term vision, a legislated, state-funded, professionally staffed aftercare system, the community anchor model represents what can be started tomorrow, using resources already present in communities like Kadoma, while the longer battle for legislative reform is fought. The model embodies a dual strategy building the bridge from below while demanding the bridge from above.

5.6 Chapter summary

The voices of the young people in this study tell a story of abandonment masked as independence. They left Tariro Children's Home with a school-leaving certificate, a small bag of belongings, and the expectation that they would somehow thrive. Instead, they encountered loneliness, hunger, homelessness, and the closed doors of a society that saw them as home children burdened, different, and alone. Their resilience in the face of such adversity is remarkable, but it should not have been necessary. The state, as their corporate parent, failed them not through malice but through neglect, a system that treats the eighteenth birthday as the end of responsibility rather than the beginning of a new phase of support. The recommendations of this study are not perfect, they mirror what has been achieved in other jurisdictions and what the young people themselves, together with the professionals who served them, articulated with clarity and conviction. The question is not whether these reforms are possible but whether there is the political will, the moral imagination, and the institutional commitment to enact them. The children of Tariro, and countless others like them, are waiting for an answer.

REFERENCES

Abawi, K. (2017). *Data Collection Instruments (Questionnaires & Interviews).* Geneva: Geneva Foundation for Medical Education and Research.

Adams, W. C. (2015). *Conducting Semi-Structured Interviews. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey (Eds.), Handbook of Practical Program Evaluation* (4th ed., pp. 492–505). Hoboken, NJ: Wiley.

African Union. (1990). *African Charter on the Rights and Welfare of the Child. Addis Ababa: AU.*

Artam

Bailey, Loehrke and French (2012*). Care leavers may be afraid of the future due to tenets of societal pressures luring them into anti-social activities.*

Better Care Network. (2019). *Care leavers in low- and middle-income countries. New York: BCN.*

Biehal, N., Clayden, J., Stein, M., & Wade, J. (1995*). Moving on: Young people and leaving care schemes.* HMSO.

Bourdieu, P. (1986). *The forms of capital. In J. Richardson (Ed.), Handbook of theory and research for the sociology of education* (pp. 241–258). Greenwood Press.

Braun, V., & Clarke, V. (2006). *Using Thematic Analysis in Psychology. Qualitative Research in Psychology*, 3(2), 77–101.

Braun, V., & Clarke, V. (2022*). Conceptual and Design Foundations for Thematic Analysis.* London: SAGE Publications.

Bryman, A. (2016). *Social Research Methods (5th ed.). Oxford*: Oxford University Press.

Braun, V., & Clarke, V. (2006). *Using thematic analysis in psychology. Qualitative Research in Psychology*, 3(2), 77–101.

Bukuluki, P., et al. (2020). *Resilience among African youth leaving care: Educational attainment and drug avoidance.*

Bunkers, K. M., Cox, A., & Gesiriech, S. (2018). *Children, orphanages, and families: A summary of research to help guide faith-based action. Faith to Action Initiative.*

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). *Purposive sampling: complex or simple? Research case examples. Journal of Research in Nursing,* 25(8), 652–661.

Cashmore, J., & Paxman, M. (2006). *Predicting after-care outcomes: Factors associated with success and failure in the transition from care. Children and Youth Services Review,* 28 (2), 432-445.

Cashmore, J., & Paxman, M. (2006). *Predicting after-care outcomes: The importance of 'felt' security. Child and Family Social Work*, 11(3), 232–241.

Cheteni, B. (2016). *Challenges faced by youth transitioning from residential care to independent living in Zimbabwe. Journal of Social Development in Africa.*

Chibwana, A. & Gumbo, T. (2014). *State Failure in Aftercare Planning, Journal of Social Development in Africa,* 29(1).

Chibwana, A., & Gumbo, T. (2014). *The Children's Act and the transition to adulthood: Mechanisms for continuing education and training in Zimbabwe*.

Chinyenze, P. (2017). *Psychosocial support and societal adjustment of adolescents discharged from residential care.*

Courtney, M. E., & Dworsky, A. (2006). *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19*. Chapin Hall Center for Children.

Courtney, M. E., & Heuring, D. (2005). *The transition to adulthood for youth who have been in foster care: A research agenda. Social Work,* 50 (4), 357-366.

Courtney, M. E., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011*). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26.* Chapin Hall.

Creswell, J. W. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (5th ed.). Thousand Oaks, CA*: *SAGE Publications*.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches. Thousand Oaks, CA: SAGE Publications*.

Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process. London: SAGE Publications*.

Daining, C., & DePanfilis, D. (2007*). Resilience of youth in transition from out-of-home care to adulthood. Children and Youth Services Review,* 29(9), 1158–1178.

DeJonckheere, M., & Vaughn, L. M. (2019). *Semistructured Interviewing in Primary Care Research: A Balance of Relationship and Rigour. Family Medicine and Community Health,* 7(2).

Dickens, L. (2016). *The Transition from Care to Adulthood: International Perspectives and Outcomes. London: Routledge.*

Dickens, L., & Marx, P. (2020). *Resilience in care-leavers: A study of high-achieving youth in Africa.*

Dixon, J., & Stein, M. (2003). *Leaving care: A national study of the experiences of young people. Adoption & Fostering*, 27 (4), 13-26.

DuBois, D. L., & Silverthorn, N. (2005). *Natural mentoring relationships and adolescent health: Evidence from a national study. American Journal of Public Health*, 95(3), 518–524.

Dutta, S., Kar, B., & Ghosh, P. (2023*). Social capital and well-being among young adults leaving care: The role of peer support networks. Child & Youth Services Review*, 147, 106845. https://doi.org/10.1016/j.childyouth.2023.106845

Flick, U. (2023). *An Introduction to Qualitative Research (7th ed.). London: SAGE Publications.*

Frimpong-Manso, K. (2012). *The resilience of young people leaving care in Africa: A case study. International Social Work*, 55(4), 536-552.

Frimpong-Manso, K. (2014). *Social support and care-leavers' transition to independent living in Ghana. Child & Family Social Work*, 19(3), 275–285.

Frimpong-Manso, K. (2017). *The social welfare system in Ghana: Gaps and opportunities for care reform. Child Abuse & Neglect*, 72, 393–403.

Geertz, C. (1973). *The Interpretation of Cultures. New York: Basic Books.*

Gilligan, R. (2015*). Promoting resilience in children and young people: A practical guide to using the resilience framework*. Jessica Kingsley Publishers.

Glynn, N., & Mayock, P. (2021). *'I've no place to go': The housing transitions of young people leaving care in Ireland. Housing Studies*, 36(7), 1076–1096.

Goffman, E. (1963). *Stigma: Notes on the management of spoilt identity*. Prentice-Hall.

Gough, J., & Theron, L. (2022). *'We're not just orphans': Resilience and stigma among care leavers in South Africa. Child & Family Social Work*, 27(4), 634–644.

Guba, E. G., & Lincoln, Y. S. (1994). *Competing Paradigms in Qualitative Research. Handbook of Qualitative Research,* 2, 105–117.

Gwenzi, G. D. (2019). *A Critical Analysis of the Leaving Care Process in Zimbabwe. Child & Family Social Work*, 24(4), 560-567.

Gwenzi, G. D. (2019). *The transition from institutional care to adulthood and independence: A social services professional and institutional caregiver perspective in Harare, Zimbabwe. Child Care in Practice.*

Gwenzi, G. D. (2020). *Constructing the Notion of Family among Institutionalised Children in Zimbabwe. Cham: Springer Nature.*

Gwenzi, G. D. (2023). *Provision of transitional housing: A socially sustainable solution for care leavers in Zimbabwe. Practice,* 35(2).

Gypen, L., et al. (2017). *Outcomes of children who grew up in foster care: Systematic review. Children and Youth Services Review*, 76, 74-83.

Haggman-Laitila, A., Salokekkil ä, P., & Karki, S. (2020). *Young adults' experiences of leaving care and their aftercare support: A Finnish qualitative study. Children and Youth Services* Review, 118, 105392.

Hojer, I., & Sjöblom, Y. (2014). *Voices of 65 young people leaving care in Sweden: "There is always a hole in the heart". Australian Social Work*, 67(2), 196–209.

Jamieson, L., Sambu, W., & Mathews, S. (2017). *Out-of-home care in South Africa. Cape Town: Children's Institute, University of Cape Town.*

Karandikar, S., & Charegaonkar, A. (2019). *The challenges of aftercare services for young adults leaving residential care in Zimbabwe. International Journal of Care and Protection,* 5(2), 120-130.

Kerlinger, F. N. (1986). *Foundations of Behavioural Research. New York: Holt, Rinehart and Winston.*

Kothari, C. R. (2019). *Research Methodology: Methods and Techniques (4th ed.). New Delhi: New Age International Publishers.*

Kristofersen, L. B. (2019). *Barnevern og ettervern: Hjelpetiltak for enslige mindreårige og barnevernsbarn. NOVA Rapport*.

Luthar, S. S., Crossman, E. J., & Small, P. J. (2015). *Resilience and adversity. In M. E. Lamb & R. M. Lerner (Eds.), Handbook of child psychology and developmental science* (pp. 247-286). John Wiley & Sons.

Mahiya, I., & Mashavave, F. (2019). *Factors influencing the adult care leavers' transition from care to independence. The case of Harare, Zimbabwe. Journal of Social Research & Policy*, 10(2)

Manti, S., & Lichrou, M. (2018). *Rethinking the Ethics of Clinical Research. Journal of Medical Ethics*, 44(3), 156–160.

Mann-Feder, V. R., & Goyette, M. (Eds.). (2019*). Leaving care and the transition to adulthood: International contributions to theory, research, and practice*. Oxford University Press.

Masten, A. S. (2014*). Ordinary magic: Resilience in development*. Guilford Publications.

Mayock, P., & Corr, M. L. (2013). *Young people exiting homelessness: An exploration of process, meaning and definition*. Homelessness Research Programme.

Maxwell, J. A. (2021*). Qualitative Research Design: An Interactive Approach. Thousand Oaks, CA: SAGE Publications.*

Mbofana, T. R. (2025*). Zimbabwe regime promotion of dependency syndrome for political expediency sinking nation deeper into poverty. The Zimbabwean*.

Mendes, P., & Moslehuddin, B. (2006). *From dependence to interdependence: Towards better outcomes for young people leaving state care. Child Abuse Review*, 15(2), 110-126.

Mendes, P., & Moslehuddin, B. (2006). *From dependence to interdependence: Towards better outcomes for young people leaving state care. Child Abuse Review*, 15(2), 110–126.

Mendes, P., Baidawi, S., & Snow, P. C. (2022). *Young people transitioning from out-of-home care: International research, policy and practice.* Palgrave Macmillan.

Mendes, P., Pinkerton, J., & Munro, E. R. (2014*). Young people transitioning from out-of-home care: An issue of social justice. Australian Social Work*, 67, 1–4.

Mhongera, P. B., & Lombard, A. (2020). *Pathways of survival: Care leavers' resilience in Zimbabwe. Emerging Adulthood*, 8(6), 437–449.

Ministry of Labour and Social Services. (2010). *Zimbabwe's national orphan care policy. Harare: Zimbabwe Government Printers.*

Mohajan, H. K. (2020). *Quantitative Research: A Successful Investigation in Natural and Social Sciences. Journal of Economic Development, Environment and People, 9*(4), 50–79.

Mugumbate, J. (2014). *Residential Care for Children in Zimbabwe: A Review of Policy and Practice. African Journal of Social Work*, 4(1).

Muguwe, E., Taruvinga, F. C., Manyumwa, E., & Shoko, N. (2011*). Re-integration of institutionalised children into society: a case study of Zimbabwe. Journal of Sustainable Development in Africa*, 13, 142–149.

Muir, K., & Hand, K. (2018). *The housing pathways of young people leaving care. AHURI Final Report*, 302.

Munson, M. R., & McMillen, J. C. (2009). *Natural mentoring and psychosocial outcomes among older youth transitioning from foster care. Children and Youth Services Review*, 31(1), 104–111.

Mupedziswa, R. (2018) *Social Work and Social Development in Zimbabwe: Issues and Challenges. African Journal of Social Work*, 8(2), 10-19.

Mupedziswa, R., & Ntini, M. (2020). *The changing face of the African family and its implications for social work practice in Zimbabwe*. In G. Tanimura (Ed.), Social Work in Africa (pp. 45–62). Routledge.

Mushunje, M. T. (2012). *Child Protection in Zimbabwe: Yesterday, Today and Tomorrow. In S. Mupedziswa (Ed.), Social Work Practice in Africa*.

Muzingili, T., & Gunha, S. (2017). *The National Residential Care Standards (2010) and the adjustment of discharged adolescents in Zimbabwe.*

Naderifar, M., Goli, H., & Ghaljaie, F. (2017). *Snowball Sampling: A Purposeful Method of Sampling in Qualitative Research. Strides in Development of Medical Education*, 14(3).

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). *How Phenomenology can Help us Learn from the Experiences of Others. Perspectives on Medical Education*, 8(2), 90–97.

Noble, H., & Heale, R. (2019). *Interpretive Phenomenological Analysis in Nursing Research. Evidence-Based Nursing,* 22(1), 20–22.

Nyanguru, A. C. (2007). *The plight of orphans during the era of the HIV/AIDS pandemic in Zimbabwe. Journal of Social Development in Africa*, 22(1).

Nyumba, T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). *The Use of Focus Group Discussion Methodology in Insights from 21 Years of Application. Methods in Ecology and Evolution,* 9(1), 20–32.

Olmos-Vega, N. J., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023*). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. Medical Teacher*, 45(6), 541–551.

Okpych, N. J., & Courtney, M. E. (2018*). The California Fostering Connections to Success Act and the economic well-being of foster youth ageing out of care. Children and Youth Services Review*, 88, 1-14.

Parveen, H., & Showkat, N. (2017). *Data Collection. Communications Research: Media and Communication Studies.*

Pathak, V., Jena, B., & Kalra, S. (2017). *Qualitative and Quantitative Research: Paradigms and Differences. Journal of Education and Health Promotion,* 2(4), 30–35.

Patton, M. Q. (2015). *Qualitative Research & Evaluation Methods: Integrating Theory and Practice (4th ed.). Thousand Oaks, CA: SAGE Publications*.

Pinkerton, J. (2011). *Constructing a global understanding of the social ecology of leaving out-of-home care. Children and Youth Services Review*, 33(12), 2412–2416.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community.* Simon & Schuster.

Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community. Simon & Schuster.*

Republic of South Africa. (2005). Children's Act 38 of 2005. *Pretoria: Government Printer*.

Republic of Zimbabwe. Children's Act [Chapter 5:06]. *Government Printers, Harare.*

Saunders, M., Lewis, P., & Thornhill, A. (2019*). Research Methods for Business Students (8th ed.). New York: Pearson.*

Schutz, A. (1967). *The Phenomenology of the Social World. Evanston, IL: Northwestern University Press.*

Schwandt, T. A. (2000). *Three Epistemological Stances for Qualitative Inquiry: Interpretivism, Hermeneutics, and Social Constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of Qualitative Research* (2nd ed., pp. 189–213). Thousand Oaks, CA: SAGE Publications.

Schaefer-McDaniel, N. J. (2004*). Conceptualizing social capital among young people: Toward a new theory. Children, Youth and Environments*, 14(1), 140-150.

Schofield, G., & Beek, M. (2009). *Growing up in foster care: Providing a secure base through adolescence. Child & Family Social Work*, 14(3), 255–266.

Schwartz, S. E. O., Kanchewa, S. S., Rhodes, J. E., Gowdy, G., Stark, A. M., Horn, J. P., Parnes, M., & Spencer, R. (2021). *"I'm having a little struggle with this, can you help me out?": Examining impacts and processes of a social capital intervention for first-generation college students*. American Journal of Community Psychology, 67(3-4), 410–422. https://doi.org/10.1002/ajcp.12484

Silverman, D. (2020). *Interpreting Qualitative Data (6th ed.). London: SAGE Publications*.

SOS Children's Villages. (2020). Youth transitions and aftercare programmes in Africa. Vienna: SOS CV International.

Stein, M. (2012). *Young people leaving care: Supporting pathways to adulthood*. Jessica Kingsley Publishers.

Stein, M., & Munro, E. (Eds.). (2008). *Young people's transitions from care to adulthood: International research and practice. Jessica Kingsley.*

Sulimani-Aidan, Y., & Melkman, E. (2018). *Natural mentoring among care leavers: Implications for practice. Child & Family Social Work*, 23(4), 631–639.

Takele, A. & Kotecho, M. (2020). *Mentorship as Crisis Mitigation, Child Abuse Review*.

Takele, A., & Kotecho, M. G. (2020). *Identity and belonging: The need for family tracing among care-leavers*

Theron, L. C., & Liebenberg, L. (2015). *Understanding cultural contexts and their relationship to resilience processes*. In L. C.

Theron, L. Liebenberg, & M. Ungar (Eds.), *Youth resilience and culture* (pp. 13-24). Springer.

Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). *Thematic Analysis. The SAGE Handbook of Qualitative Research in Psychology*, 2, 17–37.

The Belmont Report. (1979). *Ethical Principles and Guidelines for the Protection of Human Subjects of Research. Washington, DC: U.S. Department of Health, Education, and Welfare.*

Ungar, M. (2018). *Systemic resilience: Principles and processes for a science of change in contexts of adversity*. Ecology and Society, 23(4), 34. doi:10.5751/ES-10385-230434

UNICEF. (2021). *Children deprived of parental care: Policy and practice in Eastern and Southern Africa. Nairobi: UNICEF ESARO*

United Nations (2009). *Guidelines for the Alternative Care of Children. UN General Assembly*.

United Nations. (2010). *Guidelines for the alternative care of children. UN General Assembly* A/RES/64/142.

Van Breda, A. D. (2018). *A critical review of resilience theory and its relevance for social work*. Social Work/Maatskaplike Werk, 54(1), 1-18.

Van Breda, A. D. (2018). *A Critical Review of Resilience Theory and its Relevance for Social Work in Africa. Social Work*, 54(1), 1-18.

Van Breda, A. D., & Dickens, L. (2016). *Self-employment and individual capacity: Survival strategies for youth leaving care.*

Van Breda, A. D., & Dickens, L. (2016). *Young People Leaving Care: A Study of the Transition from Residential Care to Adulthood in Southern Africa. University of Johannesburg*.

Van Breda, A. D., & Theron, L. C. (2018). *A critical review of South African child and youth resilience studies*, 2009-2017. Children and Youth Services Review, 91, 237-247. doi:10.1016/j.childyouth.2018

Van Breda, A. D., Munro, E. R., Gilligan, R., Anghel, R., Harder, A. T., Incarnato, M. & Stein, M. (2020). *Extended care: Global dialogue on policy, practice and research. Children and Youth Services Review,* 119, 105596.

Van Breda, A.D. & Frimpong-Manso, K. (2020). *African Aftercare Systems. Oxford.*

Wade, J., & Dixon, J. (2006). *Making a home, finding a job: Investigating early housing and employment outcomes for young people leaving care. Child & Family Social Work*, 11(3), 199–208.

Watungwa, M. (2025). *President Mnangagwa launches the Zimbabwe National Youth Empowerment Strategy 2026–2030 [Facebook post]. Facebook*.

Weber, M. (1947). *The Theory of Social and Economic Organisation. Translated by A. M. Henderson and Talcott Parsons. New York: Oxford University Press.* 06.02

Zengeya, A., & Chinyoka, K. (2013). *An assessment of the challenges faced by orphans and vulnerable children (OVC) in Zimbabwe. International Journal of Politics and Good Governance*

Zimbabwe Care Leavers Network (ZiCLAN). (2022). *Position Paper on the Aftercare Policy Framework in Zimbabwe. Harare: ZiCLAN Press.*

Zimbabwe Care Leavers Network (ZiCLAN). (2022). *UPR Shadow Report*.

APPENDICES

Appendix 1: Consent Form

Study title: **Pathways to promote independence of young adults transitioning from children's homes in Zimbabwe. A case study of Tariro Children's Home, Kadoma**

Researcher: Sharon Goma, Department of Social Work, Bindura University of Science Education

Contact: +263 771 010 484\ sharoegoma7@gmail.com

Supervisor: Dr Mangwiro

Contact: +263 773128702 / mpatievongai13@gmail.com

I ……. consent to being interviewed by Sharon Goma for her research on the pathways to promote independence of young adults transitioning from children's homes.

I understand that:

1. the research is for educational purposes
2. participation is voluntary and I may withdraw at any time if I feel uncomfortable
3. personal information will be kept confidential
4. There are no significant risks in participating, and I may choose not to answer questions that make me uncomfortable.

Participant's signature…… Date……..

Researcher's signature……..Date……..

Appendix 2: Interview Guide For Care Leavers

Research Topic: Pathways to promote independence of young adults transitioning from children's homes in Zimbabwe. A case study of Tariro Children's Home, Kadoma

Introduction

Thank you for agreeing to take part in this interview. I am conducting this study to learn more about the pathways to promote young adults transitioning from children's homes to independent living. Your willingness to reflect on your experiences has provided an important contribution in understanding the realities faced by young adults transitioning from care. You are welcome to skip any questions that make you uncomfortable. You will remain anonymous, and your answers will be strictly used for research.

Demographic information

1. Age: …….
2. Gender: ……
3. Marital Status: …….
4. Education: ……
5. Occupation: …….

To explore pathways and support mechanisms that promote independence and self-reliance of young adults leaving Tariro Children's Home

1. What aftercare services have you utilised since leaving the children's home, and were they effective for you?

2. Are there any aftercare services you believe are lacking or could be improved?

3. Can you describe a positive experience you had with aftercare support?

To assess how institutional care systems prepare care-leavers for life outside care

4. How did the care system prepare you for the realities of independent living?

5. What specific aspects of your care experience do you think were most helpful in your transition?

6. In what areas do you feel the institutional care system could have done better to prepare you for life outside?

To identify challenges faced by young adults after leaving children's homes

7. What are the most significant challenges you are facing now after leaving the children's home?

8. How have these challenges affected your ability to live independently?

9. Can you share a specific experience that highlights a challenge you encountered after leaving care?

10. When you faced these challenges, where did you seek help from, and was the help effective?

To develop pathways that can be used to improve the support mechanisms and aftercare services offered by various institutions.

11. What support mechanisms helped you most or are helping you to become independent after leaving the children's home?

12. Can you share any experiences that significantly contributed to your self-reliance?

13. What additional resources do you think would have better prepared you for independence?

14. Can you comment overall on the efficacy of these support mechanisms that you were taught while you were still in care?

15. What do you think should be done more by children's homes to prepare you to become more independent after leaving these homes?

Appendix 3: Interview Guide Social Workers And Childcare Staff

Research Topic: Pathways to promote the independence of young adults transitioning from children's homes in Zimbabwe. A case study of Tariro Children's Home, Kadoma.

Introduction

Thank you for your participation. I would appreciate it if you shared your views on care leavers' transition to independent living and what you think should be done to improve the effectiveness of this transition as they leave care. All your responses will remain confidential and only be used for research purposes.

Demographic information

1. Age: ...……
2. Gender: ……..
3. Marital Status: ……
4. Education: ……..
5. Occupation: ……

To explore effective pathways and support mechanisms that promote independence and self-reliance of young adults leaving Tariro Children's Home

1. What strategies do you believe are most effective in promoting independence among young adults leaving care?

2. How do you assess the readiness of young adults for independent living before they exit care?

3. Can you provide examples of successful pathways you have seen for young adults transitioning out of care?

To assess how institutional care systems prepare care-leavers for life outside care

4. How do you evaluate the preparedness of young adults for independent living as they exit the care system?

5. What training or resources do you provide to help young adults transition successfully out of care?

6. Can you discuss any gaps you have identified in the current system's preparation for care leavers?

To investigate challenges faced by young adults after leaving children's homes

7. What common challenges do you observe young adults facing after they leave care?

8. How do you support young adults in overcoming these challenges?

9. Can you share any success stories of young adults who have navigated these challenges effectively?

To develop pathways that can be used to improve the support mechanisms and aftercare services offered by various institutions.

10. How do you assess the effectiveness of aftercare services available to care leavers?

11. What additional support do you think should be provided to enhance aftercare services?

12. Can you provide examples of aftercare services that have successfully supported young adults in your care?

Appendix 4: Interview Guide For Foster Families

Research Topic: Pathways to promote the independence of young adults transitioning from children's homes in Zimbabwe. A case study of Tariro Children's Home, Kadoma.

Introduction

I sincerely thank you for your participation. I would like to know your invaluable experiences and perspectives in supporting care leavers' transition to independence and how support services should be improved in order to help care leavers gain independence after they leave care. You may choose to withdraw from participating in the interview at any moment. Your responses will strictly be used for research.

Demographic information

1. Age: ……..
2. Gender: ……..
3. Marital Status: ……..
4. Education: ……
5. Occupation: ……..

To explore pathways and support mechanisms that promote independence and self-reliance of young adults leaving Tariro Children's Home effective

1. What role do you think foster families play in preparing youth for independence?

2. How do you support young adults in developing skills they need for self-reliance?

3. What specific challenges do you face in promoting independence for young adults in foster care?

To assess how institutional care systems prepare care-leavers for life outside care

4. How do you think foster care experiences differ from institutional care in preparing youth for independence?

5. What specific preparations do you provide for young adults in your care as they approach independence?

6. What challenges do you face in ensuring that youth are adequately prepared for life after foster care?

To investigate challenges faced by young adults after leaving children's homes

7. What challenges have you observed in young adults transitioning out of foster care?

8. How do you help young adults in your care navigate these challenges?

9. What resources do you think would be beneficial in addressing the challenges faced by youth after leaving care?

To develop pathways that can be used to improve the support mechanisms and aftercare services offered by various institutions.

10. What aftercare services do you think are most beneficial for young adults transitioning out of foster care?

11. How do you stay informed about the aftercare resources available to youth in your care?

12. What improvements do you think are needed in aftercare services to better assist young adults?

Appendix 5: Interview Guide Community Members

Research Topic: Pathways to promote the independence of young adults transitioning from children's homes in Zimbabwe. A case study of Tariro Children's Home, Kadoma

Introduction

Thank you for your participation. I would like to know your views on the independence of care leavers and the challenges they are facing after they leave care at the age of 18. What do you suggest should be done to curb those problems and help them acquire independence and stability? You are welcome not to answer questions you are not comfortable with and withdraw at any moment. Your responses will be used for research only.

Demographic information

1. Age: ……
2. Gender: .....…...
3. Marital Status: ……
4. Education: ……..
5. Occupation: ……

To explore effective pathways and support mechanisms that promote independence and self-reliance of young adults leaving Tariro Children's Home

1. In your opinion, what community resources are vital for young adults exiting care to achieve independence?

2. How can community members better support young adults transitioning out of children's homes?

3. What barriers do you see that hinder young adults from becoming self-reliant in your community?

To assess how institutional care systems prepare care-leavers for life outside care

4. How do you perceive the effectiveness of institutional care in preparing young adults for independent living?

5. What do you think are the strengths and weaknesses of the current care system in your community?

6. How can community involvement improve the preparation of care leavers for independence?

To investigate challenges faced by young adults after leaving children's homes

7. What challenges do you believe young adults face after exiting children's homes in your community?

8. How can the community better support young adults in overcoming these challenges?

9. What barriers do you think are most significant for young adults trying to establish independence?

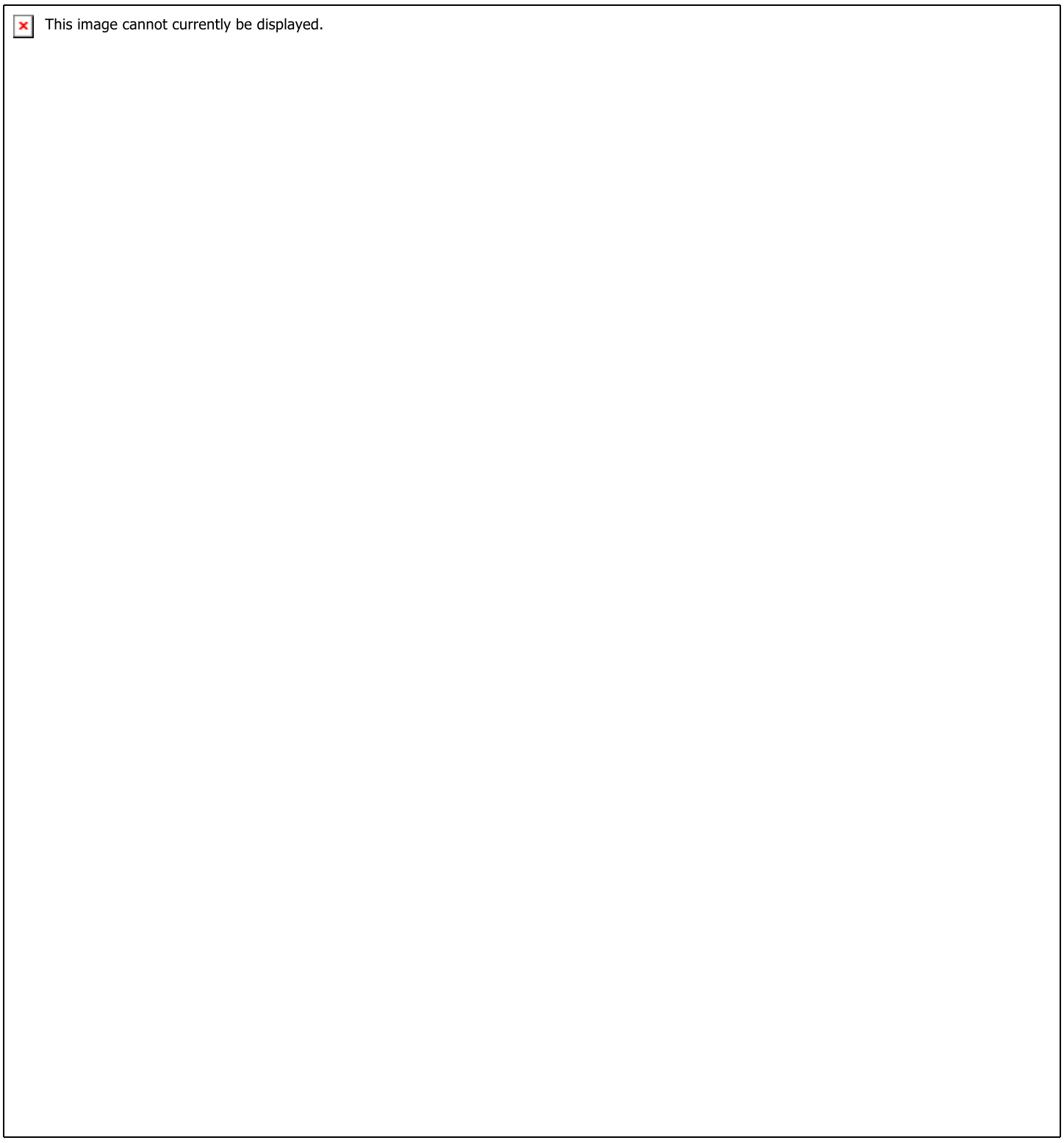
To develop pathways that can be used to improve the support mechanisms and aftercare services offered by various institutions.

10. What aftercare services do you know of in your community that support young adults leaving care?

11. How effective do you believe these services are in helping young adults transition to independence?

12. What suggestions do you have for improving aftercare support in your community?

Appendix 6: Letter of approval from Tariro Children's Home



Appendix 7: Letter from Bindura University of Science Education to conduct research

