EXPLORING RESILIENCE IN INSTITUTION-REARED CHILDREN: LEARNING FROM SUCCESS STORIES OF POST-INSTITUTIONALIZED ADULTS IN ZAMBIA

By

Jackie Namagembe

Submitted in fulfillment of the requirement for the master's degree

Masters in Child and Family Studies (Research)

in the

Department of Social Work

at the

University of Western Cape

Supervised by

Dr. Glynnis Dykes

30th June 2020

ABSTRACT

The field, institutional care and transitioning out of care, has been well-researched in different countries around the world. Recent research has begun to look more closely on how some post-institutionalized individuals overcome these challenges associated with institutional care and be able to adapt and integrate well in society. In other words, how post-institutionalized adults build their resilience. With this premise, this study, conducted in Lusaka, Zambia; focuses on the lived experiences for individuals that have grown up in Child Care Facilities (CCFs) the most important aspect of this study is what or who has contributed to their successful transition.

The aim of the study was to 'describe the experiences of 'successful' post-institutionalized adults, focusing on the effects of institutionalization on their psychosocial development and their resilience strategies in order to arrive at meaningful recommendations for social work practice within the field of residential care practice'. Using the Resilience Theory, the researcher was able to identify the adversities and protective factors that lead to individual resilience.

The study followed a qualitative research approach with a case study design as the study used Lusaka as a case to highlight. Data collection methods included the River of Life, in-depth interviews, and a focus group discussion. The study had a total of twelve participants: seven post-institutionalized adults and five social workers representing three Child Care Facilities (CCFs) in Lusaka Zambia. Permission to conduct this study was granted by the institution's ethics committees and the organizations where the social work participants were employed through the Ministry of Community Development and Social Services (MCDSS). A thematic analysis was used to analyze the data by identifying and reporting the themes. The data

verification methods that were used in order to ensure trustworthiness in the qualitative study were dependability, credibility, transferability and confirmability.

There were five main themes and eleven subthemes that emerged from the findings. The main themes were Views on institutionalization, Resilience and success (post-institutionalized adults' point of perspective), Transition and after care (post-institutionalized adults' point of perspective), Resilience and success (Social Workers' perspective) and Transition and after care (Social Workers' perspective).

Findings showed that CCFs contributed to children's development of resilience and overall support through the education, guidance and relationships with the caregivers and other individuals living in the facility. Faith and religion was also another contributing factor coupled with the participants' personal efforts and attitude towards life. The findings from the study added to the growing body of knowledge and made necessary recommendations to the social work practice within the context of CCFs.

From the research findings, the study identified five part recommendations: recommendations based on the study themes; for social work practice in the CCF field; for CPD training; for policy and roles of government; and for further research.

Ethics considerations included: approval for the study; informed consent and voluntary participation; privacy, confidentiality and anonymity; debriefing arrangements and minimizing risk; and data storage and security.

Keywords

Resilience

Child Care Facility

Post-institutionalized adult or care-leaver

Care-leaving

Success

ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
ANCR	The African Network of Care-Leaving Researchers
CCF	Child Care Facility
CRS	Catholic Relief Services
CYC	Child and Youth Care workers
IRP	The International Resilience Project
MCDSS	Ministry of Community Development and Social Services
MCDMCH	Ministry of Community Development Mother and Child Health
PIE	Person-In-Environment
PLA	Participatory Learning Action
OVC	Orphans and Vulnerable Children
RoL	River of Life
UNICEF	The United Nations Children's Fund
UNCRC	United Nations Convention on the Rights of the Child

DECLARATION

I declare that the study, *Exploring resilience in institution-reared children: learning from success stories of post-institutionalized adults in Zambia,* is my original work; that it has not been submitted for any degree or examination at any other university, and that all the sources I have used, or quoted, have been indicated and acknowledged by complete references.

Date: 30th June 2020

ACKNOWLEDGMENTS

After completing my Honors and acquiring some work experience, the decision to pursue my Masters' thesis seemed the most logical move. In my present employment, I work with children under the age of 8 and as we work to transition them from our facilities into family-based care, the questions that always remained with me were: "Where and how will they be 10, 20, 30 years from now?" Have we equipped them and their families with the necessary tools to survive in this world? "These and many more questions are what motivated me to finally embark on this study, and the journey was incredible. I would therefore like to thank all those who helped me get this far.

I would like to thank God for instilling in me the passion and drive that I have to do what I do. The genuine love that I have for the work that I do comes from Him. It is Him that continues to inspire me, strengthen me and open doors for me so that I can continue to do what I love and hopefully make an impact in the work that I do. Indeed God has been faithful to me.

Secondly, I thank my supervisor, Dr. Glynnis Dykes. She has been nothing but supportive through this long, sometimes agonizing journey since we met in March 2017. Supervising someone over emails can't be an easy task, but she was able to provide the necessary guidance and motivation through this journey in moments of self-doubt until the study successfully completed. One thing I appreciated from her is her timely responses and the dedication she showed me from beginning to end.

Thirdly, I would love to express my sincere gratitude to all the participants that took part in the study. It could not have been easy sharing such private and intimate details of your lives with a complete stranger but without your participation none of this would have been possible. I have

been inspired by your stories and your level of resilience. A big thank you to the Ministry of Community Development and Social Services under the Government of Zambia and to all the facilities that made it possible for me to have access to some of the individuals that have passed through care.

Lastly, I would love to thank my family and friends for being my support system through my education journey, especially my father and my younger sister.

I dedicate this work to my grandmother, Mrs. Robinah Nansubuga Ssengoba - R.I.P.

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CHAPTER 1
INTRODUCTION AND CONTEXT OF THE STUDY

1.1. INTRODUCTION

Young people transitioning out of Child Care Facilities (CCFs) are said to be "over-represented in unemployment, homelessness, teenage parents, disability, lack of academic education and the prison population" (Akister, Owens & Goodyer, 2010: 6). Yet many young people actually experience positive results from living in a CCF; while others, though not considered successful in societal measures, through their experiences depict an improvement in their trajectory. However, each young person's experiences growing up in a CCF vary, so it is often difficult to identify the contributing factors to positive outcomes.

This study focused on resilient post-institutionalized adults that once lived in some of the largest CCFs in Zambia. The study brought to light their success stories and focused on what had contributed to their resilience and overall success. Post-institutionalized adults or care-leavers are often forgotten about once they transition out of care, and therefore few studies have been done to obtain a deeper understanding on their life after care. This is quite concerning given the amount of time, effort and resources provided while in CCFs (Dickens, 2016).

This study aimed to identify resilience factors that contributed to the resilience among post-institutionalized adults. This research study advocated for the need for social workers in Zambia to consider resilience as an important construct and element when working with vulnerable children living in CCFs; because of the challenges faced by the individuals as they exit care. The study also sought to explore how the results from resilience approaches can be integrated into the practice of social work, based on the experiences of post-institutionalized individuals, and to

effect policy on a broader scale. This research explored dimensions of resilience that included personal, interactional, and social environmental factors contributing to one's resilience.

This chapter presented the rationale for this study and motivated its significance within the Zambian context specifically and generally within a broader context. Thus the study aim and objectives, overview of the methodology, definition of key terms, and chapter outline were discussed.

1.2. BACKGROUND AND CONTEXT

Institutional care is one of the major intervention strategies that many countries have put in place for children who cannot be cared for by their parents or extended family members. The reasons for the admission of children in institutions often include child neglect, abandonment, abuse, the HIV/AIDs pandemic (which Zambia has been battling with for a number of years) leading to orphan-hood and the increased poverty level (Bhuvaneswari & Deb, 2016; Oliveira, Fearon, Belsky, Fachada & Soares, 2015). On a global scale, over the years, there has been a rapid escalation of the number of children requiring alternative care and this has led to governments, Non-Governmental Organizations (NGOs), churches and individuals setting up residential care facilities for children (Bhuvaneswari & Deb, 2016).

A study done in Zambia by Save the Children and the Ministry of Community Development, Mother and Child Health (MCDMCH) (Ministry of Community Development and Social Services. 2017b) showed that the number of formal institutions has increased from 101 in 2008 to 1780 in 2016; and the number of children living in institutions has also increased from 5101 in 2008 to 6413 in 2016. The reasons for admission of children and youths into institutional care are similar across all cultural and ethnic parts of the world, thereby fueling the movement of de-

institutionalization globally. There have been joint efforts by many organizations and individuals to reduce the number of children requiring institutional care (Bhuvaneswari & Deb, 2016).

Institutional care is the most commonly used method for alternative care for Orphans and Vulnerable Children (OVCs) with more children being placed in CCFs as opposed to being placed in kinship care, foster care and adoption (Ministry of Community Development and Social Services, 2017b). Social workers (some cases referred to as Social Welfare Officers or Child Development Officers) are charged with ensuring that institutional care is used as a measure of last resort and for the shortest time , primarily because of its detrimental effect on the long-term development of children; particularly their relationships with family members and the broader community.

The Government of Zambia is advocating for prioritizing the family- based care options (Ministry of Community Development and Social Services, 2017b). The Country is currently in the process of reforming the Child Care System by reducing the over-reliance on CCFs and promoting family and community based care; and despite the large number of children living in CCFs, the Ministry of Community Development and Social Services (MCDSS) maintains that the family is the best environment for children to be reared in because it teaches them values, their culture and language, responsibilities and most importantly, gives them a sense of belonging (The Faith to Action Initiative, 2014; UNICEF, 2017).

The African Network of Care-Leaving Researchers (ANCR), created in 2016 is an "informal network of researchers, scattered throughout the African continent, interested in advancing research on young people leaving care" (ANCR, 2019). It has annotated bibliographies of care-leaving research to facilitate easier access to a wide range of relevant literature for those

researching care-leaving. According to the ANCR, as of February 2018, 83 publications specific to the African continent have been published and 455 publications from a global perspective (ANCR, 2019). The difference is concerning and clearly much more needs to be done to shed more light on care-leaving within the African context. In addition, the first Africa Care-Leaving conference was held in South Africa in January 2019. In attendance were scholars from nine African countries: Botswana, Ethiopia, Ghana, Kenya, Lesotho, Nigeria, South Africa, Uganda and Zimbabwe and over 200 practicing social workers and child and youth care workers (ANCR, 2019). It is evident that Zambia has done very little in exploring the issue of care-leaving within its context and therefore this study will not only add to growing body of knowledge within Africa in general, but will contribute greatly to the Zambian context.

Individuals who have left institutional care are especially vulnerable during their transition to adulthood. Like their peers, they face many tasks and challenges but unlike their peers, they confront these challenges with little to no support. For example, young people who grow up under the care of their family are able to depend on them for financial or emotional support, but many post-institutionalized adults have absent or stressful relationships with their biological family and therefore may not be able to get the necessary support from them. Therefore, thinking about and planning for their future can be a challenging and stressful process for them as they prepare to leave institutional care. In addition, post-institutionalized adults are at greater risk due to the lack of adequate policy to support them once they leave institutional care (Kitchener, Ng, Miller & Harrington, 2006; van Breda & Dickens, 2017) therefore, it is important to strengthen their resilience during this important period of transition (Sulimani-Aidan, 2017).

Research on young people ageing out of institutions has demonstrated the wide range of negative effects and experiences that young people face, especially after their first year of leaving

institutional care. However, this is not necessarily a universal trait because some post-institutionalized young people are able to transition into independent living fairly well, and thus showing their level of resilience (van Breda & Dickens, 2017). A number of studies have been done to try and understand why in the face of adversity; some people do not flourish while others thrive. In trying to understand this phenomenon, practitioners can gain insight on how to transfer "those gains to wider numbers of children who might otherwise succumb to the frequently damaging effects of adversity" (Gilligan, 2000: 37). In a wider context, Zambia could also benefit from these findings because there have been even fewer recorded studies on the topic, making it a new study area in the Zambian context.

In view of the research that has been done to understand the various challenges and vulnerabilities that care-leavers experience, there is still more that can be done to try and bring their experiences to light, aid in their transition post-institutional care and focus on their resilience; whether it is influenced by their personal characteristics, social support networks and involvement in contexts such as school and community; i.e. protective factors (Sulimani-Aidan, 2017; van Breda & Dickens, 2017). There has been a growing interest by a number of practitioners to adopt the resilience framework in the hopes of understanding care-leavers and their experiences (Schofield, Larsson & Ward, 2017; Stein, 2005). There are many protective factors that post-institutionalized adults possess that aid in their development of resilience; and while this study does not aim to identify each and every one of them, this paper will explore which protective factors are most important in the context of Zambian care-leavers.

This study used the resilience theory as the guiding principle to try and understand which resilience variables are most present in post-institutionalized adults and thus contribute to their resilience even after their prolonged stay in a CCF. This study aimed to provide evidence,

through participants' lived experiences, why resilience needs to be fostered in institution-reared children and youth to improve their outcomes with the guidance of the resilience theory

This study contributed to the existing research on the lived experiences of post-institutionalized adults while focusing on their cultivation of resilience. The findings were of great value to CCFs in Zambia and contributed to best practice principles of service delivery. Therefore, this study aimed to increase the current understanding of the needs that transitioning young adults need in order to be deemed successful post institutional care. This would not only benefit care-leavers on an individual basis; but also have an impact on the structure of the residential and independent living programs, and the ways to strengthen the existing programs to better prepare young adults when leaving care.

Through the data collection tools, factors contributing to the development of resilience were identified and this would in turn help youths to develop resilience before they transit out of the facility (Dickens, 2016). It is the aim of this research that data collected would not only provide useful conclusions on which factors present in the care-levers have contributed to their resilience but, also provide a description of the perceptions and experiences of the lives of the participants through the qualitative material gathered.

In summary, to further stress the importance of the study, Roeber (2011: 3) states:

There is hardly any research documenting young people's transitions from care to adulthood in the sub-Saharan context… there are no policies or regulations on after care life for young people who have exited institutional care. That is why young care leavers continue to suffer silently".

1.3. PROBLEM STATEMENT

In many developing countries dealing with the HIV/AIDs pandemic, war, and poverty, institutional care in this context, is the best chance of survival for many vulnerable children left without parental care. However, research substantiates the claim that institutional care is not the best setting for children to grow and develop (Dozier, Zeanah, Wallin & Shauffer, 2012; Williamson & Greenberg, 2010). Studies done by Berens and Nelson (2015), Jackson and Martin (1998), Masten (2014) and Van IJzendoorn et al. (2011) have shed light on this topic; however there is a dearth of studies done, especially in the African context. Consequently, the concern is that without intervention children growing up in institutions will continue to suffer developmental delays, poor response to stimuli brought on by lack of constant stimulation and little to no formation of attachments especially for children that are separated from their parents early on in life (van IJzendoorn et al., 2011; Williamson & Greenberg, 2010). More research is needed to identify the various factors that allow institution-reared children to be resilient and to be considered as a 'success story' especially within the African context. Therefore, this study will focus on factors that have helped children living in institutions to thrive and become resilient and overcome their adversities. Their narratives will offer insight into the ways in which their complex needs can be better met and as a result, identify their source of resilience.

1.4. RESEARCH QUESTION

The role of a research question is to provide direction to steer the study into what the researcher wants to find out (Du Plooy-Cilliers, Davis & Bezuidenhout, 2014). With regards to the intended study, the main research question was:

What are the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resilience strategies that contributed to a positive transition into adulthood?

1.5. AIM AND OBJECTIVES

The aim of the study was to explore and describe the experiences of 'successful' post-institutionalized adults, focusing on the effects of institutionalization on their psychosocial development and their resilience strategies in order to arrive at meaningful recommendations for social work practice within the field of residential care practice.

Drawing from the aim, the following were the objectives of the study:

1. To explore and describe the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resilience strategies.
2. To explore and describe the perceptions and experiences of social workers in institutional care regarding children's resilience and its significance in this context.

1.6. OVERVIEW OF METHODOLOGY

1.6.1. Research Approach: Qualitative

A qualitative approach was selected for this study because of its ability to gather rich and meaningful data of a social context (Strydom & Bezuidenhout, 2014). The nature of a qualitative study is to identify and understand patterns, similarities and differences as illustrated through interviews, focus group discussions are field observations (Anderson, 2010).

1.6.2. Research design: Case study

The aim of a case study research design is to study people or things within their context and in order to identify the subjective meanings that individuals bring to their situation. It is for this reason that the case study design was selected because it offered an opportunity to gather rich and in-depth information (Abrams, 2010), using a case (CCFS in Zambia) to explore the topic (post-instituionalized adults). In this instance, the aim was to explore the experiences of post-institutionalized adults and social workers working in CCFs.

1.6.3. Population, sampling and Recruitment

The research study involved two population groups. The first was males and females who had spent at least 5 years in a CCF. They were referred to as 'post-institutionalized adults'. The second was male and female social workers, who had worked in CCFs. In order to identify participants for the study, the researcher used non-probability sampling for both population groups by using a combination of two sampling techniques: purposive and snowballing to reach the required number of participants (Denscombe, 2010; DuPlooy, 2009; Du Plooy-Cilliers et al., 2014). Based on the sampling process, seven post-institutionalized adults and five social workers took part in the study.

1.6.4. Data collection

Three methods for gathering data were used. For post-institutionalized adults, the researcher used River of Life (RoL) exercise and in-depth interviews to gather participant information. The RoL provided a visual representation of the experience of the participants and helped participants focus on their life before, during and after institutional care. Post-institutionalized adults then engaged in semi-structured in-depth interviews and helped this study collect extensive information on the participants' attitudes, opinions and convictions about their life experiences.

Social Workers took part in a focus group discussion to share experiences and opinions gained from their work in the various CCFs they work in. The discussion was focused on how they can build the resilience of children and youth in their care therefore creating opportunities for successful transitions out of CCFs.

1.6.5. Data analysis

Qualitative data analysis was used to uncover the meanings within the raw data that was collected (Castleberry & Nolen, 2018). Thematic analysis was used to identify, analyze and report the themes within the data that was gathered from participants by following the five steps of analysis; compiling, disassembling, reassembling, interpretation and conclusion (Castleberry & Nolen, 2018; Rennie, 2012).

1.7. DEFINITIONS AND KEY CONCEPTS

The following five concepts were considered key to the study:

1.7.1. Resilience

Resilience is defined as one's ability "to positively manage adversity or to achieve positive outcomes in the wake of adversity" (van Breda & Dickens, 2017: 265). Currently, there is no universally 'agreed definition' of the term resilience, but for the purpose of this dissertation, the researcher will use the definitions offered by Rutter (2006, in Ungar, 2013) and Masten (2011), where they define resilience as the combination of risk experiences and positive psychological responses to bring about positive change after adversity. In addition, Windle (2011) importantly contends that resilience is not only the result of an individual overcoming their adversities, but that the individual has more (often unintended) positive outcomes than others who suffered similar experiences.

1.7.2. Child Care Facility (CCF)

A Child Care Facility is "any registered children's home operated by a society, agency, corporation, person or persons or another group for the primary purpose of providing residential care, supervision and guidance to children who, for one reason or another, have been separated from their parents or guardians" (Ministry of Community Development and Social Services, 2017b: viii).

1.7.3. Post-institutionalized adult or care-leaver

A young person, who has spent part or all of his or her life in a CCF, typically above the age of 18 and has since left the formal care of the institution (Changing the Way We Care, 2018).

1.7.4. Care-leaving

The process of leaving care and 'care' could refer to CCFs or foster care (ANCR, 2019). This particular study focuses on long-term institutional care; i.e. orphanages.

1.7.5. Success

The term 'success' can be difficult to define because of its subjective and individualistic nature. A successful person can either be defined by their status in society, wealth or accomplishments (Bostock, 2014). Just as it is difficult to apply a single definition of success to ordinary individuals, the same applied to post-institutionalized adults. For this study, 'success' will be identified by the following criteria: relationships with others, stable accommodation, educational qualifications, employment, stable source of income and no history of substance abuse or criminal activity.

1.8. OVERVIEW OF THE DISSERTATION: CHAPTER OUTLINE

1.8.1. Chapter 1: Introduction, Background and Context of the study

Chapter one is aimed at providing the background of the study within the Zambian context. The information gathered provided the motivation and rationale for the study. The aims and objectives that have been identified describe the overall goal of the study; cultivating resilience based on the experiences of post-institutionalized adult. A number of key terms have been identified and defined as they are specific to this study.

1.8.2. Chapter 2: Literature review: Institutional care

The literature review for this study focused on institutional care on a global and local (Zambian) scale. It provided an in depth understanding of the key challenges that children being reared in institutions faced, and explored the importance of building individual resilience with the hope that their resilience countered the negative effects of institutional care. The chapter also focused on qualities of 'successful post-institutionalized adults based on previous research.

1.8.3. Chapter 3: Theoretical review: Resilience Theory

Chapter 3 focused on on Resilience, which was the theoretical framework that this study was founded on. In this chapter the researcher aimed to provide the theoretical grounds on the 'protective factors' that contribute to success stories.

1.8.4. Chapter 4: Methodology

Chapter four outlined the methodology that the researcher used to gather the data that would be analyzed and presented in chapters five and six. This chapter outlined all the aspects of the methodology required to address the research question in qualitative studies. The research

design, population and the sampling techniques, data collection and analysis, and trustworthiness strategies are discussed to show the scientific basis and the implementation in the study.

1.8.5. Chapter 5: Research Findings: Post-institutionalized adults

This chapter presented the research findings after conducting in-depth interviews with post-institutionalized adults and participants after creating their RoLs. The data gathered was analyzed and presented in the form of three themes, seven subthemes and 21 categories. The chapter ended by drawing meaningful conclusions.

1.8.6. Chapter 6: Research Findings: Social Workers

Chapter 6 presented the data collected from the second data source: social workers working in CCFs. A focus group was used to gather data and produced two themes, four subthemes, and 11 categories. Five social workers took part in a focus group discussion with the aim of shedding more light on resilience and success from a professional point of view. The chapter ended with meaningful conclusions.

1.8.7. Chapter 7: Conclusion, Contributions and Recommendations

The last chapter summarized and concluded the findings in relation to the research question and sub research questions. It also provided recommendations on how to address the gaps in services provided to children in institutions, before transitioning, and to post-institutionalized adults; and for future research. The chapter also provided contributions to social work practice on how to develop resilience among children and youth growing up in CCFs; thereby increasing their chances of successful transitioning.

1.9. CHAPTER CONCLUSION

This study focused on resilience with the aim of exploring the experiences of care-leavers in Lusaka, Zambia, through the stories they shared. The study assumed that children and youth that have grown up in CCFs have faced many challenges and adversities in their journey; but have managed to emerge resilient. Their success stories were based on their achievements as well as their setbacks. Their narratives also provided the protective factors that have contributed to the development of resilience. The study sought to bring awareness to the type of resources, relationships and skills that children and youths growing up in institutions needed in order to also cultivate resilient. It important that professionals working in close proximity with children and youth are aware of their everyday challenges and needs; and therefore, the study also recommended active participation from social workers. The overall aim of this study was to identify which protective factors have contributed to the development of resilience in post-institutionalized adults years after their transition from care.

A resilient individual is one who is able to bounce back after having to endure adversities, and is still able to function fairly well despite their exposure to risk. The qualities and experiences of an individual are important in understanding their resilience. Therefore, understanding the process and contributing factors that enable some individuals that have grown up in an institution to transition well may be of use to other post-institutionalized individuals (Gilligan, 2000; van Breda and Dickens, 2017).

CHAPTER 2
LITERATURE REVIEW: INSTITUTIONAL CARE

2.1. INTRODUCTION

It is always important to review literature as it provides an opportunity to demonstrate one's knowledge about the particular field of study. The task therefore encompasses issues of terminology, theories, key variables, methods or historical understanding as guided by the overall goal of the study and the resultant research questions. It also brings to the fore the influential researchers within the specific field of study; so that this study can learn from existing data and relate new findings to existing data (Randolph, 2009). This facilitates establishing and acknowledging the already existing pool of information available on the topic at hand to enable identification of how the new information advances the previous research (Randolph, 2009). This chapter therefore focuses on what other significant researchers have done about care-leavers, so that the present study is guided by previous studies.

Few studies have been done to identify the factors that can help improve care-leavers' outcomes after transitioning from institutional care (Dickens, 2016; Family Health International, Children's Investment Fund & UNICEF, 2010). However, according to Dickens (2016), the few studies that have been done on care-leaving in Africa have been more focused on the absence of policy and providing a detailed report on care-leavers' experiences. As a result, there has been little progress towards how to better prepare young adults in their transition to independent living (Dickens, 2016).

This chapter focused on the issues relating to institutional care and indicators of successful outcomes. The first section of the literature review will be on alternative care options for OVCs

in Zambia, minutely focusing on institutional care; its benefits, disadvantages, and the overall effects of institutional care. The second section will identify key outcomes of a 'successful' post institutionalized adult and how these outcomes will contribute to the overall study. Lastly, this literature study highlights important aspects of care-leaving and the role the family plays in care-leaving.

2.2. INSTITUTIONAL CARE AS ALTERNATIVE APPROACH

The role of institutional care for children and youth has developed differently worldwide, with particular attention to the number of children living in CCFs and the characteristics of the children placed in institutions. There have been a number of questions related to the extent to which CCFs can provide the necessary knowledge for young people from vulnerable backgrounds to help them overcome the various adversities which they may face; and in turn help them develop feelings of security, resilience, and a sense of belonging (Schofield, et al., 2017).

Institutional care often provides better living standards for OVCs especially for those emanating from low income, poverty stricken households; also known as push factors (Frimpong-Manso, 2018). Children living with their families can sometimes suffer from malnutrition due to poverty; while children in institutional care generally have good health because the institutions are mandated to meet the children's basic needs, provide them with health care and educational opportunities; also known as 'pull factors' (Levine, 2001; Whetten et al., 2014). The following section presents the 'push factors' (Williamson & Greenberg, 2010).

2.2.1. Reasons for placement in a CCF (push factors)

Separation from parents or other family members is one traumatic event that all institutionalized children share, and often the consequence of this separation is lack of healthy attachments (Juffer, van Ijzendoorn, & van Londen, 2007), current and future.

Orphan-hood often leads to other kinds of vulnerabilities, such as increased school dropout rates, children living on the streets, abuse and child labor (Levine, 2001). With the increased poverty levels, the number of children being institution-reared has increased significantly (Csaky, 2009). Despite government-implemented interventions (Bhuvaneswari & Deb, 2016), there are still a number of children being admitted into CCFs due to child neglect, maltreatment, disability of parent(s) or child, imprisonment of parent(s) and mental illness of parent(s), abuse, orphan-hood, education or abandonment (Bhuvaneswari & Deb, 2016; Csaky, 2009; Frimpong-Manso, 2018; (Januario, Hembling, Kline, & Roby, 2016; Ministry of Community Development and Social Services, 2017b; Mullan & Fitzsimons, 2006; SOS Children's Villages International, 2014). In Zambia, there is a link between the increased number of teenage pregnancies and children being admitted to CCFs (Januario, et al., 2016). When they give birth, young girls are forced to continue with prostitution, and consequently neglect or abandon their children (Ministry of Community Development and Social Services, 2017b; SOS Children's Village International, 2014).

Cited literature confirms that most of the challenges that families face are directly linked to poverty (Januario et al., 2016). In addition to poverty, lack of education, serious behavioral and conduct disorders of children, lack of adequate neighborhood facilities for children with special needs, child abuse, maltreatment and neglect also contribute to the admission of children in CCFs. The next section provides the 'pull factors' (Mullan & Fitzsimons, 2006).

2.2.2. Benefits of institutional care (pull factors)

Institutional care settings may not always have negative effects on the child's development but can contribute to the building of resilience of vulnerable children (Gaskell, 2010). This is especially evident in children who had access to quality education and support during their stay in a CCF (Januario et al., 2016). Therefore, with appropriate support and access to resources, children growing up in CCFs can develop resilience which can help them counter the negative effects of institutional care (Whetten, et al., 2014).

CCFs are often seen as a 'safe haven' or place of safety for children who have either been abused or neglected as they are removed from environments which are considered to be toxic (Bhuvaneswari & Deb, 2016; Csaky, 2009; Dozier et al., 2012; Drapeau, Saint-Jacques, Le´pine, Be´gin & Bernard, 2007; Gaskell, 2010).

A study by Wade, Biehal, Farrelly and Sinclair (2010) found that six in ten children that enter an institution have either been abused or neglected. Often, children who are not given access to professional services to protect them may be forced to live under the same roof as their abuser for months or years without knowing where to turn to (Wade et al., 2010). For children who are fortuitously rescued from such harmful environments, they are provided a place of safety in the form of temporary placement in a CFF until the perpetrator is removed from their environment or alternative care arrangements can be made (Dozier et al., 2012). Thus, Moodley, Raniga and Sewpaul (2018: 3) state that "Juxtaposed against their experiences of abandonment, abuse and/or neglect… getting into [CCFs] provides them with a sense of belonging and hope".

For children who have been placed in a CCF following the death of one or both of their parents, staff members often become the family in which they associate with, especially if extended

family members put little effort in sustaining that family bond (Januario et al., 2016; Schofield et al., 2017). However, the continuity of care and long term commitment from staff members can "enable young people with very different life narratives to construct a positive identity and grow in resilience in the context of security and belonging" (Schofield et al., 2017: 790). Therefore, if caregivers and other staff members are trained to provide appropriate care to children during their stay in a CCF and post-institutional care, their support could combat some of the negative effects associated with institutional care such as lack of secure attachment (Drapeau et al, 2007).

In line with the resilience concept, studies show that many young people, regardless of their challenges, are able to thrive and succeed (Melkman, Mor-Salwo, Mangold, Zeller & Benbenishty, 2015). As a result, much attention has been redirected from their adverse circumstances to the factors associated with success stories upon their exit from CCFs (Moodley et al., 2018). Aside from their individual resilience, social support and assistance made available during their stay in an institution and upon discharge from a facility, have been considered as key factors (Melkman et al., 2015). A number of studies have been done, documenting the positive effect that arises as a result of young people in institutions receiving help from their biological family (Collins, Spencer & Ward, 2010; Melkman et al., 2015), mentors (Collins et al., 2010; Melkman et al., 2015) and other professions (Melkman et al., 2015).

2.2.3. Critique of institutional care

It is stated that "young people aging out of care are among the most excluded groups of young people in society", because of their vulnerabilities that initially lead to them being placed in institutional care; and then the challenges they face once they reach the time of transitioning out of CCFs (van Breda & Dickens, 2017: 265). However, the latter was not immediately focused on because at the point when institutions were being established, they were seen as positive

interventions for children and young people in need of care (Bhuvaneswari & Deb, 2016; van Breda & Dickens, 2017). These institutions played a vital role in being a 'safe haven' for vulnerable children (Bhuvaneswari & Deb, 2016; Csaky, 2009; Dozier et al., 2012). Parents and the community at large may believe that institutional care is beneficial to a child because it is able to meet the child's basic needs, but they fail to recognize the detrimental effects it can have on the child's social, emotional and cognitive development (The Faith to Action Initiative, 2014).

Incrementally over the years, more studies have been done, that have documented empirical evidence that illustrated the negative effects of institutional care on children (Nsabimana, 2016). In addition, studies by Dozier et al. (2012) and Winkler (2011) show similar results. The 'Care Matters' report by DfES (2007, in Winkler, 2011: 4) states that as a result of their negative experiences, children in institutions "may have difficulties with their social and emotional wellbeing, and they often lack stable relationships in their lives, resulting in … a lack of resilience". For example, studies by Dozier et al. (2012) and Nsabimana (2016) document the effects of institutional care which often lead to developmental delays. Several studies have been done to focus on the attachment difficulties that children experience in institutions (van IJzendoorn, et al., 2011). Other studies by Dozier et al. (2012) and Williamson and Greenberg (2010) document similar results. Literature therefore indicates that compared to their peers that are at-risk, individuals growing up in CCFs deal with more emotional, behavioral, social and educational difficulties; and therefore experience more stressors and emotional distress brought on as a result of their past trauma, removal from home, and lack of family connection (Sulimani-Aidan, 2018). These therefore indicate the importance of appropriate support and services within institutions. Leaving children in dire circumstances is also not an option for professional services (Winkler, 2011).

2.2.4. Effects of institutional care on children's development

As much as institutional care has been said to be a 'safe haven' (Bhuvaneswari & Deb, 2016; Csaky, 2009) for OVC, studies suggest that institutional care, especially prolonged stay, can have negative effects on children's development (Zhang, Tanaka, Anme, Mori, Bradley, & Lau, 2018).

Despite the oftentimes high quality food, shelter, medical attention and even positive child to caregiver ratio, children in CCFs can still experience the negative effects of institutional care in terms of their social development due to the multiple caregivers they interact with. Some of these caregivers may lack emotional availability (Hung & Appleton, 2016; Levine 2001; The Faith to Action Initiative, 2014). The Faith to Action Initiative (2014: 9) contends that "Research shows that the quality of material components of care… is not nearly as important as consistent and responsive child-caregiver interaction, especially in the early years". In addition, institutional care may render children to be detached from their community thus affecting their socialization. As a result, children growing up in CCFs are deprived of the opportunity to develop their social networks which would be relevant in their future (Kang'ethe & Makuyan, 2014).

Institutional care can also bring about the issue of acculturation. One's culture has an impact on the do's and don'ts as well as their thinking and attitude towards certain aspects in life (Kang'ethe & Makuyan, 2014). Unfortunately, children growing up in CCFs often lack the cultural and practical knowledge and skills that would help them integrate with confidence in society (Kang'ethe & Makuyan, 2014).

Noteworthy is that children who have developmental delays often enter an institution with pre-existing challenges. These developmental challenges may also be due to not just one deprivation

but a series of other unmet needs prior to their admission in the CCF (Akister et al., 2010; Van IJzendoorn et al., 2011; Wade et al., 2010). A study by Wade et al. (2010) found that six in ten children that enter an institution have either been abused or neglected, and therefore, suggesting that developmental delays in institutionalized children could occur even before they are admitted into a CCF. This is difficult to assess because often institutions do not conduct an assessment on admission or during the children's stay in the facility as indicated in another study by (Akister et al, 2010). Therefore, some of the developmental delays could actually be because of previous abuse a child may have suffered prior to their admission into a CCF.

2.2.5. Effects of institutional care later on in life

The Faith to Action Initiative (2014: 16) aptly states that, "When children are in families, they do not "age out" of care", instead, they remain connected to their parents, siblings and the community even after moving out of their parents' house. They are still able to access that social support network. However, this is rarely possible for children living in CCFs. Often CCFs are physically located in urban centers; therefore, for children with family ties outside of these urban areas, they often have little to no contact with their families because long distances serve as barriers to their frequent contacts. Therefore, the connection between the child and his/her family and community is limited. As a result, the longer a child remains in a residential care facilities, the further disconnected and detached they may feel from their family; and at the point of leaving care, they may not know where to begin in terms of re-kindling that relationship with their family and community (Levine, 2001).

In one example, an Ethiopian youth who had left care felt that the orphanage in which they had spent the majority of their life would "be their home forever" and as a result, was not prepared for independent living (Family Health International, Children's Investment Fund, & UNICEF,

2010). Often, the care-leavers are unprepared for independent living and this can result in unemployment, homelessness, conflict with the law, sexual exploitation, financial difficulties associated with health, education and legal services (The Faith to Action Initiative, 2014; Csaky, 2009).

2.2.6. Section conclusion

This section of the literature review aimed to understand institutional care in more detail, looking at factors surrounding placement of children in CCFs, the benefits available to children growing up in CCFs, but also the negative effects associated with institutional care.

2.3. REINTEGRATION

It is generally believed that the family provides the best environment for children to grow up in because of its nurturing, loving and caring attributes that contribute to better developmental outcomes for them (Inter-agency group on children's reintegration, 2016). In addition, the family forms part of the child's religious and cultural identity which plays a critical role in forming the child's values (Munthali, 2019). Regardless of the circumstances that brought about the initial separation of the child from his or her family, it is in the best interests of the child to be returned and brought up in their family and the wider community (Inter-agency Group on Children's Reintegration, 2016; Munthali, 2019), when circumstances allow for this.

Reintegration is described as the "process of facilitating and securing a permanent return of a child into his or her immediate or extended family and community, where he or she is provided with protection and care and can find a sense of belonging and purpose in all sphere of life" (Ministry of Community Development and Social Services, 2017a: 28). The reintegration guidelines for Zambia, (outlined in the publication by the Ministry of Community Development

and Social Services, 2017), called 'Alternative Care and Reintegration guidelines' clearly describes the reintegration process. It starts from the collection of information about the children, to family tracing, and linking to 'reunification' (viewed as the physical return of the children to his/her family), and lastly, post-reintegration follow-ups (Ministry of Community Development and Social Services, 2017a).

Wherever possible, children in CCFs should be reintegrated to live with their families-of-origin (Munthali, 2019). While in the family and community, it is expected that the child will be provided with the necessary protection and care, essential for building a sense of belonging and purpose in all spheres of life (Ministry of Community Development and Social Services, 2017a; Munthali, 2019).

2.4. ALTERNATIVE CARE OPTIONS FOR OVC IN ZAMBIA

The core principles that underpin the alternative care process are: best interest of the child, survival and development, child participation, non-discrimination and permanent care for young children (Ministry of Community Development and Social Services, 2017a). Based on these principles, there are a number of alternative care options that have been identified to ensure that every OVC is given a chance at an upbringing as close to the natural family environment as possible, even though it may not necessarily be biological or extended family.

2.4.1. Foster care

Foster care advocates for family based care with the main objective being to provide a child in need of care with temporary care in a family environment until they can be reintegrated with their birth parents, extended family or adoptive parents (Family for Every child, 2010; Ministry of Community Development and Social Services, 2017a). The temporary placement of children

should take place under competent authority for the purpose of alternative care with a "selected, qualified, approved and supervised" domestic family environment (Assembly, 2010 (29)(c)(ii)). In Zambia, a foster child is placed under the care of a competent person, i.e. potential foster parent(s) who has been approved by the Director of Social Welfare and granted a Court Order to take full responsibility of providing the physical and emotional care, support and protection to a child in need of care (Ministry of Community Development and Social Services, 2017a; SOS Children's Villages International, 2014; The Faith to Action Initiative, 2014). Foster care is being used as a reintegration strategy because it allows children to remain in the care and love of families as opposed to CCFs (Family for Every child, 2010; Assembly, 2010).

Foster care enables children to establish consistent and trusting relationships with their foster parent(s) and this is vital for ensuring that they grow to their full potential and become more resilient. Foster care has therefore been a more preferable option than institutional care especially with research pointing to the damaging effects it has on children's well-being and development (Family for Every Child, 2010).

Global evidence suggests that in the last decades, efforts have been made to establish foster care programs, thereby benefiting children who would have otherwise grown up in CCFs or outside of the family setting. However, challenges in relation to resource provision, context-specific foster care programs, lack of support for foster parents and lack of coordination and monitoring of foster care services have led to problems with such programs (Family for Every child, 2010). In Zambia for example, foster care is not common and is often met with uncertainty and is therefore discouraged by some facilities. There is often skepticism surrounding the intentions of a family that would want to care for a child that is not their relative (Januario et al., 2016).

The above view is also reflected in the Nationwide Assessment conducted in 2016 (Ministry of Community Development and Social Services, 2017b) with the number of children placed in foster homes in 2015 at only 46, attesting to the rarity of foster care.

2.4.2. Adoption

Adoption is a way of providing a child who cannot be brought up by their birth parents with a new permanent family (Chateauneuf, Pagé, & Decaluwe, 2018) and in doing so, meeting the child's psychological needs (DeJong, Hodges, & Malik, 2016). This is a legal procedure which transfers all parental responsibilities to the adoptive parents, and in doing so, the adoptive child ceases all legal ties with their birth family (Ministry of Community Development and Social Services, 2017a; SOS Children's Villages International, 2014; The Faith to Action Initiative, 2014).

In Zambia, a child becomes adoptable once they have been assessed and a decision is made that he/she can be adopted based on a number of factors, including, but are not limited to, a child being abandoned with documentation that points to this effect; a child staying in a CCF for 6 months with no contact with family or relatives, or if birth parents are deceased and there is no relative(s) willing to take on the responsibility of raising the child. The child may also be voluntarily surrendered by parents/guardians to the Department of Social Welfare for adoption. Once the process of adoption is complete, an Adoption Order is issued from the Court authorizing the applicant to become the adoptive parent of the child (Ministry of Community Development and Social Services, 2017a).

Literature has described adoption as a positive intervention strategy for children who have been exposed to risk factors such as institutional care or deprivation of resources which may bring

about developmental delays (Dozier et al., 2012; Nsabimana, 2016; Van IJzendoorn et al., 2011; Williamson & Greenberg, 2010; Winkler, 2011). It is therefore a plausible reintegration strategy for children who have no possibility of returning to their biological families because it provides a pathway to a permanent family within a community (Child Welfare Information Gateway, 2013). According to various research studies (Chateauneuf et al., 2018; Child Welfare Information Gateway, 2013; DeJong et al., 2016; Juffer et al., 2007; The Faith to Action Initiative, 2019) an adoptive family environment stimulates improved developmental outcomes for children who have lived in residential care.

There are a number of factors hindering the progression of adoption in Zambia and Africa in general:

1) **The process of adoption:** The study on the factors relating to the placement of children living in Catholic-affiliated Residential Care Facilities in Zambia, reported that key participants did not advocate for adoption especially since adoption was seen as an "arduous and complicated process" and there was not enough information provided to Zambians about the process (Januario et al., 2016: 28).
2) **Cultural resistance:** Adoption is not considered a cultural norm in Zambia as compared to other countries, especially in the Western world (Milligan, Withington, Connelly, & Gale, 2016). The cultural resistance may stem from the strong traditional resistance to the idea of bringing a child from outside of the immediate, extended or kinship family (Chiwaula, Dobson, & Elsley, 2014).
3) **Age of adoptee:** Studies show that younger children are more adoptable than older ones (Barth & Berry, 2017). Therefore, when children reach a certain age, it becomes

increasingly difficult to place them in an adoptive home; thereby reducing their chances of being reintegrated into a community (Barth & Berry, 2017; Chateauneuf et al., 2018).

4) **Systems and infrastructural support:** Implementation of adoption (and foster care) require the existence of support systems provided by social welfare personnel who are trained and equipped in handling issues pertaining to the recruitment, selection and training of prospective adoptive (or foster) parents. The social welfare personnel are also required to be involved in monitoring and supporting adoptive (or foster) families once a placement is done (Family for Every Child, 2015; Milligan et al., 2016). There does not seem to be adequate social services systems equipped with suitably trained staff to carry out these responsibilities in order to ensure successful reintegration of children through alternative care.

2.4.3. Kinship care

Kinship care is the caring for children by their relatives or close family friends whether in an informal or formal arrangement (Ariyo, Mortelmans, & Wouters, 2019). It is the most widely used form of alternative care globally and provides significant benefits for the child, particularly maintaining the links between the child, known adult members and the community at large (Ariyo et al., 2019; Rubin, Springer, Zlotnik & Kang-Yi, 2017; SOS Children's Villages International, 2014; The Faith to Action Initiative, 2014).

Formal arrangements of kinship care are done through a competent administrative body or judicial authority, while informal care is arranged privately within the family (Dunn & Parry-Williams, 2008; Ministry of Community Development and Social Services, 2017a). Overall, kinship care is viewed to be more sustainable than foster care because it requires less supervision and regulation (Rubin et al., 2017). However, studies have shown that some children placed in

kinship care are at risk of exclusion or discrimination from their caregivers or the community, often leading to abuse or exploitation, and therefore putting them at risk of further neglect (Dunn & Parry-Williams, 2008).

There has been a general shift in child care systems where CCFs are gravitating towards the use of extended family systems to support and care for vulnerable children (Connolly, Kiraly, McCrae, & Mitchell, 2017). This is evident in the study by the Catholic Relief Services (CRS) in 2016 which showed that kinship care was the most common alternative family-based care for the children in the facilities run by CRS in Zambia (Januario et al., 2016). On a larger scale, within Africa, studies show that kinship care as an alternative care arrangement seems to be more common (Biemba, Beard, & Brooks, 2010). For example, in Uganda one third of households have at least one child living in kinship care (Ariyo et al., 2019; Biemba et al., 2010; Deininger, Garcia & Subbarao, 2003). Other studies by Deininger et al. (2003) and Lachaud, LeGrand and Kobiané (2016) show similar results. In Africa, kinship care is a long-standing tradition that is based on the principle that the kin and community at large are responsibility for caring for a child (Ariyo et al., 2019; Lachaud et al., 2016; Milligan, 2016).

2.4.4. Section Conclusion

Institutional care is the most commonly used method for alternative care for OVCs with more children being placed in CCFs as opposed to being placed in kinship care, foster care and adoption. Social Welfare Officers and Child Development Officers are tasked to ensure that institutional care is used as a measure of last resort and for the shortest period of time mainly because of the negative impact it may have on the children's long term development; especially their relationships with family members and the community at large. The Government of Zambia

is advocating for prioritizing the family based care options such as kinship care, foster care and adoption.

2.5. 'SUCCESS' OUTCOMES POST-INSTITUTIONAL CARE

There is no universal definition of the term 'success' because it takes on different meanings depending on who it relates to and the context it is being used in. In the Western culture for example, 'success' takes on a more individualistic definition because a successful person is defined by their wealth, ranking or status (Bostock, 2014). However, in the African context, which is mainly driven by the concept of *Ubuntu*, success is defined by the interpersonal relationships one has. While one aims to achieve self-actualization, they still need to be rooted in, and dependent on, their community (Bostock, 2014; Dickens, 2016). From the foregoing, 'success' can be a rather subjective term.

In the same way that it is difficult to apply one definition to 'success' of individuals, it is also difficult to apply one definition to post-institutionalized individuals. Barnardo and St Basil put it succinctly when they state that:

> *There is no blueprint for success in terms of what needs to happen and when. Each young person's experience of being looked after is different, and their experience of leaving care will also be different. The transition to adulthood for all young people, including care leavers, is about progression* (Barnardo & St Basil, 2015: 8).

Like any other person transitioning through life, post-institutionalized adults transverse many phases as they journey towards independence and self-sustainability. For example, they may find

themselves at a point in their life where they need to endure hardships, while at other times they may succeed in achieving their life goal; making this transition a very critical part of life (Frimpong-Manso, 2018; Yancey, Grant, Kurosky, Kravitz-Wirtz & Mistry, 2011). Post-institutionalized adults' positive outcomes are influenced by a number of factors which have the ability to affect their level of motivation. Such factors may include their experiences during their stay in a CCF, their family history, and/or the types of relationships they have with those around them (Dickens, 2016).

From literature (Akister et al., 2010; Cashmore & Paxman, 2006; van Breda, Marx & Kader, 2012), this study has been able to formulate a criteria of who can be described a 'success' story and therefore resilient. Newman identifies the connection between resilience and positive outcomes as he believes that promoting resilience among individuals can lead to better outcomes in the future; because resilience promotion helps in positive future adaptation despite environmental constraints to the contrary (Newman, 2004). Therefore, resilience not only helps in safeguarding an individual but also facilitates growth and development despite the adversities one may face. In response to the first objective of the study (see section 1.5) the following criterion of a 'successful' care-leaver have been identified and briefly discussed for the purpose of the study, bearing in mind that there is no globally standardized measure designed to assess the 'success' of post-institutionalized adults (Dickens, 2016). The following criterion defines a 'successful' care-leaver:

2.5.1. Forming and maintaining relationships

According to the National Scientific Council on the Developing Child (2004: 1), "relationships are the 'active ingredients' of the environment's influence on healthy human development". They are seen as the "cornerstone of support and belonging for young people" (Dickens, 2016:

178). Having a nurturing and stable relationship with an adult who shows genuine care can play an essential role in facilitating one's healthy development, and is regarded as a protective factor (Frimpong-Manso, 2018; Mullan & Fitzsimons, 2006). Therefore, secure relationships developed early on in a child's life can contribute to the development of a wide range of competencies, such as a love of learning, social skills; and later on, help in the understanding of emotions, morality and commitment (National Scientific Council on the Developing Child, 2004).

Young people transitioning out of care require strong emotional support networks, whether formal or informal, in order to increase their chances of positive adjustment. Lack of emotional caregivers in a CCF can be balanced by positive relationships (Hung & Appleton, 2016), such as relationships with a young adult's family, peers/ friends/ role models and partner (romantic). These are important relationships to consider and they will be focus of the study under this relationship outcome.

2.5.1.1. Family relationships

Often children and youth living in CCFs experience weak family ties because of separation, broken or unstable relationships (Cashmore & Paxman, 2007; Frimpong-Manso, 2018; Januario et al., 2016). As children and youth in care spend time away from their family and community, this tends to weaken the already fragile relationships. This can have negative implications later on in life, such as difficulties with forming secure attachments with the people around them (Cashmore & Paxman, 2006; Januario et al., 2016). It can also affect how the young person choses to approach social matters or cultural rites. For example, a young person who is getting married may prefer individuals from the CCFs to stand in for them as their family representative as opposed to their biological family members since they don't have strong ties with their family

of origin (Januario et al., 2016; Kovacevic & Vujovic, 2015). Therefore, while prolonged stay in CCFs can provide an individual with tertiary education, thereby increasing their chances of employment, this can have a negative effect on their family bonds (Ministry of Community Development and Social Services, 2017b).

However, repairing one's relationship with the family is very important once discharged from institutional care. This often calls for the need to reconcile differences and re-negotiate past relationships (Baker, 2017). Re-establishing that connection with family is vital, especially since in most instances, the relationships that a child or youth built with the social workers or caregivers often cease to exist once they leave institutional care (Dickens, 2016). During the time of transition, care-leavers generally try to reconnect with their family so as to establish their identities within their 'roots' and fulfill the desire to belong to someone or be cared by someone (Moodley, et al., 2018).

2.5.1.2. Supportive relationships and friendships

Research shows that supportive relationships found in peers, friends, mentors or role models increase educational or employment competencies (Baker, 2017; Yancey et al., 2011). Positive relationships with either teacher or employer may contribute to levels of motivation, thereby keeping them from dropping out of school or quitting their workplace (Cashmore & Paxman, 2007; Dickens, 2016; Stein, 2005).

Mentors: These are adults who are not the biological or foster parents of the individual but seek to provide some form of guidance and support (Refaeli, 2017). The presence of mentors, especially those that have transitioned out of the same CCF, can contribute to the attainment of success for a post-institutionalized adult. According to Moodley et al. (2018: 4), mentors play a

very important role in "securing training, further education, and providing employment opportunities and accommodation". Mentors can bridge the gap between the young person and their access to formal or informal networks that provide the necessary support as they transition and also connect the young person to community resources that can aid their transitions. Therefore the more connected one is to a resourceful network, the greater the chances of obtaining support for education or even accommodation (Moodley et al., 2018).

Role models: Role models are individuals that are perceived as "exemplary or worthy of identification or imitation" while mentors "deliberately support, guide and shape individuals younger or less experienced than themselves" (Yancey, et al., 2011: 36-37). However, it is also possible that once an individual leaves a CCF, they lose contact with friends and this makes for a negative experience. A care-leaver's ability to make new bonds or friendship ties outside of the CCF they once called home is an important marker of a success story because it calls for having a sense of confidence which some may struggle with (Baker, 2017; Yancey et al., 2011).

2.5.1.3. Romantic / intimate relationships

The level of intimacy within a relationship is described by Dickens (2016: 115) as "the degree of self-disclosure and openness" both with information about one's self and their feelings. Often young adults leaving care have difficulty in forming relationships with others because of their challenges developing trust and being open towards others; thereby, only revealing a certain degree of information and feelings towards others. Therefore, in order for a care-leaver to begin to learn to trust other people, they need to see other people as reliable and have feelings of mutual respect and not necessarily love them. Overtime, as they place value on another person, and begin to feel more confident, safe and believe that the person is unlikely to betray them, the relationship can then flourish (Dickens, 2016). Living with a partner could therefore reduce the

feeling of loneliness and provide the much needed emotional support (Baker, 2017). However, this only works if the relationship is not volatile. It is possible for an individual to find themselves in an abusive or manipulative relationship with their partner, especially if they struggle with developing healthy attachments (Baker, 2017).

In conclusion, relationships "incorporate the qualities that best promote competence and well-being -individualized responsiveness, mutual action-and-interaction, and an emotional connection to another human being" whether parents, grandparents, teachers or even peers (National Scientific Council on the Developing Child, 2004: 1). Therefore, relationships engage children and adults alike into the community, thereby helping them develop self-identity and provide the foundation of capabilities that the child or young adult will use for the rest of their life (National Scientific Council on the Developing Child, 2004).

2.5.2. Accommodation and stable living conditions

Leaving home for most young people who have grown up in a family setup is often a matter of choice, triggered by either employment or educational opportunities. As a result, they make the conscious decision to either live alone or move in with a friend or partner. In some instances, young people are leaving home at a later age because the cost of living is increasingly high and therefore they cannot afford to live independently (Baker, 2017; Cashmore & Paxman, 2007; Kovacevic & Vujovic, 2015). For young people in care, transitioning out of care into independent living is less a matter of choice and more of the next logical step. Mostly, this happens regardless of the level of support available to them, and with less likelihood of using the CCF in which they grew up as a secure base to return to, if life, post-institutional care, became difficult (Cashmore & Paxmore, 2007). Often, a care-leaver may not have the option of returning home to a secure base consisting of parents, siblings or even the community, and therefore, they

are at greater risk of experiencing instability than most young adults in the general population. However, for those who do, they are given the opportunity to re-establish their relationship with their parents or with other family members (Baker, 2017; Cashmore & Paxman, 2007). Therefore, determining where a young person will live after they are discharged from a CCF is one of the most important tasks for staff members (Dickens, 2016).

A stable home may have a direct influence of one's quality of life because it may determine where one works, studies, their susceptibility to crime or substance abuse and health care (Cashmore & Paxman, 2007; Dickens, 2016). Cashmore and Paxman (2007) identify indicators of stability to include the number of times a care-leaver moved from one place to another and whether or not they had spent a substantial amount of time in one placement. The fewer the number of times a young person moved and the higher the amount of time they spent in one location spoke to their level of stability (Baker, 2017).

Accommodation for post-institutionalized adults may mean returning home, living with foster families, or independent living (Cashmore & Paxman, 2007; Dickens, 2016). Unfortunately, research has shown that post-institutionalized adults often have challenges finding appropriate and adequate shelter compared to their peers who have not been raised in CCFs (Cashmore & Paxman, 2007 & Stein, 2005). For example, Liddiard (2010) found that 61% of the participants (care-leavers) of his study who were living in Australia, were homeless at the time of their interviews, while 95% of the participants explained that they had experienced a period of homelessness after their departure from institutional care.

Research also shows that accommodation is a key contributor to the well-being of a care-leaver as they transition into independent living. Living in an unsafe neighborhood could be a source of

stress, and it is therefore important that time and thought is taken into choosing a place to stay (Baker, 2017). For a post-institutionalized person to be considered 'successful' regarding their accommodation, they need to be living in their own place which is safe, secure, and affordable, and matching their needs.

2.5.3. Level of education

Education plays a crucial role in the physical, emotional and mental development of young people (Hass & Graydon, 2009). It not only improves one's ability to enter into formal employment but also places one in a better position to make positive choices about their future; thereby being considered a protective factor under the resilience construct (Cashmore & Paxman, 2007; Hass & Graydon, 2009; Mullan & Fitzsimons, 2006; Kovacevic & Vujovic, 2015; van Breda & Dickens, 2015). Education has the power to stabilize one's disrupted life, and reduce unstructured leisure time; thereby limiting time for engaging in risk behaviors and increases one's chances of employability (Mullan & Fitzsimons, 2006). However, whether a young person originates from a family setup or a CCF, the transition from secondary education to further education or employment poses one of the major challenges faced by young people (Cashmore & Paxman, 2007). For example, most CCFs in Zambia provide education up to secondary level; but achieving a tertiary education often proves to be quite a challenge for many care-leavers, especially if they are unable to get full scholarships (Januario et al., 2016).

In order to measure education as a positive outcome for 'successful' post-institutionalized adults, they need to be enrolled in studies; whether full or part time and be able to pass all their examinations for the courses which they are enrolled in, or already attained post-school qualifications (Dickens, 2016). The study by Cashmore & Paxman (2007) show that the likelihood of a young person pursuing further studies is linked to their completion of their

secondary education, and therefore, successful post-institutionalized adults should at least have a recognized Grade 12 certificate to serve as a stepping stone to higher education or appropriate employment opportunities.

2.5.4. Employment

Finding employment can no doubt improve one's independence, overall self-esteem and most importantly, a stable source of income. The attainment of a high school certificate often gives confidence to care-leavers to rate their chances of getting into formal employment (Baker, 2017; Cashmore & Paxman, 2007). The work aspirations of care-leavers vary just like any young adult that has grown up in a family environment.

Creating positive change for young people able to leave care requires a re-evaluation on how they are prepared for independent living. This is especially true when looking at how to increase their employability (Cameron, 2016; Dickens, 2016; Kovacevic & Vujovic, 2015). However, finding a job can be very difficult, especially if one has not completed school or pursued further education, particularly at tertiary level (Cameron, 2016). Additionally, inadequate preparation for independent living or lack of support to pursue higher education can put young people leaving care at a disadvantage compared to their peers who have never been in a CCF (Bond & van Breda, 2018; Cameron, 2016; Cashmore & Paxman, 2007; Dickens, 2016; Gaskell, 2010; Turner & Percy-Smith, 2019).

Formal employment can be considered as the foundation for other positive outcomes for post-institutionalized adults because it provides them with an opportunity to earn money (Bond & van Breda, 2018) and be more independent (Blumenfeld, 2013). In order to achieve this, Stein (2014)

identifies the crucial roles that schools, support systems (either from families or carers), and the smooth transition out of institutional care, play in employment opportunities (Stein, 2014).

2.5.5. Financial security

When a young person leaves institutional care, they are faced with many challenges, such as finding accommodation and earning an income that can meet their needs. Young adults often lack the ability to plan for their financial future, budget adequately, or see the importance of having a bank account; and consequently, the importance of saving (Cashmore & Paxman, 2007; Dickens, 2016). The study by Cashmore and Paxman (2007) is an illustration of these very challenges that the 41 care-leavers in Australia experienced after institutional care. They discovered that about 49% of the participants were in debt and had no savings, while many of the care-leavers took about 4-5 years after leaving the institution to achieve financial security.

Financial security is a subjective term that means different things to different people, and therefore, it cannot be confined to a specific amount. Being able to establish a consistent income and be in a position of financial security is critical to a post-institutionalized adult's journey to independence; and is seen as the best predictor to determine how well a person is doing (Cashmore & Paxman, 2007; Dickens, 2016). There are several factors that contribute to one's financial security, such as being debt-free, being in control of expenses, increasing monthly savings, and not being forced to work just to pay bills (Roth, 2007). One's ability to have at least three healthy meals a day is a good indication of healthy living. Shelter and clothing are also two other important necessities. The ability to save is another key indicator of financial security because it implies that one has future aspirations and does not necessarily live for the moment (Kovacevic & Vujovic, 2015). The savings culture in youth, especially in Zambia, is quite poor, according to the Lusaka Times (2015) and Zambia Daily Mail (2015).

2.5.6. Substance abuse and vulnerability

Drug and alcohol abuse have a negative impact on a care-leaver's ability to achieve success and therefore, it is an important factor to consider. Substance abuse generally involves the abuse of a wide range of drugs and alcohol. Young people transitioning out of institutional care are at risk of developing addiction to various substances, especially if they are not provided with sufficient and appropriate love, attention and guidance (Hannon, Wood, & Bazalgette, 2010). According to Ward et al. (2003) and Gaskell (2010), depression, behavioral problems, and social exclusion are some of the reasons that may lead to a youth in care to abuse drugs and alcohol, in an attempt to cope with the stressors of living in care and transitioning out of care. The likelihood of a care-leaver experiencing mental health problems and eventually indulging in drug and alcohol abuse, is increased, especially if they feel like they have been rejected, neglected, have fewer sources of social support, or are not satisfied with the kind of support they are receiving (Cashmore & Paxman, 2007; Hass & Graydon, 2009).

2.5.7. Criminal activity

Criminal activity is often caused because of substance abuse, unemployment, homelessness, and mental health problems (Dickens, 2016). According to Taylor (2006), the popular perception that there is a strong connection between young individuals growing up in CCFs and their involvement in crime, has often been assumed because there is little research that actually points to how growing up in CCF can lead to involvement in crime and vice versa. Nevertheless, it is important to note that whilst there are a few children and youth being placed in CCFs as a result of criminal proceedings, some may enter institutional care because they are already at risk of getting involved in crime; either voluntarily or involuntarily (Taylor, 2006). As much as there is a wide range of research studies documenting positive experiences of children growing up in

CCFs (Csaky, 2009; Dozier et al., 2012; Januario et al., 2016; Levine 2001; Whetten et al., 2014), sometimes institutional care failed in preventing those transitioning out of care ending up in criminal activity (Taylor, 2006). The study by Minty and Ashcroft (cited by Taylor, 2006) drove home this point when they concluded that many children admitted into CCFs emanated from a disadvantaged background as perpetrators of crime or victims of crime such as abuse, neglect or substance abuse. Therefore, it may not always be easy to help them overcome the social burdens they carry (Dickens, 2016; Gaskell, 2010; Frimpong-Manso, 2018; Januario et al., 2016).

2.5.8. Section conclusion

The term 'success' is a very subjective term often difficult to define because it varies from person to person depending on the situation and circumstances they find themselves in; with no exception to young people growing up in CCFs. It is for this reason, from literature, the markers of a 'success' story have been identified to include: relationships, accommodation, education, employment, financial security, substance abuse and criminal activity.

2.6. ALTERNATIVE CARE POLICIES FOR OVC IN ZAMBIA

The leading view in Zambia and in the international community, supported by many policies and legislative documents, is that OVC are best cared for in a family environment or setting as opposed to CCFs (Ministry of Community Development and Social Services, 2017a). Zambia is a State Party to a number of international and regional human rights instruments such as the UNCRC, ACRWC, Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption (Hague Convention) and The Hague Convention on Civil Aspects of International Child Abduction (Hague Abduction Convention). Zambia also draws on the

guidance from the UN Guidelines for the Alternative Care of Children "which aims to enhance implementation of the UNCRC... regarding the protection and well-being of children deprived of parental care or at risk of being so" (Ministry of Community Development and Social Services, 2017a: 6). These international instruments have been incorporated into the Zambian Law to harmonize the legal rights of children that have been set up to ensure family based care.

2.6.1. United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC highlights the need for special protection and care to be accorded for children who are at risk and vulnerable and also places much emphasis on the role the family plays in caring for these children as well as the State's role in providing the necessary support. There are several articles within the document that speak to this. Article 7 and 9 for example emphasis on the right that every child has to a family and the responsibility the governments have to respond to this right (Article 10, 18). The convention also speaks to issues concerning child abuse, neglect, violence and exploitation and that governments must do all that they can to protection children from harm (Article 19). For children that cannot be cared for by their biological family, the convention, under Articles 20 and 21 accords them the right to alternative care options such as adoption or institutional care.

2.6.2. United Nations Guidelines for the Alternative Care of Children

While the UN Guidelines for Alternative Care of Children are not legally binding, they have been recognized and referenced by various governments such as Ethiopia, Kenya, Namibia, Rwanda, Swaziland, Uganda and Zambia for the development of alternative care standards and policies. These guidelines stress the importance of having every child grow up in a family environment with States being responsible for supporting the efforts of families in raising their children or reuniting their children back into the community in cases of children being placed in

alternative care. While reintegration is not possible, it is the responsibility of the state to ensure that long-term alternative care is awarded to children; preferably in a family based setting within or close to the child's community (Ministry of Community Development and Social Services, 2017a, b).

The guidelines identify two principles that need to be taken into account when deciding the next course of action for an OVC. The first fundamental principle is the 'necessity principle' where care should be genuinely needed. In other words, the necessity principle stipulates that families should be supported thereby preventing the initial separation of children from their family. Alternative care should only be available to children if all possible means of keeping them with their nuclear or extended family are exhausted (Ministry of Community Development and Social Services, 2017a).

The suitability principle takes about the appropriateness of care provided. It therefore demands that once it has been ascertained that a child is in need of alternative care, the care provided must suite each child. Aside from the general minimum standards such as conditions, staffing, finances, etc. that all care settings must meet; this principle also demands for a range of family-based care options to be in place (Ministry of Community Development and Social Services, 2017a).

The Ministry of Community Development and Social Services (MCDSS) is responsible for ensuring that an effective and appropriate gatekeeping system is in place to ensure children are not taken into residential care without due consideration of the principles of necessity and suitability (Ministry of Community Development and Social Services, 2017b; The Faith to Action Initiative, 2014). Gatekeeping can happen within the institution, led by the manager and

social workers but under the supervision of local authorities. It should be in place to ensure that proper assessment are done and reviewed by the responsible authorities. Gatekeeping mechanisms should as a result determine that there indeed no family members that are viable to care for the child and therefore admission into a CCF should be in the best interest of the child. Even though gatekeeping is a critical factor when it comes to determining whether institutional placement is absolutely necessary and appropriate, it is still undeveloped in most parts of the world, especially in the African region (The Faith to Action Initiative, 2014).

2.6.3. African Charter on the Rights and Welfare of the Child (ACRWC)

The ACRWC builds on the same basic principles as the UNCRC as it highlights issues of special importance in the African context. These include issues of civil, political, economic, social and cultural. Narrowing down on family life and alternative care, the ACRWC speaks of parental guidance, parental responsibilities, separation of children from parents as a result of armed conflicts; family reunification, maintenance of the child; abuse, neglect and exploitation (Ministry of Community Development and Social Services, 2017a).

Article 25 of ACRWC states that any child who is permanently or temporarily deprived of living with their family for any reason has the right to special protection and assistance. The Convention obligated States Parties like Zambia to ensure that any child who has no parent(s) or is temporarily or permanently deprived of his or her family, or who in his or her best interest cannot be brought up or allowed to remain in that environment has the right to alternative family care, such as foster placement, or placement in suitable institutions for the care of children. The ACRWC further provides States Parties should take necessary measures to trace and re-unite children with parents or relatives whenever separation occurs (Ministry of Community Development and Social Services, 2017b).

2.6.4. Zambia's Policy and Legal Environment

Within the Zambian government, there are a number of policies and laws designed to ensure the protection and care of children. Their fundamental objective is to create an environment that provides for the social and economic well-being of children while protecting them from abuse and maltreatment. Broadly speaking, these policies and laws cover issues relating to social protection, child welfare and maintenance, health, education, disability, child labor, trafficking, HIV/AIDs, gender based violence and access to social amenities (Ministry of Community Development and Social Services, 2017a). For example, a child who has been temporarily or permanently deprived of living within his or her family environment or in whose best interests cannot remain with their family of origin is entitled to special protection and assistance provided by the government through the Department of Social Welfare. Such care includes kinship care, foster care and adoption or as a last resort, placement in a suitable CCF (SOS Children's Village International, 2014).

2.7. THE ROLE OF SOCIAL WORKERS IN INSTITUTIONAL CARE

The role of Social Workers in CCFs varies from institution to institution depending on the set up of the facility and the overall job descriptions; however, they all share a common aim; to work directly with children and families (Health Service Executive, 2011). There are a number or tasks and responsibilities that are expected to be carried by all Social Workers regardless of the institution they work in. To start with, Social Workers are expected to ensure that the policies outlined in Section 2.6 are adhered to by all staff members working in the CCF.

Upon admission: When a child is being admitted into a CCF, a Social Worker is responsible for carrying out the initial assessment of the needs of the child and his or her family. The goal of this

assessment is to identify the areas of support that the family may need so that the parents can eventually care for their children safely and appropriately. These assessments are usually done with the parent(s) having confidential conversations with the Social Worker; and where appropriate, the child may also be given a chance to speak to the Social Worker privately. During this assessment, should the Social Worker see fit, he/she can meet with other influential members within the child's environment such as the teachers and other relevant professional to get a more holistic picture of the case (Health Service Executive, 2011).

Within institutionalization: From these assessments that they conduct, Social Workers are responsible for developing care plans that clearly state the children's needs. It is important to note that the formulation of a care plan does not necessarily rest on shoulders of the Social Worker alone, but other professionals such as counselors or teachers can be involved in the assessment in order to obtain a more comprehensive view on the needs of the children (Ministry of Community Development Mother and Child Health, 2015). The care plan, where possible should be developed (and adapted), together with the parents or relative (or the referring social worker), and should address a wide range of children's needs, such as education, health, development, contact with child's family and exit strategy (Health Service Executive, 2011; Ministry of Community Development Mother and Child Health, 2014; Ministry of Community Development and Social Services, 2017a; The Faith to Action Initiative, 2014).

Upon discharge: When a child has been reunited with the family, the social worker is responsible for making follow-up visits over a specified period of time to ensure that the placement is going on well and that the child is safe and well care for (The Faith to Action Initiative, 2014). If reintegration or kinship care is not an option, Social Workers need to facilitate the process of alternative care options such as foster care or adoption (The Faith to

Action Initiative, 2014). Trained social workers are also expected to facilitate the process of transition into independent living or reintegration by addressing the psychosocial needs of the children or youth before, during and after the process of transition (The Faith to Action Initiative, 2014).

2.8. THE ROLE OF CARE-GIVERS

Care-givers have a significant role in the day to day caring of children in CCFs and are responsible for developing a relationship with the children in their care based on "affection, understanding and respect" (Ministry of Community Development Mother and Child Health, 2014: 24). They are expected to give each child individual attention make an effort to build a relationship based on trust and understanding. For young people without an existing secure base, a major task for caregivers is to help develop support systems that can sustain their relationships and help with coping of life's adversities. The development of such systems can be done through everyday activities.

In Zambia, care-givers are expected to have specific qualifications to help them do their job (Ministry of Community Development Mother and Child Health, 2014).

Section 4.1.2 in the Minimum Standards of Care for CCFs, outlines the criteria and necessary qualifications that all care-givers working in CCFs spread across the country must meet. Firstly, all care-givers must be above the age of 18 and hold a Grade 12 certificate or higher. They must have satisfactorily completed a career certificate or vocational training programme in the provision of child care. They must also have a police clearance certificate and sign the Institutional Child Protection policy (Ministry of Community Development Mother and Child Health, 2014).

It is however worth noting that during the 2016 nationwide assessment on CCFs, it was discovered that 80% (60) of CCFs reported that the care-givers working in the facilities had not attained a grade 12 certificate as per specification according to the Minimum Standards of Care. Only 14.7% (11) of the facilities had care-givers who attained the grade 12 level of education; while 5.3% (4) of the facilities did not know the educational qualifications of their care-givers Ministry of Community Development and Social Services, 2017b).

2.9. CARE-LEAVING

Young people leave care because often they reaching the age when they are no longer entitled to assistance and protection from the care system of the CCF; and this normally happen when the young person attains age 18 or has completed their higher education (Manso, 2012). However, in some countries, this can increase to 26 years, depending on the policy or circumstances surrounding the young person (Cameron, 2016; Manso, 2012; Stein, 2014). Thus, Moodley et al. (2018: 6) assert that "The starting over is evident when the youth have to leave the [CCF]". The following are some of the important aspects pertaining to care-leaving:

2.9.1. Leaving-care

Often, the decision to leave institutional care is a mutual decision between the young person, if old enough, and the facility in which they live. Some care-leavers are greatly involved in the decision making while others have little to no involvement as the decision is made by the facility or their family members (Januario et al., 2016). The transition into independent living from residential care can sometimes be quite traumatizing for care-leavers, especially for those who experience socio-economic challenges. Youths are often expected to transition out to families whose socio-economic conditions have not changed; and in some instances worsened. In

addition to this, youths transitioning out of care often lack safety nets, since their transition is sometimes described as abrupt with expectations from CCF staff and/or family members to accelerate to immediate independent living (Moodley et al., 2018).

2.9.2. Support for care-leaving

Youths living in CCFs are often supported by the staff of the facility. Emerging adults who have left institutional care are especially more vulnerable during their transition to adulthood. Like their peers outside CCFs, they face many tasks and challenges, but unlike their peers, they often confront these challenges with little to no support (Frimpong-Manso, 2018; Hass & Graydon, 2009; Sulimani-Aidan, 2017). Young people who grow up in the care of their family are able to depend on their families for financial or emotional support, but many post-institutionalized adults have absent or stressful relationships with their biological family and therefore may not be able to receive the necessary support from them. Upon leaving the CCF, they are expected to take on the role of adulthood almost alone and often miss the critical stage that is supposed to prepare them in their search for their identity (Sulimani-Aidan, 2017). With the ever-increasing uncertain economic challenges, youths transitioning out of care are in need of community and family support especially if care-leaving services by the government or other private organizations are lacking or to some extent non-existent (Moodley et al., 2018).

2.9.3. Preparation for care-leaving

Children leaving CCFs need to be adequately prepared because they have experienced much trauma resulting from abuse, neglect or family dysfunction prior to entering care, and as a result, they have unique psychological and physical needs. It is the responsibility of the facility, parents and the government departments to facilitate and prepare children in care (Manso, 2012). How well prepared children are to leave care is critical to their development of resilience, through

opportunities that counter-act adversities. Therefore, these opportunities help one develop problem-solving abilities as well as emotional coping skills.

Over the years there has been some improvement on post- institutionalized adults' preparation towards independent living, however, many feel that the fact that they move to independent living at a young age (16-20 years) they are greatly disadvantaged compared to their peers growing up in a family (Baker, 2017; Manso, 2012; Stein, 2014). Teaching independent living skills is one way in which young adults leaving care can be better prepared for the transition. These include skills surrounding financial management, getting into employment and practical skills (Department of Family and Community Services NSW, 2018). "The strong messages from young people were that developing independence skills should start early, be gradual, go at the young person's pace and not be done in a hurry" (Baker, 2017: 8).

Helping the young person reconnect with their family and community as they prepare to transition out the CCF is another way to ease their transition back into the community. Through the gradual transitions, they are able to develop safe, loving and stable support systems (Department of family and Community Services NSW, 2018). In addition, emotional and mental health services can help young people cope during the transition process especially since the process of transition can be met with a lot of emotions. Some post- institutionalized adults might be uncertain about their future or how the dynamics of the relationships they have established change after they leave care. As a result, a lot of attention needs to be given to them to prepare them emotionally for the changes yet to come (Department of Family and Community Services NSW, 2018; Baker, 2017).

2.9.4. Integration into society

When young people are ready to leave care and be reintegrated with their family or transition into independent living, the youth are supposed to be prepared and supported through a step-by-step process. "During their stay in a CCF, children and young people should be continuously prepared for independent living and empowered to cope and adapt to life's challenges in the outside world" (Ministry of Community Development and Social Services, 2014: 36), and contribute to the society they live in. They are supposed to be provided material or financial assistance they may need as they transition (The Faith to Action Initiative, 2014). It is also imperative that such young persons are included in the decision making process and given ample time to prepare for the next stage of their life.

The transition from facility life to living independently can be a critical and challenging process as it requires young people to be prepared for the risks within the society thereby easing their integration into a new or different social state (Stein, 2005). According to Kovacevic and Vujovic (2015), one way in which young people can be better integrated into the social environment after leaving care, is if they have been linked to their community of origin prior to exiting the facility through frequent and lengthy visits. In doing so, the young person can already begin to identify important support networks within their community (Kovacevic & Vujovic, 2015). The prospect of having an already established family network within the community a young person is transitioning into is likely to make the whole process smoother. In fact, prior interaction with the community is also likely to add to a better transition (Januario et al., 2016).

In addition, the community's attitude towards care-leavers has been described as a major factor influencing the integration of care-leavers back into the community. There is therefore need to carry out community sensitization in communities where stigma towards previously

institutionalized adults exists. This stigma can make it difficult for one coming from a CCF to integrate back into the community (Gwenzi, 2019).

2.9.5. Emotional state of mind of care-leavers

Often the emotions and feelings of the young person are left unattended as they transition into independent living. As a result, many care-leavers feel that there is insufficient support provided to them that is specifically meant to check their emotional state. Consequently, they may suffer from depression and anxiety, in addition to the challenges that come with transitioning to independent living (Baker, 2017; Richardson, 2014). The experience of leaving care cannot be compared to that of leaving home because care-leavers rarely have the support networks or stability that their peers from a family set-up have.

For some young people, leaving care can evoke feelings of fear, doubt and worry about the unknown because of the transition into a new lifestyle that is unfamiliar to them, especially if they are unprepared; which is often the case (Manso, 2012). Care-leavers may fear that they wouldn't be able to meet their basic needs, getting sponsorship to continue their education, or just having a sense of belonging in the community. Others may be stuck in a prolonged state of constant worry and fear that may never be fully resolved (Januario et al., 2016). Some care-leavers may experience stigma because of having grown up in a CCF. This may make it difficult for them to cope with basic issues such as managing their household and finances or some of the stressors such as drugs and alcohol that they may have experienced prior to admission into a CCF (Manso, 2012; Stein, 2014). Other care-leavers may experience a sense of excitement as they begin to explore the idea of living on their own, especially if they have some sort of educational opportunities or a job that they are transitioning into.

The presence of long-lasting relationships built on trust can help manage their emotional and mental state as they take on independent living. This can in turn help build their resilience (Richardson, 2014). Therefore, focusing on the emotional well-being of care-leavers should be the starting point and institutions should concentrate on specific programs that allow care-leavers to focus on their emotions and feelings, and anxieties; with ample opportunities to address and confront these. Care-leaving should also be a phased-in program for youth to test themselves in transitional care-leaving situations.

2.10. THE ROLE OF THE FAMILY

Research studies in different cultures and contexts have consistently demonstrated the positive impact that the family can have on the overall growth and development of children. The studies have also illustrated the harmful effects that living outside of a family setup can have on children (The Faith to Action Initiative, 2014). It is therefore important that when a child, for whatever reason, is forced to live outside of their family environment, the family's role should not cease to exist while they are in institutional care and as they leave care.

When a child enters institutional care, their family is still expected to remain connected to the child through visitation which can positively impact the reintegration process later on. Under the Juveniles Act, Cap 53 Section 22, CCFs in Zambia not only have the responsibility to support and maintain children in their care, but must also assist with reintegration and provide permanency planning for a child to return to family care; which can only be done if the relationship with the family is maintained whilst they were in care.

Following a child's admission into a CCF, the family's role does not end; in fact, they play even a bigger role as the child is discharged because they need to re-establish their role as the support

system for the child and ensure that the child feels a sense of belonging. The family is expected to re-introduce the child to the community and help it reintegrate and cope in the environment (Januario et al., 2016). It is however, unfortunate that often families tend to struggle in maintaining the relationship with their children once they are placed into CCFs because their financial situation may dictate how often they visit the child; especially if the child is living in a CCF that is far from their family and community (Gwenzi, 2019).

Prior to leaving the facility, young people need to be prepared for reintegration with their families. Preparation for reintegration includes allowing children in CCFs to visit their family and/or vice-versa, providing counseling and empowerment programs for the families so that they have the financial capability to take full responsibility of raising their child(ren) (SOS Children's Village International, 2014; Gwenzi, 2019; Kovacevic & Vujovic, 2015). The transition out of institutional care, once the young person has reached the age of aging out, is also made much easier if they have had prior interaction with their family and the community into which they would be transitioning into.

2.11. CHAPTER CONCLUSION

This chapter focused on the review of literature on institutional care in Zambia and globally, paying attention also to the international and national alternative care policies that guide the running of CCFs and protection of children and youth resident in them. The chapter identified the main reasons why children are placed into CCF. It also outlined the main ways children leave CCFs either through reintegration or alternative care. In Zambia, reintegration is a common exit strategy from CCF. However, alternative care options such as kinship care, foster care and adoption are slowly gaining momentum as care options especially for children who cannot be

reintegrated back into their families. The chapter also presented arguments surrounding the placement of children in CCFs and focused on the negative effects institutional care has on the development of children and the challenges that young adults face later on in life, post institutional care.

The chapter identified successes which make up 'success stories'. These success outcomes included relationships with family, friends, partner, accommodation, financial security, education, employment, criminal activity and substance abuse. The chapter concluded by identifying some of the aspects associated with care-leaving and the role that family plays as individuals' transition out of a CCF.

The next chapter will focus on the resilience theory, which is the theoretical framework of this study. The chapter will provide a discussion on the resilience theory and examine the resilience factors that support the positive transition of institutionalized individuals.

CHAPTER 3
RESILIENCE AND RESILIENCE THEORY

3.1. INTRODUCTION

A theoretical framework, according to Grant and Osanloo (2014: 13), is one of the most important aspects of the research process and is often referred to as the "blueprint" in relation to a house. A theoretical framework is derived from an already existing, tested and validated theory (Adom, Hussein & Agyem, 2018; Grant & Osanloo, 2014). When selecting an appropriate theoretical framework to guide the research, it is important that the researcher takes into consideration the following four constructs underpinning the study: problem, purpose, significance and research question. This is what the researcher took into consideration when selecting the theoretical framework for this study. Resilience Theory was thus deemed to be most appropriate because of the four constructs that focused attention on resilience.

This chapter is divided into four parts. Part A focuses on the resilience theory in a holistic manner, looking at the critiques and its progression over the years, and its components; Part B explains the protective factors associated with children and youth being reared in institutional care and Part C focuses on resilience and care-leaving.

PART A: RESILIENCE THEORY

3.2. INTRODUCTION TO RESILIENCE

The resilience perspective provides a theoretical framework for exploring and trying to understand why some youth in CCFs develop into healthy adults, despite their adversities and

risks (Masten, 2011; Sulimani-Aidan, 2018). Some refer to resilience as an element that is "intrinsic" to a person "capacities" of individuals, while others see resilience in a more "holistic" manner as "positive functioning" in the wake of adversities (van Breda, 2018: 2).

A resilience perspective on young people living in CCF has been increasingly prominent because this target group is often among the most vulnerable of all young people (van Breda, 2015a). Children and youth living in CCFs often find themselves in care after all other options of alternative care have failed, perhaps due to their crumbling family and community system or behavioral problems (van Breda, 2017).

Resilient individuals are characterized by their ability to draw from their inner strength and recover on their own, or rely on social support during times of crisis (Frimpong-Manso, 2018; Sulimani-Aidan, 2017; van Breda, 2017). Resilient individuals are not necessarily invulnerable or unaffected by adversity (Drapeau et al., 2007), but are instead able to overcome their adversities during the course of their life, believe in their ability to handle difficulties, and know that they have the potential to flourish after a crisis (Cicchetti, 2016; Sulimani-Aidan, 2017; van Breda, 2017). Masten and Powell (2003 in Sulimani-Aidan, 2017: 1115) argue that "resilience is not a personality trait, but an outcome revealed through behavior and coping patterns". Therefore, the resilience perspective on youth in care, and those transitioning out of care, is becoming more prominent as researchers try to understand how some young people navigate through their adversities and establish themselves as educated, employed and family oriented young adults (Stein, 2005; Sulimani-Aidan, 2018; van Breda & Theron, 2018).

Resilience and its pathogenic roots: There has been a worldwide shift from how resilience is being understood, with research on resilience over time becoming more sophisticated (Bond &

van Breda, 2018; Dickens, 2016). It is no longer viewed as only a component of an individual's character; but it now includes biological and environmental factors that contribute to one's functionality (van Breda, 2015a). Between 1970 and 1980, the concept of resilience was first researched by developmental psychologists in North America as they investigated psychopathology, and argued that the same developmental processes are at work in all children. This, in turn, meant that resilience is a universal phenomenon rather than the providence of only a few children; making it more attainable (Hass & Graydon, 2009). They aimed to identify factors and variables related to resilience so that they could predict, understand and treat. This was known as *the* pathogenic approach and focused on the origins of illnesses or the breakdown of social systems or wellbeing (Dickens, 2016; McMurray, Connolly, Preston-Shoot & Wigley, 2008; van Breda, 2018).

Resilience and its salutogenic roots: The study of resilience continued to progress as researchers like Werner and Smith (1982, in McMurray et al., 2008), initiated the shift of looking at resilience from a pathology focus towards a health focus, *the salutogenic approach;* in other words, what separated those with better outcomes to those with poorer outcomes (Dickens, 2016; Winkler, 2011; van Breda, 2018). This was following the observation that all people portrayed negative outcomes in response to vulnerabilities. For example, in the face of a negative experience, some individuals recovered, others showed little to no deterioration in functioning, while others appeared to achieve higher adaptions than before (van Breda, 2018). The different understandings of resilience theory, in turn, provided a wide variety of intervention strategies that help promote it (Dickens, 2016; Winkler, 2011).

3.2.1. Resilience Theory Approaches

Approaches in resilience research have played a major role in the conceptual frameworks of research and have guided the data analysis process. These approaches have defined the various variables of resilience, such as, the risks, trauma or adversity, the positive adaptation criteria, and other influences that promote protective factors (Masten, 2011; Windle, 2011).

3.2.1.1. The Variable-focused approach

The variable-focused approach studies the relationship between variables by the use of multivariate analysis such as regression, structural or equation modeling to study the patterns among the variables (Masten, 2011; Windle, 2011). Within the variable-focused approach, there are three models which explain how protective factors can change the effects brought on by adversities. These are the compensatory, protective and challenge models.

- **The compensatory model** looks independently at how risks or resources contribute to the outcomes and requires one to examine their direct effects.
- **The protective model** focuses on the effect a resource can have on the direction and/or strength of the risk.
- **The challenge model** describes "a curvilinear relationship between a risk factor and outcome" Windle (2011: 161). In other words, one's exposure to low or high levels of risk brings about negative outcomes while moderate levels of risk brings about better outcomes. Therefore, this model assumes that moderate levels of risks are needed to help one learn how to overcome challenges.

The variable-focused approach was strongly influential in the resilience research because it underlined the difference between the main effects and interactions. However, these could also be tested in the person-focused approach as well (Masten, 2011).

3.2.1.2. The person-focused approach

The person-focused approach aims to identify individuals with similar adversities but have shown patterns of either good or poor adaptation thereby identifying factors that either lead to risk or positive outcomes (Windle, 2011). This approach is therefore often used to identify those who may be deemed resilient. The person-focused approach also examined the life course of the individual in order to identify their source(s) of resilience (Masten, 2011).

This study will use a person-focused approach because of its orientation and focus on individuals and their experiences and characteristics of resilience. The use of the River of Life data collection tool (explained further in Chapter 4 Methodology) will provide a visual representation of the life course of participants and help the researcher identify the various protective factors for participants.

3.2.2. Critique of the resilience theory

Resilience as a term remains quite difficult to understand because of the many challenges that scholars and researchers face as they try to conceptualize it (as depicted in Section 1.6.1). The plethora of definitions of resilience acknowledges the existence of adversity which would cause someone to be vulnerable but also requires one to overcome their adversity in a positive manner. However, like many other resilience definitions, these definitions rarely make mention of what qualities or behaviors are required for an individual to become resilient or how they acquire them (Winkler, 2011; 2014). This is something that this study aims to address; what are some of the

qualities that children in child care facilities need to possess in order to develop a sense of resilience and how these can be cultivated?

Key critiques of the theory, identified by Dickens (2016), Vanderbilt-Adriance and Shaw (2008), and Fletcher and Sarkar (2013), is that firstly, it is difficult to define what makes a context 'high-risk', secondly, it may be difficult to operationalize the term 'positive adjustment' as this is a rather subjective experience; and lastly, it may be difficult to determine how stable someone's resilience is over time. These critiques are important when addressing the resilience of individuals. The fact that resilience can be rather subjective, makes operationalizing resilience quite problematic, and therefore makes it difficult to evaluate and compare findings from different research studies.

An additional critique of the theory is that it is unclear whether resilience is actually a process or an outcome. Some researchers that view resilience as an outcome focus on identifying the individuals that succeed despite their adversities and this would, for example, mean that post-institutionalized adults with healthy adjustments in the wake of adversity are considered resilient. Viewing resilience as an outcome unlocks the possibility that it can be modified and predicted by taking into account factors such as personality traits and beliefs (Lou, Taylor & Folco, 2018; Luthar & Brown, 2007; Sulimani-Aidan, 2018; van Breda, 2017).

However, for researchers that view resilience as a process, chose to explore the factors that protect vulnerable individuals and differentiate those who are resilient as a result (Luthar & Brown, 2007; Sulimani-Aidan, 2018; van Breda, 2017; 2018). For example, post-institutionalized adults with a stable job could be considered resilient compared to one who lacks formal employment. However, outcomes associated with resilience may either change overtime

or vary in the individual's life. For example, he/she may be doing well in school but struggling at home. In addition, looking at resilience as an outcome alone means that one only declares the observation of a positive outcome without having to really explain it. Looking at resilience as an outcome therefore may not always provide a holistic picture regarding what makes one resilient (Dickens, 2016; van Breda, 2018). Viewing resilience as a process means that protective factors associated with resilience need to be identified, and in this regard, researchers are able to determine what protective factors differentiate a resilient individual from one who is not.

However, van Breda (2015) states that looking at resilience as a process or as an outcome should not cause conflict but instead "Resilience can thus be thought of as a process of resilience that leads to a resilience outcome." (van Breda, 2017: 227). In other words, empirical research on resilience has resorted to viewing resilience as an outcome where one identifies individuals that have overcome adversities and then moving to viewing resilience as a process where one identifies the protective factors that differentiate individuals that are resilient to those that are less resilient (van Breda, 2017).

3.2.3. Progression of Resilience

Earlier resilience research conceptualized resilience as a character trait, static and founded within the personality of an individual (Dickens, 2016; Frimpong-Manso, 2018; Lou et al., 2018). However, a broader understanding of resilience and how to cultivate it, revealed that it was not sufficient for practitioners to just pay attention to the individual; but it was also important to acknowledge the context in which the individuals belong to. The work of Ungar (2012) is a good example of this, as he argued that context influenced the individual's response to adversity more as opposed to an individual's personal factors. Ungar (2012) did not argue against the role personal factors play in dealing with adversities, but rather he identified other factors that

influence resilience, such as relationships, culture, and social inclusion. In support of this, van Breda and Dickens (2017: 265) state that "it is the network of supportive factors in the environment… that contribute the most to people's adaptation in the face of adversity". Therefore, the criteria for positive development cannot be set too rigidly across all domains, otherwise if individuals do not possess all the elements in order to be resilient, only a few participants would be classified as resilient.

3.3. RESILIENCE AND ITS COMPONENTS

The present study is built on the premise that young people, growing up in CCFs, face a number of adversities and continue to experience challenges as they transition out of institutional care. As a result of the adversities faced, once out of a CCF, their focus is moved to how to cope and overcome their adversities so as to survive in society. Resilience is identified by three main components: adversity (risk), protective factors, and recovery (or bouncing back) (Dickens, 2016; Sulimani-Aidan, 2017; 2018). The three components are discussed below in turn.

3.3.1. Adversity or Risk

Adversity or risk is defined as a once-off or ongoing exposure to a challenge. Once-off could mean being robbed (victim of a crime) while ongoing could mean constant physical abuse (Dickens, 2016). In other words, adversities can be divided into categories: chronic and acute (Figure 3.1). *Chronic adversity* extends for a long period of time and may negatively impact on the person's life. Chronic adversity can be further broken down into two subcategories: distal-onset adversity and proximal-onset adversity; the former having no clear starting point (poverty or family violence) and often extends from birth to adulthood; while the latter has a defined starting pointing in a person's life and continues over a significant period of time, and as a result,

impacts other aspects of the person's life (war and natural disasters) (Bonanno & Diminich, 2013; van Breda, 2018). *Acute adversity,* on the other hand, is relatively short and has a limited impact on the person's whole life; for example accidents or assault (Bonanno & Diminich, 2013; van Breda, 2018) (see Figure 3.1).

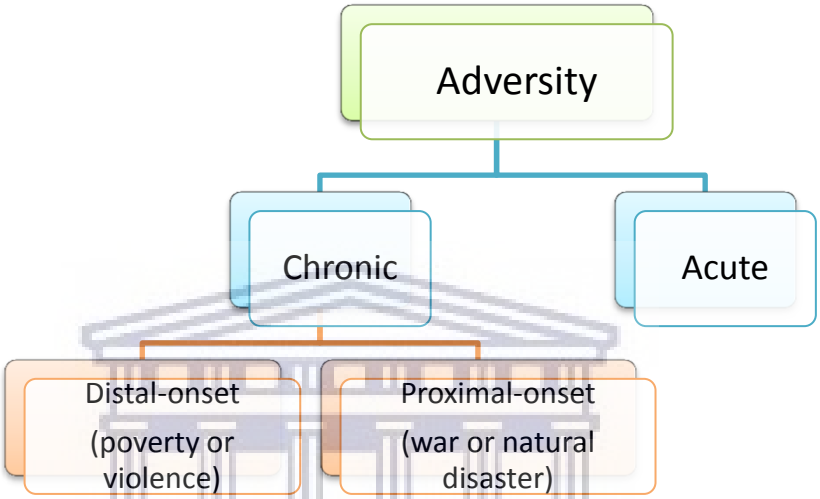

Figure 3.1: Patterns of adversity
Sources: *Bonanno & Diminich, 2013; van Breda, 2018*

It is important to recognize these patterns because they determine resilience pathways. For example, acute and proximal-onset chronic adversities require one to think of resilience as 'bouncing back' to a level of functioning before the adversity; while distal-onset chronic adversity requires one to cope in the face of adversity since there is no 'before', and therefore they are unable to 'bounce back' (van Breda, 2018).

Based on these distinctions, it is vital for social workers and Child and Youth Care workers (CYC) to assess the kinds of adversities endured by children as this could determine whether it is chronic or acute. In this way the CCF can thus be a resilience-bearing source for these children. In some cases the CCF can also be viewed as a risk or adversity factor but overall, a CCF is an

intervention for most children and therefore, the circumstances children find themselves in prior to being admitted are often the source of their adversities. However, prolonged stay in a CCF can affect other areas of a person's life, such as family relationships, education or employment. The exposure to risks or adversities is necessary for the emergence of resilience in an individual (Lou et al., 2018). Some risks could encompass the following:

- **The CCF as risk factor:** Children growing up in child care facilities often experience ongoing risks or adversities by virtue of just being in a child care facility facing a myriad of daily challenges. In this case, children would experience ongoing adversity as prior and during institutionalization.
- **The family as risk factor:** The ongoing exposure to risks or adversities could start with their family composition. Some of the family factors that cause risks for family members include marital conflict, women abuse (or intimate partner violence), or mental illnesses. Left unchecked, these risk factors could translate into behavioral problems, academic difficulties or delinquency (Frimpong-Manso, 2018; van Breda, 2017).
- **The community as risk factor:** The community has also been considered as a risk factor because historically it has been seen to contribute to the difficult life of families. The stressors which individuals or families have to withstand are often considered to stem from the community: be it poverty, political instability, crime, or discrimination (racial, cultural, social class).

From the above it can be seen that risk factors can therefore come from individuals, the family or community at large.

3.3.2. Protective Factors

The second component of the theory is the protective factors, also referred to as 'better-than-expected outcome' which enables individuals to achieve positive outcomes in the face of adversity (van Breda, 2018). It focuses on how to help individuals reared in difficult environments, such as CCFs adapt to their past, current and future challenges by building their self-esteem, self-efficacy and capacity to build relationships that are based on trust (Schofield, et al., 2017). Earlier research on resilience focused on identifying the individual factors that distinguished those with good outcomes compared to those with poor outcomes. Some of these factors included intelligence, problem-solving skills, motivation to succeed, faith and hope (Masten, 2015; van Breda, 2018).

Over the years, some researchers have adopted the social work concept of the person-in-environment (PIE) to formulate a more holistic picture of the resilience processes. For example, the 'P' in PIE can be described as the personal (or individual) and be seen to be made up of characteristics such as spirituality and optimism. The 'E' which is the social environment can compromise safety within the community or the financial security of the family. Lastly, the 'I' is the interactional and can be seen as the link between the person and the social environment through team work and empathy (Dickens, 2016; Drapeau et al., 2007; van Breda, 2018). Therefore, the value of looking at resilience through the PIE approach opens one to the possibility of looking at resilience not just on an individual or environmental level but in the way they both "transact" (van Breda, 2018: 8).

These factors can be depicted in the following way (Figure 3.2):

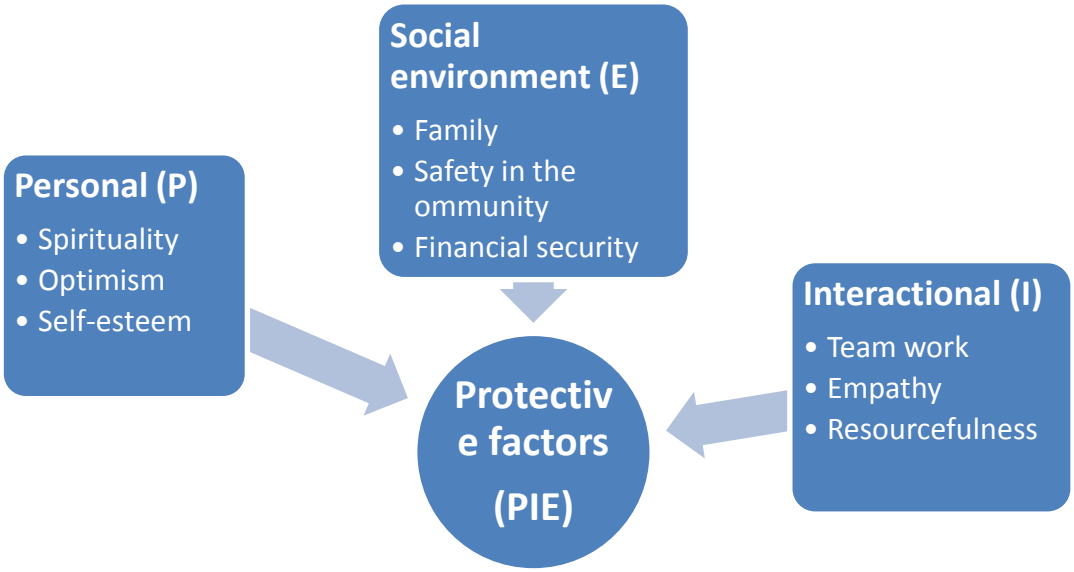

Figure 3.2: Protective factors
Sources: *Dickens, 2016; Drapeau et al., 2007; van Breda, 2018*

The above figure illustrates the relationship between the three resources that provide protective factors in resilience and where these can be broadly sourced from. The kinds of resources are discussed below:

- **Personal factors**: These are individual resilience factors that correspond to the 'person'. These are often referred to as individual factors and are designed to bring about a positive learning experience, someone's temperament, spirituality, optimism, self-esteem; to name a few (van Breda, 2017). According to the resilience theory, individuals with high levels of individual resilience are able to draw on their internal strengths in order to overcome negative outcomes such as behavioral problems or academic difficulties (van Breda, 2017; van Breda, 2017).
- **Environmental factors:** These could emanate from either the family or community and could be summarized as one's ability to form relationships with other people (Dickens, 2016;

van Breda, 2017). The family can serve as a protective factor in the manner in which it maintains family rituals, solves problems, handles marital disputes, and preserves the relationship(s) between parent(s) and child(ren) (van Breda, 2001; 2017). "Almost all resilience studies point to the centrality of relationships in the resilience of human beings and particularly vulnerable children" (van Breda, 2017: 250). The community for example, has been identified as an important source of resilience for vulnerable children because it can provide social support in the form of extended family, religious community or local community (van Breda, 2017). Protective factors essentially "buffer exposure to risk and lower the probability of poor outcomes" (Dickens, 2016: 96). Resilience occurs when an individual has faced adversities but with the help of protective factors is able to bounce back (Lou et al., 2018; van Breda & Dickens, 2017; van Breda, 2015).

- **Interactional Factors:** The 'I' in PIE refers to the factors that are 'in-between' the person and environment. In other words, these are factors that help individuals to identify and mobilize external resources (van Brenda, 2017). The interactional can either be characteristics or activities of the individual that are used to engage and influence the environment as opposed to self. Examples can include team work, problem-solving, empathy, resourcefulness and interdependency.

3.3.3. Recovery or bounce back

The third component of resilience is 'recovery' or 'bounce back' depending on the type of adversity. According to Hunter (2012 in Dickens, 2016), resilient individuals are able to function 'competently' regardless of their adversity. Their recovery is attributed to the positive and sometimes better outcomes which are not expected. The capacity to 'bounce back' exists on a continuum ranging from highly resilient individuals (well-adapted) to low resilience individuals

(maladapted) (Lou et al., 2018). Therefore, a resilient individual is one who is able to function in life in a socially appropriate and expected manner. The positive outcomes within the context of resilience are the key indicators of a resilient individual. It is important to note that resilient outcomes do not necessary stay stagnant but would change over time, depending on the individual's life journey (Dickens, 2016). For example, at one instance of a person's life, they may be doing well at work but struggling at home and at another point in life the opposite maybe true.

In summary, these three components worked in tandem to develop resilience (Figure 3.3):

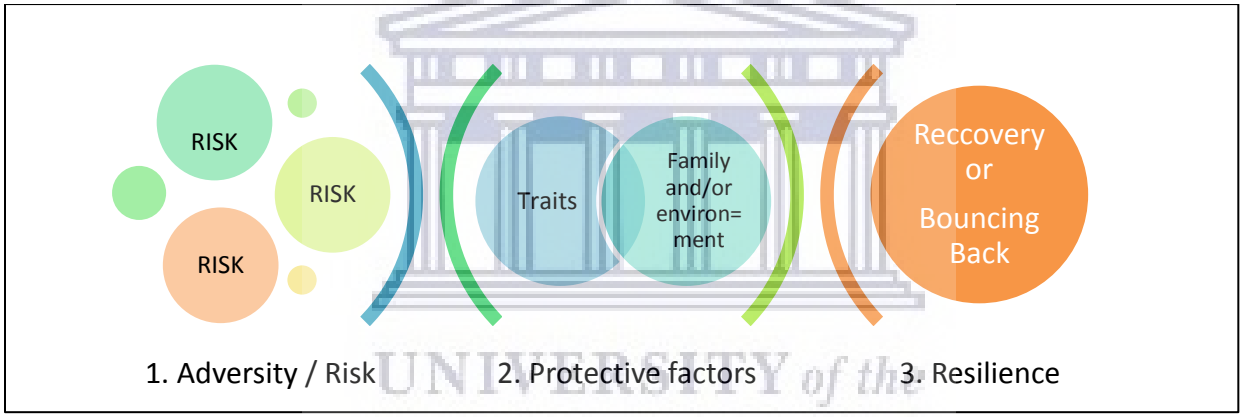

Figure 3.3: The components of resilience
Sources: *Dickens, 2016; Lou et al., 2018; Drapeau et al., 2007; van Breda, 2017*

Figure 3.3 reflects that these three components formed a process of how a person gains or develops resilience through experiencing adversity or risk, by using personal traits or competencies within oneself, family and/or the environment, to achieve levels of recovery or bouncing back (Sulimani-Aidan, 2018).

3.3.4. Conclusion of Part A

Any group of children and youth surrounded by protective factors can become resilient, regardless of the adversities that they face. Whether they are emanating from an impoverished community or a children's home, their resilience can even exceed the resilience of children and youth from better resourced communities (van Breda, 2017). This section sought to explain how this is possible by elaborating on the three main components associated with resilience: namely adversity, protective factors and recovery.

PART B: PROTECTIVE FACTORS WITHIN THE CONTEXT OF INSTITUTIONALIZATION

3.4. INTRODUCTION: PROTECTIVE FACTORS ASSOCIATED WITH RESILIENCE

The overall aim of protective factors is to promote positive outcomes for post-institutionalized adults. As stated before (Part A), resilience is often conceptualized into two broad categories: individual and environmental (or community) protective factors (Hass & Graydon, 2009). This study aimed to identify the resilience strategies that post-institutionalized individuals have employed in order to develop a sense of resilience, and be deemed success stories, based on the description of what a success story is (see chapter 2, section 2.6). It is important to note that the list of protective factors provided here relates to institutionalization and is not mutually exclusive.

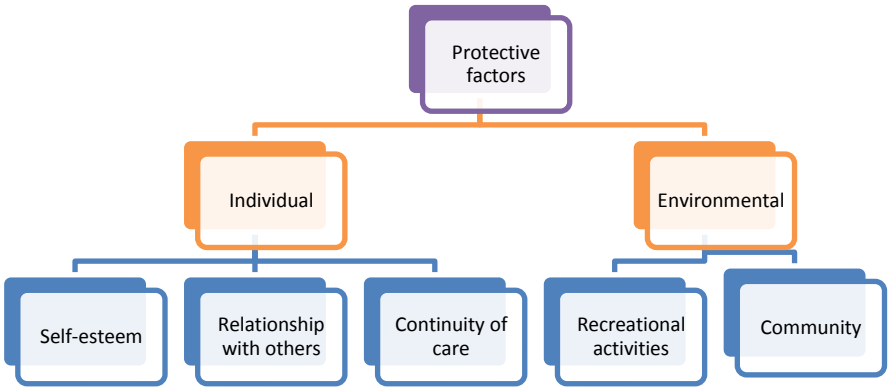

Figure 3.4. Summary of the protective factors
Sources: *Hass & Graydon, 2009*

The figure above therefore provides a visual representation of the protective factors identified under each category: individual and environmental that will be the main focus of the study. There are three main protective factors identified under the individual category, namely, self-esteem, relationship with others and continuity. Under the environmental category, recreational activities and community have been identified.

3.5. INDIVIDUAL OR PERSONAL FACTORS

This section identifies three factors within the individual category of resilience that are associated with the development of resilience selected under the guidance of scholars like Sulimani-Aidan (2017; 2018), van Breda and Dickens (2017), and Masten (2012). In addition to the scholars, the identification of the following protective factors was guided by the International Resilience Project (IRP) which is a tool that was used to investigate resilience in over 1500 youths in 14 communities from five continents and has now been identified as an acceptable tool to inform research on resilience. Earlier resilience research emphasized individual resilience factors that encompass the internal character traits of the individual, such as problem-solving,

self-esteem, optimism and spirituality and were deeply nested in the psyche of the individual, in his/her genetic make-up or as a result or a learned behaviour/skill (van Breda, 2017). The following three factors have demonstrated, through literature, their contribution to the development of resilience in institutionalized individuals or individuals who have had to deal with adverse circumstances.

3.5.1. Self-esteem

Self-esteem is described by Wells and Marwell (1976, in Dickens, 2016) to consist of two major parts. The first is 'evaluation' and it refers to the degree in which one is able to view oneself as successful or competent. The second is 'emotional' and this refers to how one feels about oneself. Maslow's hierarchical theory is an example of a theory that incorporates self-esteem in its understanding of one's overall development. In the theory, self-esteem is placed above love and belonging and falls under the 'esteem' need; and is characterized by the need to be recognized within social groups based on an individual's accomplishments (Dickens, 2016). Self-esteem is important to the development of resilience because it means that one is not afraid to fail, and if you do fail, it does not shatter your self-worth. Resilient individuals with self-esteem are able to deal with the obstacles that come their way and understand that sometimes they will succeed and other times they won't; but nevertheless, are able to learn lessons from their experiences and move on (Sulimani-Aidan, 2018). Studies by Stein (2005) and van Breda (2001) highlight how high self-esteem levels can bring about positive outcomes, while low self-esteem is associated with decreased resilience and risk for negative outcomes such as criminal involvement, poor health and financial insecurity (Erol & Orth, 2011). Self-esteem is mainly as a result of relationship developments and attachment, but can also be fostered through the participation in activities that test the person's sense of self.

3.5.2. Relationships with others

In the second factor, the existence of social networks and one's ability to seek support and guidance from old and new support figures, form part of the development of resilience under the individual category. Social support, like that found in the family, has especially been recognized over the last few years as vital sources of resilience for individuals (Hass & Graydon, 2009; Sulimani-Aidan, 2018; van Breda, 2017). This individual protective category explores the relationships an individual has with the people around them, whether family or friends, and the role the relationships have in promoting resilience in the individual. Often children and youth growing up in CCFs experience weak family ties that are as a result of separation from family (Cashmore & Paxman, 2006; Dickens, 2016; Frimpong-Manso, 2018). Unless a child or youth's relationship with his/her family is repaired, the child or youth will grow up experiencing loneliness or exclusion from society; and this will in turn affect their ability to adapt and adjust to the ever changing world around them (Dickens, 2016).

There is substantial evidence in literature that portrays the importance of emotional support for post-institutionalized individuals as they transition from institutional care (Cashmore & Paxman, 2007; Stein, 2005; van Breda, 2015). This protective factor speaks to positive relationships and attachments with care-givers, other professionals, peers or family members (Sulimani-Aidan, 2018).

The study by Cashmore and Paxman (2007) has shown that the positive relationships with role models can jump start educational and employment achievements. It is, however, important to note that the effects of role modeling may not always be positive especially if an individual's choice of role model does not portray a positive image. Nevertheless, positive role models

influence one's resilience as they are able to successfully respond to challenges and overcome adversities (Yancey, et al., 2011).

3.5.3. Continuity of care

In the third factor, continuity of care refers "to on-going caring relationships with family, friends, social workers or other professionals and social support for youth after they have left formal care" (Dickens, 2016: 116). Continuity of care refers not only to consistent relationships, but also availability of resources and support. Therefore, care and support provided by care-givers and social workers after one's transition from institutional care can make a remarkable difference as they strive to achieve positive outcomes. Continuity of care not only applies to relationships, but also speaks to the resources available to care-leavers; whether school or skills development (Cashmore & Paxman, 2007; Dickens, 2016). Continuity of care often brings about a certain level of 'security' that through literature is known to counteract some of the challenges that care-leavers face. This point is evident in works of studies by Cashmore and Paxman (2007), Stein (2005) and van Breda (2015). Cashmore and Paxman (2007) emphasize that continuity of care and 'felt' security may very well be the most important protective factors that trigger improved outcomes for care-leavers because it allows young people to have a sense of security at the point where they may feel isolated after being discharged from the child care facility. As a result, if they are faced with any crisis, they know they have someone they can turn to that is able to provide appropriate services and support. In turn, care-givers and social workers are able to encourage, motivate and provide care-leavers with appropriate resources to further their education or employment (Dickens, 2016).

3.6. SOCIAL ENVIRONMENTAL FACTORS

The process of understanding the dynamic relationship between an individual and their environment can bring about social competence that makes adjusting to the world around them easier; and therefore, they are able to obtain social support when they need it (Dickens, 2016). There are a number of environmental factors that play a fundamental role to most children living in institutional care in relation to their development of resilience.

3.6.1. Recreation activities

A young person's participation in social activities such as sport or volunteering can offer them the opportunity to belong and form relationships, as often these recreational or sport activities allow them to engage and socialize with their peers. However, young persons in institutional care often do not have this leisure time at their disposal nor have access to quality facilities; and therefore lose out on the positive impact that such activities can have on overall outcomes (Dickens, 2016; Hollingworth, 2011). A study by Feinstein, Bynner and Duckworth (2005), stressed the importance of investing in the social activities of children in institutional care because of the positive impact it has as they journey through adolescence. Involvements in recreational activities such as sporting activities or community work are two examples of protective factors within one's environment. A study by Hollingworth (2011), found that sporting activities gave institutionalized children a sense of stability and continuity. Recreational activities also contribute to one's health development. For example, physical activities promote physical and mental health as they encourage one to stay in shape (Dickens, 2016).

3.6.2. Community

The community, made up on adult role models, mentors, cultural beliefs and practices, provides valuable resilience mechanisms for young people (Hass & Graydon, 2009; van Breda, 2017; Yancey et al., 2011).

Schools within the community play a particularly important role in providing them with vital protection and can be seen as a place of refuge, providing them with secondary caregiving relations; aiding in the development of important life skills that promote resilience, and most importantly, facilitating the process of acquiring an education; which is an important marker of a success story as stated in Chapter 2 (van Breda, 2017). Teachers, for example, through the development of individualized relationships with the children they work with, can help them develop into a healthy adult, provide a space where children feel they are heard and validated. Mentors within the community can also facilitate the development of healthy relationship (Hass & Graydon, 2009; van Breda, 2017). It is important to note however, that the community can also act as an adversity for young individuals returning, especially if it is characterized by crime, violence and substance abuse (Bond & van Breda, 2018).

Environmental factors have a significantly strong influence on the individual and levels of resilience (Figure 3.5):

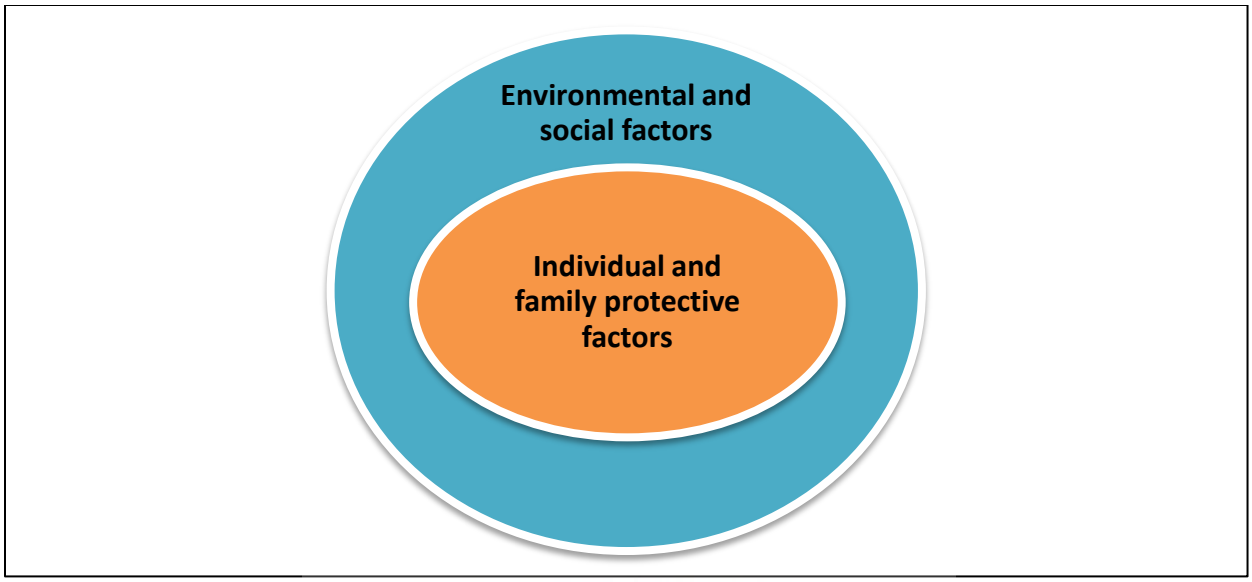

Figure 3.5: The relationships between individual and environmental protective factors
Sources: *Hass & Graydon, 2009; van Breda, 2017; Yancey et al., 2011*

The above figure shows how the individual factors resort within an environmental context and therefore takes on an all-encompassing and immensely powerful role.

3.6.3. Conclusion of Part B

Part B elaborated on some of the protective factors that have been identified throughout literature as drivers to the attainment of resilience for children growing up in institutional care. This expanded understanding of some of the protective factors present within the resilience theory provides direction to the researcher on some of the protective factors to look out for that may be present in the participants. This study supports the notion that there are strengths and protective factors present in every environment that a vulnerable child or youth maybe coming from.

PART C: RESILIENCE AND CARE-LEAVING

3.7. CULTIVATING RESILIENCE AMONG CARE-LEAVERS

Over the last decade, the theory of resilience has been applied to explore care-leavers' transition into adulthood (Frimpong-Manso, 2018). Without resilience, care-leavers may lack the capacity to overcome the many stressors that they are likely to face. Therefore, resilience offers a different perspective on care-leavers and care-leaving in general because it seeks to focus on the resources and strengths of care-leavers as they work towards becoming independent (Dickens, 2016).

Future orientations and expectations: Studies show that one way of building the resilience of care-leavers is by focusing on their future orientations and expectations of their future (Hass & Graydon, 2009; Bond & van Breda, 2018). In other words, an individual's positive view of their future plays an important role in helping them achieve better outcomes especially when they go through difficult times; therefore, future orientations is seen as an enabler or resilience (Bond & van Breda, 2018). Bond and van Breda (2018: 88) summarize it by stating that "future orientation includes feelings of hope and optimism about the future, as well as expectations of what one's future might look like".

Resourcefulness: Care-leavers who are resilient are encouraged to have a certain level of resourcefulness as they are able to tap into both their inner strengths such as optimism and faith and also their external resources such as relationships with partners, peers or role models (Bond & van Breda, 2018; Frimpong-Manso, 2018; Theron & Theron, 2014).

Academic success: Children and youth growing up in CCFs often have access to education which they would otherwise not have access to if they were living in their poverty-stricken families and communities. Often one of the advantages associated with institutional care by both the young people and their families is the access to education (Januario, et al., 2016).

Social support: A young adults' ability to form meaningful relationships with peers or staff members can contribute significantly to their successful transition into independent living (Frimpong-Manso, 2018). Social support in the form of biological family, mentors, peers and professionals can be seen as protective factors developed either through the individual or environmental influence (see section 2.5.1 in chapter 2).

Involvement in activities: Involvement in social activities creates an opportunity for them to participate in the larger community that they live in; be it school, church or community projects. Often this is met with feelings of self-worth and a sense of belonging. Their participation in activities creates an environment where they can develop helpful skills, such as, problem-solving or decision making. In addition, through their involvement, they are able to give back to their school, community, CCF or even family. Hass and Graydon (2009: 462) thus states that "This transition potentially moves youth from victim of circumstances to individuals who thrive despite their circumstances".

3.8. WHAT CONSTITUTES A GOOD OUTCOME

While resilience research requires one to differentiate between 'good' or 'bad', 'better' or 'worse' in relation to the outcomes; it is important to note that the actual outcomes need to be relevant to the study, the social context and the developmental stages of the participants (van Breda, 2018). Therefore, the decision on which outcomes to use, especially in a qualitative study,

may need to include input from the participants themselves on how they define their own outcome even if the selected outcomes may not conform to society's definition of 'success' (van Breda, 2018).

3.9. Conclusion of Part C

Knowledge on how post-institutionalized adults succeed and their resilience strategies can improve program development for other care-leavers transitioning into independent living (Frimpong-Manso, 2018; Hass & Graydon, 2009). By focusing on the resilience of care-leavers, social workers are encouraged to identify the various ways they can help the children and youth that they work with move from risk to adaptation and identify the protective factors that can help reduce poor outcomes (Dickens, 2016; Sulimani-Aidan, 2018).

3.10. CHAPTER CONCLUSION

The resilience theory is identified by three main markers: adversity, protective factors and recovery. The theory argues that resilience occurs when one has faced adversities but with the help of protective factors is able to bounce back (van Breda & Dickens, 2017; Lou et al., 2018). This theory, popular as it may be, has one major critique against it and that is the challenge that many scholars face in trying to conceptualize it. Nevertheless, the wide varieties of resilience definitions have encompassed multiple contexts and world-views making it easier to apply resilience to various contexts of studies (Lou et al., 2018).

Chapter 3 aimed to expand the present understanding of the resilience theory and put forward the way in which resilience develops at a psychological level. It has shed light on how the overall development of children growing up in CCFs is affected as a result of their experiences of traumatic events and neglect. Social workers therefore need to help institutionalized children

process their experiences by firstly developing a containing relationship, and in doing so, develop their foundation of resilience (Winkler, 2014).

Resilience promoting is a combination of different aspects and therefore making it a complex practice. These aspects include the individual's capacity to be resilient and how it is developed and the role the social workers and care-givers play in facilitating this process once development has been interrupted. It is important to note that the focus should not only be on the interpersonal relationship between the child and social worker but consideration should also be made to other areas of the child's life where relationships are present (Winkler, 2014).

The focus on youth as they transition out of institutional care (post-institutionalized adults) and the protective factors that increase their chances of positive outcomes are becoming more and more important because they tend to set the tone for the youth's life, post-institutional care; whether they will be viewed as success stories or not. Therefore, an understanding of resilience should not just transcend to the individual's role in cultivating this resilience but also focus on the contributions done by environmental factors.

In the next chapter, a detailed outline of the methodology that will be used to fulfill the aim and objects of the study is undertaken. It will elaborate on the tools that will be used to collect and analyze the data. The chapter will also discuss the population, sampling and recruitment of participants.

CHAPTER 4
METHODOLOGY

4.1. INTRODUCTION

Previous chapters have set out the literature review (Chapter 2) and theoretical framework of the study (Chapter 3) with the aim of explicating the gaps in previous studies in this particular research topic. This resulted in the aim of the research study to describe the experiences of 'successful' post-institutionalized adults, focusing on the effects of institutionalization on their psychosocial development and their resilience strategies in order to arrive at meaningful recommendations for social work practice within the field of residential care practice. In order to achieve this, the research methodology was designed to answer the following main research question: **What are the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resilience strategies that contributed to a positive transition into adulthood?**

A qualitative research approach was used to explore the phenomenon in order to obtain a personal (insider) perspective about the real experiences and social world of post-institutionalized adults. This approach was in keeping with the study objectives which were to obtain the opinions and viewpoints about participants' encounters and exposures to a particular study topic. The study objectives were as follows:

1. To explore and describe the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resilience strategies.
2. To explore and describe the perceptions and experiences of social workers in institutional care regarding children's resilience and its significance in this context.

The chapter starts with identifying the research design and purpose. In it, reasons for using a qualitative study approach are discussed. The chapter also describes the population and sampling techniques and the criteria for the selection of the participants that will take part in the study. This is followed by a discussion of research tools that will be used to collect, analyze and interpret the data. Trustworthiness strategies will be described to authenticate the study findings. Lastly, the limitations of the study are identified along with an explanation of ethical considerations that the researcher adhered to.

4.2. PARADIGMATIC CONSIDERATIONS FOR THE STUDY

In qualitative research, there is no single, accepted way of carrying out a study. Instead, how a researcher chooses to proceed is dependent on factors such as their beliefs about the social world and the nature of reality (ontology), knowledge and how it is acquired and justified (epistemology), the role of values in research (axiology) and the process of research (methodology) (Creswell & Poth, 2018; Ritchie, Lewis, Nicholls & Ormoston, 2013).

The issue of how the social world can be studied raises a number of philosophical questions with some aiming to understand the nature of the social world and what is there to know about it, while others focus on how we can learn about the social world and the basis for the knowledge (Ritchie, et al., 2013). The four philosophical assumptions have been well documented in the past 20 years through the works of Denzin and Lincoln (1994, 2000, 2005, 2011) as they guide the philosophical assumptions behind qualitative research. There are four assumptions worth noting.

Ontology: This assumption is concerned with the nature of reality and what is there to know about the world. Ontological questions are concerned with whether or not there is a social reality

that exists independently of human conceptions and interpretations and whether there is shared social reality or only multiple, context specific ones (Ritchie et al., 2013). Therefore, when researchers conduct a study, they are embracing the idea that there are multiple realities. Evidence of this is seen in the use of actual words or direct quotations of the participants and presenting the different perspectives (Creswell & Poth, 2018; Erlingsson & Brysiewicz, 2012).

Epistemology: The epistemological assumption in a qualitative study means that the researcher aims to get as close as possible to the participants being studied, and in doing so, the subjective evidence that is presented is based on the individual views (Creswell & Poth, 2018; Ritchie et al., 2013). It is therefore important to conduct the study in the 'field' where participants are to be found so as to gain firsthand information (Creswell & Poth, 2018).

Axiology: In a qualitative study, the researcher actively reports their values and biases in relation to the information gathered in the field. In other words, the researcher 'positions' him or herself in the context and setting of the research. Among the aspects described are the researcher's gender, age, race, personal experiences and political or professional beliefs (Creswell & Poth, 2018).

Methodology: There are two schools of thought that describe how knowledge is acquired in research, through the induction process or 'bottom-up' where observations, patterns can be derived (Ritchie et al., 2013), and through the deduction process or 'top-down' where propositions or hypotheses are tested against observations. As it is qualitative research, this study will follow an inductive approach.

4.2. RESEARCH APPROACH: QUALITATIVE APPROACH

There are three research approaches that can be used when designing a research study and each approach differs in the way in which data is collected and analyzed (Du-Plooy-Cilliers, Davis & Bezuidenhout, 2014). The following section aims to draw distinct differences between the qualitative, quantitative and mixed method approach and how they differ in terms of data collection, analysis and interpretation.

4.2.1. Quantitative approach

Quantitative research generally tends to rely on random sampling since the aim is to generalize the results. The sampling techniques, therefore seek a large number of participants with as many identical attributes as possible such as age, gender, disability or occupation from a randomly chosen selection of respondents that meet the study parameters (Creswell & Poth, 2018; Castleberry & Nolen, 2018; Erlingsson & Brysiewicz, 2012). The quantitative researcher believes that the information gathered through the research can be measured and reported numerically. It often focuses on the frequency, intensity or duration of behavior, for example. The research rigor of the study is therefore connected to how well the researcher has managed to maintain an objective stance (Castleberry & Nolen, 2018; Erlingsson & Brysiewicz, 2012). However, a quantitative researcher may sometimes miss out on phenomena occurring as they conduct the study because they are more focused on theory or hypothesis testing than theory or hypothesis generation. In addition, the knowledge developed from the study may be too abstract and general for one to directly apply it to a specific local context or specific individuals (Johnson & Onwuegbuzie, 2004).

4.2.2. Qualitative approach

Traditionally, qualitative research methods are used in two instances. The first is when the researcher is interested in understanding the "why" behind individuals' behavior or actions. A qualitative research approach requires the researcher to gain a subjective, in-depth understanding of human behavior rather than the concrete realities of objects and therefore aims to provide a descriptive understanding of the findings after studying the phenomena (Creswell & Poth, 2010; Johnson & Onwuegbuzie, 2004). Qualitative research has been known to take into account the perspectives of the participants as a starting point in its attempt to explore the phenomena or the reality as constructed by the individuals (Anderson, 2010; Erlingsson & Brysiewicz, 2012; Johnson & Onwuegbuzie, 2004; Ritchie et al., 2013). Some of the key features of a research design is that it allows one to identify the study as 'qualitative' that include questions concerned with 'what', 'why' and 'how'; as opposed to questions of 'how many' in the case of quantitative research.

Qualitative research methods are a good source of descriptions that are well-grounded and rich in terms of the explanations of the processes. The descriptions provided go beyond numbers as the use of texts tends to provide greater insight on the phenomenon (Castleberry & Nolen, 2018; Johnson & Onwuegbuzie, 2004). This approach is more interested in the depth of human experiences and does not convert the participants' input into numerical form. Qualitative research in its descriptive nature makes it possible for the researcher to "build a complex, holistic picture in the natural setting" (Castleberry & Nolen, 2018: 808).

The qualitative researcher forms part of the study, and is in fact a research instrument as he/she conducts the interviews. This can sometimes be viewed as a weakness because the results could therefore be easily influenced by the researcher's personal biases or ideologies (Erlingsson &

Brysiewicz, 2012; Johnson & Onwuegbuzie, 2004). Additionally, qualitative research is often associated with data usually in the form of words or images rather than numbers; with its data often in high volume and richness requiring specific analysis and interpretation tools. Typically, only a small sample is required in qualitative research and the researcher believes that their participation enriches the study (Ritchie et al., 2013).

Participants in a qualitative study often have experienced the phenomenon under study and are able to adequately answer the research question. Results from a qualitative study are often reported in a rich literary style, based on the transcribed narratives which are often derived from individual or focus group discussions (Erlingsson & Brysiewicz, 2012).

4.2.3. Mixed methods approach

The mixed method of research has been developed to be the third research paradigm in research representing the first (quantitative approaches) and second (qualitative approaches) movements. In other words, a researcher who employs the mixed method approach purposively incorporates the quantitative and qualitative research approaches because he/she views both methods as important and useful in order to develop a deep understanding of a phenomenon of interest (Johnson & Onwuegbuzie, 2004; Venkatesh, Brown & Bala, 2013). A mixed method researcher can use the quantitative and qualitative research method either concurrently or sequentially. By using the methods concurrently, the researcher opts to use them independent of each other. Sequentially, on the other hand, means that the finds from one approach inform the other (Venkatesh et al., 2013).

4.2.4. Rationale for qualitative approach

The qualitative approach has been selected for this study because of its underlining premise; to gain a deeper understanding of the experiences of the participants thus meeting the aims and objectives identified in Chapter 1. Strydom and Bezuidenhout (2014: 173) state that "by using qualitative data collection methods, the researcher obtains a richness and depth of data, gathered from complex and multi-faceted phenomena in a specific social context". There are number of benefits associated with using a qualitative research method for a study that seeks to gain an in depth understanding of human experience as stated in 4.3.2 above.

4.2.5. Section conclusion

This section provided a comparison of qualitative, quantitative and mixed methods approaches in research. Quantitative research is often concerned about how the research can be measured and reported numerically. Qualitative research, on the other hand, aims to gain an in-depth understanding of people's experience and realities by understanding the meanings people construct. The information gathered in a qualitative study reflects the experiences of the participants and the meaning they attach to their experiences.

4.3. RESEARCH DESIGN: CASE STUDY

Qualitative research encompasses several research designs that are characterized by their specific design assumptions, sampling procedure, data collection methods and data analysis tools. Examples of these research designs include case study, ethnography, grounded theory, narrative inquiry and phenomenology (Table 4.1):

Table 4.1: Types of research designs

Ethnography	*Grounded theory*	*Phenomenology*	*Case studies*
The study of people in their everyday settings. The researcher is often actively involved in the data collection.	To reach a theory or conceptual understanding through an inductive process.	The study of the lived experiences and generally tends to involve small carefully and purposively selected participants.	The study people or 'things' within their context and considers the subjective meanings that people bring to their situation.

Sources: *Abrams, 2010; Castleberry & Nolen, 2018; Denscombe, 2010; Erlingsson & Brysiewicz, 2012; Jongbo, 2014; Yin, 2003*

The case study approach was selected for this study because it has been described to be a "highly versatile research method" that employs a wide range of data collection methods (Hancock, 2002: 6). As a research design, the case study approach often offers rich and in-depth information of an event or occurrence through the use of a wide range of variables (Abrams, 2010). The case study approach should be especially considered if there is a need to cover contextual conditions because they are relevant to the phenomenon being studied (Yin, 2003).

4.3.1. Characteristics of case study design

The following is a description of the characteristics associated with case study design as explained by Denscombe (2010):

- **Focus on just one instance of the issue being investigated**: Case studies focus on one or a few instances of a particular phenomenon as it aims to provide an in depth account of the relationships, events or experiences happening in that particular instance. The idea behind this is that by concentrating on one case at a time rather than on many, the researcher is able to gain a deeper insight, thereby "illuminating the general by looking at the particular" (Denscombe, 2010: 53). For example, the research issue is the difficulties

related to life outside of residential care; and the instance that would be focused on is the pathway to resilience of post-institutionalized adults.

- **In-depth study**: Case studies work best when the researcher wants to investigate an issue in depth and provides an explanation that can shed light on the complexity of real life situations. This is something that survey studies cannot do because they do not study phenomena in detail. Therefore, a researcher who intensely focused on an issue within a specific context can discover things that might not be apparent in another design.
- **Focus on relationships and processes**: By dealing with a case as a whole, this design can discover how the many parts affect each other. The real value of this approach therefore is that it offers the researcher the opportunity to explore experiences and circumstances about certain events as opposed to just finding out what those events are. Likewise, the essence of this study is to explore the experiences of care-leavers in the post-institutionalization phase and how care-leavers thrive and develop a sense of resilience.
- **A holistic view**: Case study design allows the researcher to explore all aspects pertaining to a specific context or case. In this study, the case is post-institutionalized adults from CCFs in Lusaka, Zambia. Therefore, the data collection and analysis is holistic as opposed to focusing on isolated factors.
- **Multiple methods**: Case study design encourages the use of multiple data collection methods in order to fully understand the reality under investigation. The researcher is encouraged to use multiple sources of data that can facilitate data validation through triangulation (Creswell & Poth, 2018). In this study the researcher used three methods, namely, River of Life tool (RoL), in-depth interviews and focus group discussions.

- **Natural setting**: Yin (2009, in Denscombe, 2010) stresses that the case has to occur 'naturally' and must have been in existence before the study, and continues to exist even after the research study have finished (Creswell & Poth, 2018). For example, post-institutional adults and living are already in existence and will continue to exist even after the researcher has completed the study.

4.3.2. Study context or case: Zambia as socio-political context

The case study approach can use an individual, an organization, a work place, an education program or even a policy or country as the study context. The following are contextual conditions pertaining to the context of the study in keeping with transferability aspects to advance the trustworthiness of the study (see section 4.7):

- **Political independence:** Northern Rhodesia was formally renamed the Republic of Zambia on the 24th of October 1964 (Lambert, 2019). The new country faced many challenges, mainly because there was a lack of qualified people, adequate infrastructure, and schools to advance the country (Lambert, 2019). The earnings from copper was used to invest in the country's infrastructure.
- **Socio-economic pitfalls:** In 1975, the collapse in the price of copper caused a collapse in the economy; and by the late 1980s the economy was severely crippled. Even though the country stabilized with a new government in place in 1991, Zambia battled the AIDS epidemic, and by 2000, it was estimated that 10% of the population was infected by HIV/AIDS (Lambert, 2019).
- **Current social conditions / circumstances of citizens:** Poverty and resultant economic hardships, coupled with HIV prevalence, have had detrimental effects on the overall development of the country (Ministry of Community Development and Social Services,

2017b). The economic hardships have resulted in the increase number of children entering CCFs run by Faith Based Organization (FBOs), NGOs and individuals (Ministry of Community Development and Social Services, 2017b). The number of children living in institutions increased from 4592 in 2005 to 6413 in 2016 (Ministry of Community Development and Social Services, 2017a; Ministry of Community Development and Social Services, 2017b). Currently the population of Zambia is estimated to be around 17 million (Lambert, 2019).

4.3.3. Section conclusion

A good research design helps to ensure that all major parts of the research project, such as the participants, measures and methods, work together to address the research questions (Jongbo, 2014: 90). This research project was founded on the qualitative approach and case study design because it allowed the researcher to have a holistic view of the social situation to understand the relationships and social processes of institutional care.

4.4. POPULATION AND SAMPLING

This section describes the population where the sample was draw from. It discusses the sampling techniques and participants that have been selected for the study.

4.4.1. Defining the population

A population for a research study is described by Du-Plooy (2009: 108) as "all possible units of analysis" with at least one characteristic in common, whether in a group setting, event or object. In the context of a research study, the term 'population' refers to all the items in the category of the things being researched as opposed to for example everyone living in a country. In other words, this is the *research* population (Denscombe, 2010).

This research study involved two different population groups, namely, institution-raised adults and social workers who work in CCFs. In the first instance, the population for this study that participated in the interviews encompassed only those adults who were raised in three selected CCFs (SOS Children's Village, Kasisi Orphanage and Mothers Without Borders) and were resident in Lusaka, Zambia. In the second instance, population that participated in the focus group discussion included all social workers who were currently working in the three selected CCFs in Lusaka, Zambia.

4.4.2. Sampling and Sample Size

The main aim of sampling is that it makes it possible to produce accurate findings without a researcher needing to collect data from each and every member of the target population (Denscombe, 2010). Abram (2010: 537) defines sampling as the "cornerstone of research integrity in all forms of social science… whether quantitative or qualitative". Sampling allows the researcher to save time and money because it reduces the amount of data one needs to collect without necessarily reducing the accuracy of the findings (Denscombe, 2010). Qualitative sampling qualitative sampling should be relevant, generate rich information, enhance the transferability, produce believable descriptions, be ethical and feasible (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015). The following elements were pertinent:

Determining the appropriate sample size: In qualitative studies, generalizability is not the primary objective, but rather, the objective is to develop an understanding behind the behaviors or issues expressed (Abram, 2010; Rosenthal, 2016). Therefore, sampling in a qualitative study is about finding the balance between the need to obtain data that is rich and descriptive without compromising the equal representation of the experiences across the population of possible participants Rosenthal, (2016). This is known as the 'saturation' principle and is discussed

further in section 4.5.2.3. The study had a total of seven post-institutionalized adults and five social workers that took part in the study.

Qualitative studies and non-probability sampling: The qualitative nature of this study required the researcher to use non-probability sampling methods to identify participants (Denscombe, 2010; DuPlooy, 2009; Du Plooy-Cilliers et al., 2014) as opposed to probability sampling methods. Non-probability sampling means that all 'subjects' (participants) have a different or unknown probability of being included in the sample and therefore, the sample cannot be a representation of the entire population (Cohen, Manion, & Morrison, 2000; Denscombe, 2010; DuPlooy, 2009; Du Plooy-Cilliers et al., 2014; Klopper, 2008). The researcher used two non-probability sampling methods in this study, namely, purposive and snowball sampling as discussed below (Klopper, 2008).

Purposive sampling strategy: Purposive sampling was used to identify participants to take part in the interviews (post-institutionalized adults) and focus group discussions (social workers) because it ensured that the selected participants had a set list of characteristics in common. The advantage of this sampling strategy for data collection is that it ensured that each participant assisted with the research because they fit within the population parameters and characteristics (Du Plooy-Cilliers et al., 2014). Purposive sampling therefore refers to strategies in which researchers exercise their judgment about which participants will provide the best perspectives on the phenomenon of interest, and then intentionally invite those specific participants into the study (Abram, 2010). The sampling criteria for post-institutionalized adults included the following:

1) Representation from both males and females to obtain perspectives from both genders.

2) Aged above 21 years at the time of being interviewed for the study so that participants could readily participate without needing consent from their parents/guardians.
3) Post-institutional care adults who have been in a CCF for at least 5 years because this would ensure that they would have been exposed to institutional care for a long enough period; to have experienced the effects of institutional care and to ensure that their voices would be heard.
4) Willingness to participate.
5) Meet the markers of a 'success story' as discussed in Section 2.5.
6) Residents of Lusaka, Zambia and had been raised in a Zambian CCF.

The selection criterion for social work participants was that they had to be qualified social workers employed at a CCF that cares for OVCs in Lusaka, Zambia.

Snowball sampling strategy: This sampling technique works best in conjunction with purposive sampling (Denscombe, 2010). Snowball sampling strategy was also used to supplement purposive sampling in the recruitment of participants (post-institutionalized adults) for the semi-structured interviews. This strategy makes use of referrals as a way of increasing the sample size; especially when dealing with a population where participants that met the criteria were not easily identified because they were not necessarily listed in a database or records (Denscombe, 2010; Kovacevic & Vujovic, 2015). Initial participants were requested to provide suggestions for others, thereby disseminating information about the study (Kovacevic & Vujovic, 2015). This process continued until the required number of participants was reached (Abrams, 2010; Du Plooy-Cilliers et al., 2014).

4.4.3. Recruitment procedure and data saturation

The researcher followed a similar recruitment procedure for participants that took part in the interviews as well as the focus group discussion. A written request to the management of the permanent CCF and government bodies directly involved in CCF requesting permission was made: (i) to have access to their records of children (now adults) who would be suitable for the study; and (ii) for the participation of social workers employed in their facility and working directly with the children (Appendix A and B respectively). However, before the facilities could grant the researcher access to their records, the researcher needed to have a letter from the MCDSS authorizing the release of the names of individuals that have passed through CCFs (Appendix C).

Each participant was given an information letter explaining more about the study to gain an over view of the main aim and objectives of the study and contribution it is expected to make to the growing body of knowledge on institutional care (Appendix D and E respectively). Each participant was given a form for the inclusion criteria to fill out that included a series of yes/no questions to determine their eligibility for the study. The post-institutionalized adults had their own inclusion criteria (Appendix F) and the Social Workers had their own (Appendix G). Finally, once it was clear from the inclusion criteria form that the participant was eligible for the study, they were then required to sign the consent form (either Appendix H and I) as evidence that they were willing to take part in the study.

The researcher recruited and interviewed participants until data reached saturation. Data saturation is reached when a researcher does not gather any new information, themes or coding from each subsequent interview (Fusch & Ness, 2015) or observation and the study can be replicated (Guest, Bunce & Johnson, 2006; Rosenthal, 2016).

4.4.4. Section conclusion

This section identified two different populations; the first being the institution-raised adults and the social workers who work in child care institutions or facilities in Lusaka, Zambia. The study employed two sampling methods, namely, purposive and snowball sampling to identify the participants. The following section explains the data collection methods used to gather information from participants.

4.5. DATA COLLECTION METHODS: PARTICIPATORY LEARNING ACTION (PLA) METHODS

For a researcher to really "get into the shoes" of the participants, they need to talk to the individuals, gather deep data or observe their behavior over time (Lacey & Luff, 2007: 5). This is the strength of qualitative data collection methods; they allow the researcher to gain and in depth understanding of the phenomena at hand.

4.5.1. PLA Tools and Techniques

This study made use of three PLA methods to gather information from the participants, namely: RoL, semi-structured interviews and focus group discussion (Napier & Simister, 2019). This is summarized by the researcher in Figure 4.1.

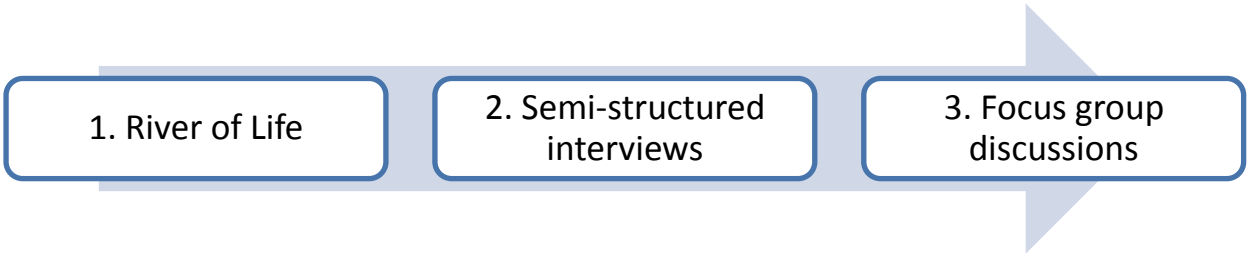

Figure 4.1: Data collection methods
Source: *The researcher*

The first part focused on RoL exercise where post-institutionalized adults took part in a creative activity describing the story of their lives; before, during and after institutional care. The second part of data collection was a follow-up on the of the RoL exercise where participants shed more light on their experiences through a semi-structured interview. Lastly, the focus group discussion involving Social Workers from different CCFs and government departments aimed to provide a professional perspective on institutional care in Zambia, including processes, achievements and short-comings within the system. The following section describes the data collection process for the RoL activity, semi-structured interviews and the focus group discussion.

4.5.1.1. River of Life (RoL)

The RoL was used with post-institutionalized adults to gather information about their institution-reared experiences. It required them to draw a river depicting the trajectories of their life experiences before residential care, during residential care and after residential care. The researcher used the RoL to initiate the in-depth interviews. The RoL was used as an ice-breaker activity, and was introduced to participants with a demonstration of how to go about completing the activity. The purpose of this activity was to help participants reflect on their life until this point and to also center their thoughts on the upcoming interview questions. Participants were encouraged to think of the many ups and downs and turn-arounds that had happened during the course of their life, before and in the institution, for example, separation from biological family, educational opportunities and reintegration into the community upon leaving care. The RoL provided a visual representation of the perceptions and experiences of the participants regarding their stay in an institution and their resilience in relation to institutional care (Du Plooy-Cilliers et al., 2014; MacDonald, 2012).

To all the participants, the RoL exercise was something that was extremely new. Once the researcher explained what it entailed, many of participants were quick to point to their inartistic nature and therefore their unwillingness to do the exercise. However, once the researcher explained in detailed the significance of the exercise and gave a few examples of how to go about it, many of the participants were willing to give it a try. For many, it served as a good ice breaker as they began to talk about their experiences even before the interview could begin. However, the activity was time consuming as many of participants wanted to ensure that they do a 'good' job and as a result took a lot of time reflecting on their experiences and perfecting their drawings. Overall, the activity provided a profound visual representation of the participants' life experiences.

4.5.1.2. In-depth interviewing with semi-structured interview schedule

For this research study, semi-structured interviews were also used, which allowed the researcher to ask a broad set of questions to participants. In-depth interviewing is a qualitative research data collection method that requires a researcher to conduct intensive individual interviews with participants to explore their perspectives on a particular idea, program or situation. In-depth interviews are most useful especially if a researcher requires detailed information about the participant's views, thoughts and believes about the issue at hand (Boyce & Neale, 2006; Denscombe, 2010). This allowed the phenomena under investigation to be explored in-depth, but with guidance of previously set out questions. In doing so, the thoughts, opinions and beliefs of the participants emerged as they reflected on their life before, during and after institutional care, with the help of the RoL exercise. The qualitative interview was informal, and made participants feel as though they were taking part in a discussion or conversation as opposed to a question and answer session (Denscombe, 2010; Hancock, 2002). This type of interview technique allows a

researcher not to spend time asking questions that may have already been answered in a previous question and therefore it is efficient in this regard; thus avoiding repetitions (Boyce & Neale, 2006). The interview schedule consisted of 12 open-ended questions with many sub-questions (Appendix J). The interview schedule was divided into three major phases (Figure 4.2):

Figure 4.2: Phases in data collection with post-institutionalized adults
Source: *The Researcher*

The above figure illustrates the process of data collection with post-institutionalized adults. Phase one focused on understanding the life experiences of participants through the RoL exercise and thus the researcher posed a number of questions based on their individual RoL (discussed earlier). Phase two aimed to identify the various markers that contributed to their "success story". This phase focused strongly on the type of the services they had access to, the external support they received and their perceptions about self and overall well-being. Phase three encouraged participants to look to the future as they planned their subsequent moves. Here participants were encouraged to engage in some self-reflection as they put into perspective their hopes, aspirations and expectations for the future.

4.5.1.3. Focus group discussion

A focus group discussion, as described by Strydom and Bezuidenhout (2014: 183), is "a group interview used to determine the attitudes, behaviors, preferences and dislikes of participants who are interviewed simultaneously by a facilitator". They are used to determine the attitudes, behaviors and opinions of persons being interviewed because it is seen as a tool that can collect data in a non-rigid manner, and therefore, is designed to ensure that participants focus on the topic of discussion within a group context (Onwuegbuzie, Dickinson, Leech & Zoran, 2009). In order to do this, the researcher needs to conduct the discussion in a manner that does not allow participants to stray off topic, but instead the researcher asks the questions, controls the dynamics of the discussion, or engages in dialogue with a specific individual at a time for clarity (Nyumba, Wilson, Derrick & Mukherjee, 2017).

The focus group discussion for this study comprised five social workers currently working in Lusaka, Zambia from different CCFs or government entities with direct connections to CCFs. The discussion was guided by eight questions with some of the questions having sub-questions to further illustrate the points put across (Appendix K). The baseline questions required participants to explain their responsibilities and some of the challenges they faced as they carried out their duties. The discussion then proceeded to discuss their understanding of resilience and the role they play in cultivating this resilience thereby helping young people become 'success stories' as they support their aspirations in life.

4.5.2. Section conclusion

This section identified the PLA methods as the type of data collection methods that were used by the researcher to gather data from the participants. The researcher identified three main techniques namely RoL, in depth interviews and focus group discussions.

4.6. TRUSTWORTHINESS AND RIGOR

Rigor refers to "the degree to which a qualitative study's findings are authentic and the interpretations credible" (Abrams, 2010: 540). Depending on the type of qualitative study being undertaken, there are different ways a researcher can ensure research rigor. However, researchers agree that the research needs to demonstrate "truth value" and this need to be consistent with the terms and methods chosen to demonstrate this (Erlingsson & Brysiewicz, 2012). Trustworthiness in a qualitative study is often ensured through dependability, credibility, transferability and confirmability (Abrams, 2010; Cohen et al., 2000; Du-Plooy-Cilliers et al., 2014; Erlingsson & Brysiewicz; 2012; Klopper, 2008; Lacey & Luff, 2007; Venkatesh, Brown & Bala, 2013)

- **Credibility:** Refers to "the truth, value, or believability of the findings" (Paterson & Higgs, 2005: 354) or the extent to which the findings of the study represent a credible conceptual interpretation. was ensured by spending a significant amount of time with the participants during the in-depth interviews and the focus group discussion in order to be able to gain a deeper understanding of their opinions and views on the matter at hand. In addition, a few participants were selected by the researcher to judge the trustworthiness of the study as they were asked to confirm the authenticity of the conclusions. This is referred to as member checking (Erlingsson & Brysiewicz; 2012; Lacey & Luff, 2007).
- **Transferability:** Refers to the extent to which the steps outlined in one study could be repeated by another individual in a similar situation and obtain meaningful data (Abrams, 2010; Lacey & Luff, 2007; Venkatesh et al., 2013) was ensured by using rich, thick quotes (see chapter 5) and triangulation (RoL, in-depth interviews and focus group) to achieve transferability. By using quotations, i.e. raw data; the researcher achieved trustworthiness (Lacey & Luff, 2007). In addition the researcher also provided

comprehensive details about the context of the study in Zambia and provided markers for transferability (see section 4.4.2).

- **Dependability**: Refers to the extent to which the data collection methods would obtain the same data if it were possible to do it over again several times independently. One way in which the researcher ensured dependability was through consistency by assessing whether a different coder would analyze the data and obtain similar results (Abrams, 2010; Anderson, 2010; Lacey & Luff, 2007). This required the researcher to report the research methodology in a detailed manner thus making it possible for another coder to repeat the process. This meticulous description of the steps taken to analyze the date (see section 4.8) makes the study more trustworthy (Anderson, 2010; Lacey & Luff, 2007). The use of a secondary coder was also employed to ensure that the results from the secondary coder were similar to those reported by the researcher.
- **Confirmability:** Required the researcher to openly admit her beliefs and assumptions about the study and research topic as a way of checking her bias (Abrams, 2010; Anderson, 2010; Lacey & Luff, 2007; Venkatesh et al., 2013). The researcher aimed, throughout, to be vigilant about possible bias by, for example, describing every process clearly and this helped the researcher determine whether her deductions were justifiable (Cohen et al., 2000; Klopper, 2008; Du-Plooy-Cilliers et al., 2014 & D'Cruz & Jones, 2014). The researcher also engaged in self-reflexivity which, according to Winkler (2014), is known as the ability for one to reflect on their own mental state or that of the others. This process helps individuals within any age group to develop the ability to reflect on their behavior (autonomy) and to relate to others (Winkler, 2014).

4.7. DATA ANALYSIS

With qualitative data analysis, the mass of words generated from the interviews or observational data needs to be transcribed, described and summarized (D'Cruz & Jones, 2014). Data analysis for this study followed a five-step guide as documented in Castleberry and Nolen (2018) and Rennie (2012) (Figure 4.3).

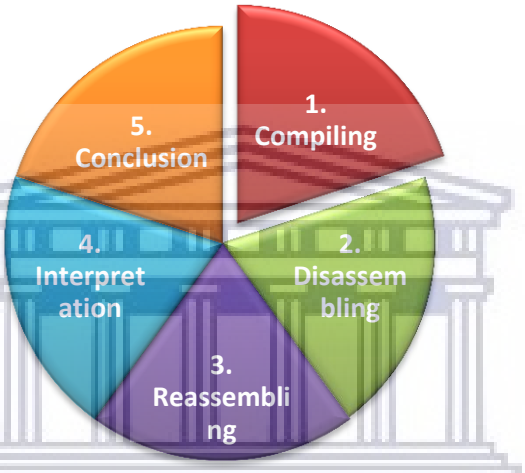

Figure 4.3: The process of data analysis
Sources: *Castleberry & Nolen (2018); Rennie (2012)*

The five steps illustrated above provide a visual representation of the iterative and non-linear process of data analysis based on Castleberry and Nolen (2018), and Rennie (2012). This essentially means that through the process of data analysis, the researcher can start at step 1, the move to step 3 then back to step 2 depending on where the data is leading her. In addition, because the process is iterative, the researcher could complete all 5 steps and still find herself restarting the process all over again in the hopes of getting the most out of the data while capture the most important information as communicated by the participants. Below is detailed description of what each step of the process entails.

Step 1 – Compiling: All interviews and focus group discussion were audio recorded for the purpose of later transcription because from a technical perspective, audio recording allowed the researcher to have exact information from the participants. Therefore, the first step was to transcribe the audio files into written text for further analysis. Once this was done, the researcher then familiarized herself with the data gathered through the in-depth interviews and focus group discussions. This is also referred to as 'compiling' by Castleberry and Nolen (2018). In this step, the researcher aimed to compile the data into useable forms in order to find meaningful answers to the research question. The researcher was able to read and re-read the data so that they would become familiar with it. The data in this step was collected as a result of transcribing the interviews and focus group discussion.

Step 2 – Disassembling: After compiling the data, the researcher separated the data in order to create meaningful groups. This process is known as 'coding'. Coding is defined as "the process by which raw data are gradually converted into useable data through the identification of themes, concepts, or ideas that have some connection with each other" (Castleberry & Nolen, 2018: 808). Coding involved the identification of many interesting features in the data either in the form of a phrase, sentence, thought or even paragraph (Castleberry & Nolen, 2018; Erlingsson & Brysiewicz, 2012; Lacey & Luff, 2007; Rosenthal, 2016).

Step 3 – Reassembling: The process of reassembling entails creating themes from the codes identified in the previous step. A theme "captured something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set" (Castleberry & Nolen, 2018: 809). There are two major ways a qualitative researcher can use to put the data back together in the form of themes, either through hierarchies or matrices. A thematic hierarchy option shows themes in relation to one another (subordinate or

superordinate). The matrix option on the other hand arrange the participants' role, variables, themes or concepts into rows or columns in a way that provide a representation that supports the findings within the data. Nevertheless, both options reduce the data and also show the relationship between the concepts, codes, constructs and groups (Castleberry & Nolen, 2018; Lacey & Luff, 2007; Rosenthal, 2016). For this study, the researcher used the hierarchy option to uncover the various themes within the texts. The researcher began by gathering all the necessary data into each potential theme and continued to review the theme in relation to the coded extract and data. For example, names of some themes had to be changed to incorporate subthemes that were moved from other themes or those developed from the data. Furthermore, some subthemes sounded similar and had to be merged with others either under the same them or in an already existing theme. During this stage, the researcher made sure that care was taken during the reassembling process that while the story was being told, the data was not altered in any way so as to support the researcher's theory or expectations.

Step 4 – interpretation: Because data cannot speak for itself, the next stage in the thematic analysis was to interpret the findings. This was a critical stage in the research process because it is here that the researcher made analytical conclusions from the data gathered. The importance of a theme was not based on how often it appeared but instead how important it was to the overall purpose of the study. These major themes became the focal point to data interpretation and how the themes related to each other.

Step 5 – Conclusion: Results obtained from a research study provide a detailed description of how the raw data was formed into codes and eventually into themes resulting into the final interpretation (Castleberry & Nolen, 2018; Lacey & Luff, 2007; Rosenthal, 2016).

The data analysis process requires the researcher to go through an iterative process that starts with preparing and organizing the data, reducing the data into codes and then themes and subthemes and finally interpreting the results (Lewis, 2015).

4.8. ETHICS CONSIDERATIONS

Ethical issues have been an important point of discussion over the years and have become more and more prominent in recent times (Bryman, 2016). There is a generally agreed upon framework for conducting ethical research in any given field of study however, certain kinds of research studies, especially those involving children require special provision with regards to the ethics but overall, a researcher aims to ensure that participants' right to privacy, protection, harm or emotional discomfort is adhered to (Du Plooy-Cilliers et al., 2014; MacDonald, 2012; Paterson & Higgs, 2005). The following section highlights the ethics considerations that the researcher applied during the study. Firstly, the researcher obtained ethical approval from the institution (Appendix L) before commencing the study; as well as obtaining permission from the MCDSS and the facilities before interacting with the participants (Appendix A-C).

4.8.1. Informed consent

The first issue that was addressed was the need to inform participants about the purpose and intended use of the research findings. This was a very important consideration for the study, especially in terms of its sensitive nature; it was cardinal for the researcher to ensure that all participants taking part in the study willingly did so after having been thoroughly briefed and prepared beforehand (Khanlou & Peter, 2005). A written handout was given to all participants explaining the aim and objectives of the study, the methodology and intended purpose of the study.

Thereafter, the participants signed a consent form testifying that they had consented. All participants were above the age of 18 and therefore, there was no need to have the consent form signed by either their parents or guardians because under the laws of Zambia, they are adults (Ministry of Community Development Mother and Child Health, 2014). The consent form covered the full duration of the study and it therefore meant that post-institutionalized adults were consenting to taking part in the RoL exercise and the in-depth interview; and the focus group discussion for the social workers. Consent also included consenting to audio recordings which the researcher planned to use later during the data analysis process.

Participation in the study was entirely on a voluntary basis even though the initial list of participants was obtained from various Child and Youth Care Facilities in Zambia.

4.8.2. Confidentiality and privacy

Secondly, the researcher aimed to ensure the dignity and integrity of participants by ensuring that all the data collected throughout the various data collection methods was kept and treated in a confidential manner and that no one outside of the research team had or would have access to it (Paterson & Higgs, 2005). In doing so, participants' privacy was assured. In addition, the use of pseudonyms protected their privacy because the information gathered could not be traced back to the participants thereby protecting their privacy. The drawings from the RoL exercise were filed and kept in a locked drawer which only the researcher had access to. The recordings from the focus group discussion and the in-depth interviews are stored electronically on a computer that was password protected. This would be kept for five years and then appropriately deleted and destroyed.

4.8.3. Risks and concerns from participants

This meant explaining to the participants the expectations from the researcher and providing them with full disclosure with regards to any risks, if any, that they face or experience. For example, the participants were informed of the potential effects of the research topic and the memories it could evoke.

A telephonic debriefing session was done by the researcher as a follow-up to the interview. The aim of the session was to informally discuss the interview that was held and get feedback on how it could have been better. The researcher made it clear to the participants that a counselor was available to them in case they needed additional assistance during or after the interview. This person was a psycho-social counselor by profession currently working for an organization that provides counseling services to children and adults dealing with trauma or addiction.

4.8.4. Ethics of working with vulnerable populations

"Great care must be taken to conduct research studies involving vulnerable persons in a manner consistent with accepted ethical principles in order to protect participants from exploitation, to build capacity, and to promote wellbeing" (Richter & Prinsloo, 2007). According to Araiza (2019), researchers that wish to work with vulnerable populations should engage in a process of critical self-reflection and also be clear on the type of relationship they wish to develop with their participants because often the researcher might fail to see how their thoughts and actions may contribute to the participants' subordination. The researcher used the self-reflexivity report to expose further bias or discrimination. In addition, it was important for the researcher to develop an ethical protocol that clearly stated how participants would be helped should issues emerge; i.e. the availability of counseling services.

4.8.5. Section conclusion

The section addressed the ethical issues of the study and included a discussion about the importance of obtaining an ethical clearance from the university and how to protect the participants and the information gathered from them such as informed consent, issues of confidentiality and privacy (Appendix L).

4.9. CHAPTER CONCLUSION

This chapter described the methodological approach and methods that were used to achieve the overall aim and objectives of the study. The chapter outlined the processes of sampling and recruitment, data collection and analysis and the limitations of the study. As indicted in the data collection and analysis section, the researcher interviewed seven post-institutionalized adults. Each interview started with the participant drawing their River of Life. The researcher then proceeded with the individual in-depth interviews which lasted for about an hour and half to two hours. The researcher then went on to conduct a focus group discussion with five social workers working in CCFs. The data gathered from the in-depth interviews and the focus group discussion focused on the experiences of post-institutionalized adults during their stay in CCFs as well as their resilience strategies that have contributed to their current success.

To conclude, the chapter outlined the ethics considerations that the researcher followed in order to adhere to the ethical code of conduct as stipulated by the university. The next chapter presents and provides an analysis of the results. It presents the data collected through all three data collection tools; namely the RoL, in-depth interviews and the focus group discussion.

CHAPTER 5
RESEARCH FINDINGS AND DISCUSSION: POST-INSTITUTIONALIZED ADULTS

5.1 INTRODUCTION

The previous chapter had discussed the methodology used in this research where the qualitative approach emerged as the most appropriate to use for the kind of study embarked on. The approach also underscored the use of the case study design, because the case for this study was post-institutionalized adults from CCFs, and the case setting was Zambia.

In this chapter, the focus will be on the presentation of the findings that emerged from the process of data collection and analysis of the data collected from post-institutionalized adults from three specific CCFs in Lusaka. The findings presented in this chapter are based on the research question stated below:

What are the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resilience strategies that contributed to a positive transition into adulthood?

Data analysis involved interpreting, summarizing and presenting the findings in a way that appropriately describes the phenomenon. Data presentation commenced with the demographic characteristics of the participants, and thereafter the findings according to themes and subthemes that emerged from the analysis. The qualitative findings will be presented in text, figures and photos.

5.2. DEMOGRAPHIC PROFILE OF POST-INSTITUTIONALIZED ADULTS

'Demographics' refer to particular characteristics of a population and can include various characteristics such as age, social economic status, race, gender, political affiliation ethnicity, religion, income, level of education or disability status. The demographic profile provided information related to research participants. The demographic profile presented here mirrors the first data source that had been used in this study: the post-institutionalized adults. The table below shows the demographics of the post-institutionalized adults interviewed in this study focusing on age, gender, age on admission and on discharge, length of stay in the CCF, and highest level of education. All the participants that took part in the study were Zambian (see Table 5.1 below).

Table 5.1: Demographics of Post-Institutionalized Adults

Participant	Gender	Age	Home Language	Age at admission	Age at discharge	Length of stay	Highest Education Level
1	F	38	English, Nyanja	9+years	15+years	5-6	Diploma / certificate
2	F	28	English, Nyanja	5-7 years	15+ years	10+ years	Diploma / certificate
3	F	32	English, Bemba	9+ years	15+ years	10+ years	Diploma / certificate
4	M	33	English, Nyanja and Bemba	3-5 years	15+ years	10+ years	PHD
5	M	27	English, Nyanja and Tonga	9+ years	15+ years	9-10years	Bachelor's degree
6	M	28	English, Nyanja	3-5 years	15+ years	10+ years	Diploma / certificate
7	M	30	English, Nyanja	3-5 years	15+ years	10+ years	Diploma / certificate

5.2.1. Gender of the Participants

The research included three (3) female and four (4) male participants, which was a fair gender distribution to allow gender comparison and deeper understanding of issues needed for this study. On average, there are usually more males raised in CCFs in Zambia than females, and this

is evident in the Child Care Facilities' 2016 National Assessment Survey (Ministry of Community Development and Social Services, 2017b).Thus, more males were potentially likely to participate in the study as opposed to females. However this did not actually mean they were able to participate. The study demographics show that more males did participate which shows also a difference to other studies where males generally do not want to participate in qualitative studies (Law, 2019).

5.2.2 Age of the Participants

Table 5.1 above reveals the participants' age ranged from 27 years as the youngest, to 38 years as the oldest; with an average age of 31. This was a very good age range to work with as the study relied on their memory of events and experiences that formed the foundation of the study. All participants were over the age of 21, meaning they must agree to their participation. Another study with a similar focus of young people who left care interviewed caregivers between the ages of 19 and 27; slightly younger than the participants in this study (Kovacevic & Vujovic, 2015).

5.2.3 Participants' Age at Admission

In terms of age at admission, the table shows that three participants were between 3-5 years old, one was 5-7 years old and three were at least 9 years old at the time of admission. A study by Zhang, Fukui, & Mori, (2016) on the Japanese residential care system, showed similar results where the majority of the children were separated from their biological parents between the ages of 2-7 years. Another study by Januario et al. (2016), found that the mean of children that took part in the study involving Catholic-affiliated Residential Care Facilities in Zambia was 8 years old while the study by Dutta (2017) had the mean age of admission of the 100 female participants that took part in the study to be 7.42 years. The study by (Ddumba-Nyanzi, Fricke, Max, Nombooze, & Riley, 2019) found that one third of the participants aged between 16 and 38

that took part in the study aimed at understanding the experience of young care-leavers in Uganda had been in care for more than 10 years. The present study seems to fall within the general trend of children entering care between the ages of 2-10.

5.2.4 Participants' Age at Discharge

Table 5.1 shows that all participants were above the age of 15 at the point of discharge from the CCFs. The age on discharge was appropriate in line with Zambian government policy, for example, through the Alternative Care and Reintegration Guidelines by the MCDSS, with age on discharge for all CCFs in Zambia being at 18 years or below. According to these guidelines, an 18 year old is considered an adult and is therefore mature and has been adequately prepared for life outside of the CCF (Ministry of Community Development and Social Services, 2017b). The age of exit in many CCFs around is 18 years because they believe they have reached the age of maturity; and in most policies are no longer considered children, but adults (Changing the Way We Care, 2018). While in Trinidad and Tobago (Caribbean), the official age for leaving state homes is 16 years, but discharge is always in the care of an adult because at 16 one is unable to live on one's own or seek paid employment (Roberts, 2016). In the Russian Federation, young people age out of care between18-23 years; however, those who are still pursuing their education or vocational training are entitled to support past the age of 23 years. The same is true for other countries like the Czech Republic and Poland (Stein, 2014).

5.2.5 Length of time in institution

In Tables 5.1 it is also shown that the minimum number of years spent in a facility by the participants was 5-6 years (two participants). One had been in the facility for 9-10 years while the majority (four) had been in a facility for at least 10 years. The length in a CCF for participants in this study was similar to that in another study by Ddumba-Nyanzi et al. (2019) on

care leavers in Uganda, which showed that the care-leavers in the study had also spent 10 or more years in the facilities. A study conducted in Serbia by Isakov & Hrnčić, (2018), included 151 participants who had spent 6-10 years in care. In another study by Dutta (2017), the mean number of years participants spent in the various CCFs was 12.35 years most of whom left care at around 19 years. It is evident that across the world, care-leavers generally spend about 6-10 years in care, which is concurrent with the study demographics.

5.2.6 Highest Level of Education Attained by participants

According to the Ministry of Community Development Mother and Child Health (2014) Section 6.6, every child growing up in a CCF must be provided with appropriate and relevant education and this requirement was well reflected in the participants that took part in the study. As shown in Table 5.1, all the participants had post-school qualifications. It is clear that the participants had received opportunities to pursue and complete their education and this provided them with a good basis to pursue studies post-institutionalization. Most CCFs ensure the provision of education for the children in their care. For example, the study by Dutta (2017) documented 93% of the participants receiving formal education while 7% receiving non-formal education. Another study by Roberts (2016) on residential institutions in the Caribbean nations of Trinidad and Tobago is an example of the educational qualifications that care-leavers achieve before exit from a facility, where the majority of participants were either in or had graduated from various university or college programs.

5.3 THEMES AND SUBTHEMES OF POST-INSTITUTIONALIZED ADULT PARTICIPANTS

Table 5.2 below shows the three key themes and subthemes produced during the data analysis on resilience in institutionalized children. Participants participated in in-depth interviews and provided a visual overview of their life before, during and after institutional treatment through RoL drawings. The following themes, subthemes and categories were defined from both these data collection methods through the data review framework described in the previous chapter.

Table 5.2: Main themes and subthemes

Theme 1 Views on institutionalization	Theme 2 Resilience and success	Theme 3 Transition and after care
1.1 Admission into care	2.1 Experience of resilience	3.1 Views and challenges on leaving
1.2 Life in the institution	2.2 Experience of Success	3.2 Family's role
1.3 Thoughts about the facility and alternative care		

Following this, is a detailed discussion of the themes, subthemes and categories emerging from the subthemes of the findings with reference to literature.

5.3.1 THEME 1: VIEWS ON INSTITUTIONALIZATION

In this theme, the participants' views relating to institutionalization are covered under four (4) subthemes, namely, admission into care, life in the facility, thoughts about the facility and alternative care and attachment. A total of 11 categories linked to this theme emerged in this study.

Table 5.3: THEME 1: VIEWS ON INSTITUTIONALIZATION

THEME 1 SUBTHEMES		CATEGORIES	
1.1	**Admission into care**	1.1.1	Reasons for admission
		1.1.2	Initial reaction upon learning of admission
1.2	**Life in the institution**	1.2.1	Experiences of institutionalization
		1.2.2	Developing attachments
		1.2.3	Facility's role in overall development
		1.2.4	Challenges experienced in facility
1.3	**Reflections on the facility and alternative care**	1.3.1	Difference made by facility
		1.3.2	Care enhanced/hindered education potential
		1.3.3	Care enhanced/hindered chance of getting a job

5.3.1.1. Subtheme 1.1: Admission into care

This subtheme focused on the immediate matters surrounding entry into a CCF, such as the reasons for admission and the initial reactions to being admitted into an institution in the form of two categories. Children are admitted into CCFs for various reasons such as neglect, death of parent(s), abuse, mental illness of parent(s) or education, to name a few (Bhuvaneswari & Deb, 2016; Frimpong-Manso, 2018; Ministry of Community Development and Social Services, 2017b; Mullan & Fitzsimons, 2006; SOS Children's Villages International, 2014). Two categories are discussed.

Category 1.1.1: Reasons for admission

Children and young people are placed into CCFs for various reasons. These are often referred to as either push or pull factors. Almost all the participants' admissions were poverty-related though some were also matters of abandonment and mental illness. Most participants had more than one reason for admission; like participant 1 who, though not very sure cited attending school as reason and both parents of participant 5 died which plunged the family into poverty.

The following are examples of responses obtained from participants:

- *I think the main reason for being admitted in CCF1 was education though I am not really sure* (Participant 1).
- *So, when my father died, his relatives grabbed one of the two houses he owned. Then my mum fell into depression and three years later, she died. It was because of poverty and to aspire to be educated* (Participant 5).
- *My mother and father separated when I was very young and when that happened, she decided to take her first born and the rest of us; three of us remained with our dad. So after some time, he took me and my two younger brothers at CCF3 and he was never seen again. So he practically abandoned us at the orphanage. And my mother from the time she separated with my dad has never seen her children* (Participant 6).

The participants echoed existing studies which also found similar admission stories. For example, studies by Januario et al. (2016), Save the Children (2014), SOS Children's Villages International (2014) and the National Assessment Report on Child Care Facilities (Ministry of Community Development and Social Services, 2017b) found mirroring results with poverty, abandonment, death of a parent, abuse and maltreatment and disability of primary care giver of the child, in that order. These tragedies were present in the RoL drawings and most participants drew their rivers flowing down stream following the event that lead to their admission into the CCF. For example, participant 4 and 7 both showed a drastic fall in their rivers showing the negative direction their life took following the loss of their primary caregivers (Appendix Q and T respectively).

The study by Nsabimana (2016) also found that poverty was the main 'pull factor' for children being admitted into Rwanda CCFs (also see Ddumba-Nyanzi et al., 2019). The study by Dutta (2017) involving 100 female participants found that the highest number of girls (24%) were in the CCF because of being orphans followed by 20% stating that their families were living on the streets and had no accommodation or security (Dutta, 2017).The study by Roberts (2016) on residential institutions in the Caribbean found economic instability being the main reason followed by neglect, abuse, and alcohol and drug abuse by parents. Cited literature revealed a myriad of admission reasons but the main ones being poverty and deprivation.

Category 1.1.2 Initial reaction upon learning of admission

People react differently to new environments. For resilient persons, accepting and adjusting to change is something that comes easily because they are able to adapt. However, others, especially children that exhibit a sense of insecurity, find it difficult to adapt to change (van Breda, 2018). The following are participants' narratives attesting to this:

- *When I found out that I was going to be living at CCF1 I was very happy. I felt that maybe the environment would be more conducive and more stable. At that point in my life I really needed a stable home* (Participant 1).
- *I wasn't happy to be honest. I wanted to stay with my mother. But I also knew that things were not really ok at home. I really wanted to start school like other children in the community but it wasn't possible. But I knew that if I went to CCF2, then I would start school also* (Participant 2).
- *Feeding was a problem on the streets and if you couldn't find anyone to give you something to eat then that day you would sleep hungry. So my initial thoughts were I was*

very excited because I knew I was going to be safe, I was going to go to a place where I would feel safe and a place I will call home (Participant 4).

When most children are placed into CCFs, studies show that many of them experienced a wide range of emotions (Baker, 2017). For those who display anxiety and distress often come as a result of the separation shock that they experience when they are being separated from their family and community. For example, participant 2 was not happy about being taken to a CCF because she still had one living parent and she wanted to stay with her mother.

However, on the other hand, children who experienced abusive homes or those living on streets, often display a positive attitude upon placement because admission into a CCF often comes with a sense of safety and security (Bhuvaneswari & Deb, 2016; Csaky, 2009; Dozier et al., 2012). For example, for most of the participants in the study, they felt happy to be admitted into the institution as it gave them a sense of stability, predictability and a glimmer of hope for a better future, like participants 1 and 4 who were excited because this assured them of stability. These positive emotions were also well represented in their RoL drawings with stability being represented as a 'house' in 5 out of 7 drawings. For all participants, this was the first time they drew an image of a house in their river (Appendix N, P, Q, S and T).

5.3.1.2 Subtheme 1.2: Life in the institution

Children reared in CCFs experience a different kind of lifestyle compared to their peers reared in families and communities. For example, children placed in CCFs can experience stigmatization from others, especially within the school environment (Gwenzi, 2019; Mullen & Fitzsimons, 2006; Januario, et al., 2016). This category delineated life in institutional care that influenced the

child, commencing from their overall experiences, support, services received, and the challenges faced. Four categories have emerged.

Category 1.2.1: Experiences of institutionalization

For this study, understanding life in an institution was very important because it could impact development of resilience and future planning. The experiences in institutions as described by post-institutionalized adults varied, often depending on the institution they were admitted to and the age they entered. Also, recognizing their perspectives was essential to help recommend changes in care services and activities. The following statements are relevant:

- *Being in the facility was a roller coaster ride. We had some happy and sad moments…I thank God He came through for me and all was well. Finally! It was the grace of God that enabled me to overcome it all* (Participant 2).
- *It was a good experience for the most part. Of course, with ups and downs but CCF1 treated us all the same so I think we all had similar experiences. Of course those who excelled at certain things had certain 'perks' so to say. Like for example I set a good example in my church life and I was selected to represent the school at the World Youth Day in Poland… But overall it was a wonderful place. A place I call home even now* (Participant 5).
- *For the longest time I had a different experience from other children there because I was being abused physically and emotionally and also neglected in terms of food and over worked to large extent. Actually even my two younger siblings experienced similar treatment. I don't know why my family was treated like that* (Participant 6).

The study by Roberts (2016) on residential institutions in the Caribbean found that most participants agreed that institutionalization was better than the abusive homes they left behind.

This was similar to participants in this study as most participants described life in the institution in positive terms, as it gave them an opportunity to improve their lives by providing them access to good education, recreation and training facilities and provision of religious and moral guidance (Appendix N, P, Q, S and T). Most of the participants were of the opinion that the facility treated all the children the same.

On the contrary, the study by Ddumba-Nyanzi (2019) on Ugandan care-leavers, found that participants would have much rather stayed in their economically disadvantaged homes with their family members than being reared in a facility without authentic relationships which came with various challenges. Other studies (Januario et al., 2016; Gwenzi, 2019; Stein, 2014) elaborated on some of the challenges children experienced such as abuse from carers, stigma as a result of growing up in a CCF, unmet needs, compromised health and psychosocial well-being, lack of individualism, separation from parents, and lack of adequate support and preparation into adulthood. Participant 6 was the only one who openly described being abused at the facility as well as being physically neglected through withholding of food and being over-worked. Interestingly others who had been at the same facility did not mention having experienced abuse to such an extent as he and his siblings went through.

The stigma as a result of growing up in a CCF was elaborated further on by Gwenzi (2019) as the study found that there was a stigma attached to living in an institution and society blamed institutions for failing to instill cultural values in the child and therefore when it was time to exit care, they were not accepted back into the community. The study by Frimpong-Manso (2012) shared similar results because most participants indicated that they lacked the cultural skills to function effectively in the community.

Category 1.2.2: Developing attachments

Children in any environment get to develop an attachment to adults for the protection, support and love that is received from their primary caregiver (Sulimani-Aidan, 2018). Children growing up in a facility should be no exception to this however, but CCFs work often struggle to meet the human relationship factor, affecting the development of attachments (Changing the Way We Care, 2018). For individuals who have spent the majority of their lives in CCFs, these nurturing relationships have a significant impact on their lives.

Post-institutionalized adults described the attachments that they developed while in the CCF and how they considered the people at the facility as family, most of them even reporting that it was the only family they had. The National Scientific Council on the Developing Child (2004: 1) clarifies how healthy relationships contribute to development as they are viewed as "active ingredients" that promote healthy human development because of their ability to be responsive, mutual and interactive. The following narratives are pertinent:

- *There was one specific caregiver, her name was EK. We were really close and when I got baptized, she was my Godmother. So that was my mum. .. And of course MK has been the mother figure for me and she still is. She is the one who walked me down the aisle. She made me feel safe while I was at the facility. All this had a positive impact on my overall behaviour and attitude because I was accountable to her if I did anything wrong (*Participant 3*).*
- *But I still feel the family I met in my years at CCF1 is more of a family than my own blood relatives. In fact, when I was getting married I told them I wanted my insalamu (bride price) to go to CCF1 but my relatives said no. They insisted that it has to go to my mom, but on that one I didn't argue with them I just let it (*Participant 1*).*

- *My parting from the facility in general was not very favourable so I don't consider them family. Except maybe the two ladies that helped sponsor me through university and now treat me as their adoptive son. But other than that; no (*Participant 4*).*

Studies attest to the importance of post-institutionalized adults having the necessary support as they transition; which acts as a protective factor that fosters positive relationships (Cashmore & Paxman, 2006; Stein, 2006; Sulimani-Aidan, 2018; van Breda, 2015). The study by Changing the Way We Care (2018) on Kenyan care leavers showed that individuals that spend most of their life in a CCF often begin to see the staff members as parental figures, which set a positive foundation for their future life. The attachment between the child in the facility and the carers and other children and youth in the facility are strengthened by the infrequent or non-existent contact with their family members (Roberts, 2016).

For example, participants in the present study developed some attachment with other children and youths at the facility. Their narratives speak of sibling-like attachments. Aside from their peers, the children also developed attachments with the caregivers there. For many, these 'mothers' who cared for them during a significant period of their lives are recognized as their mother figures. Participant 3 in particular developed such a deep connection that it transposed into her adult life (Appendix P). However, Januario et al. (2016) also found that post-institutionalized adults felt that leaving care also meant leaving their created family; and this over time translated into difficulties in initiating/sustaining new relationships outside of the CCF, or reintegrating with their family-of-origin that had become strangers.

In contrast, a study by Isakov and Hrnčić (2018) in Serbia, participants stated that they received the least support from residential care staff. The experiences described were similar to that of

Participant 4 who's residence and exit from the facility was not favorable. He felt that the institution just discharged him from the facility with little care and concern for his future upkeep, and provided him with little support to help him positively transition. As a result, he landed back on the streets and, as can be seen in his RoL, took a drastic turn for the worse (Appendix Q). He was the only participant that experienced such negative life events immediately after the leaving the CCF.

Category 1.2.3: Facility's role in overall development

This category focused on the positive contributions the facilities make to the overall development of participants. One of the biggest contributors to a child's development that many facilities offer is education and physical health (Januario et al., 2016; Whetten et al., 2014). The following statements support this category:

- *I think what I would say is that the care at CCF1 touched on all areas of my development. I was provided with proper nutrition which helped with my physical development. I got a chance to interact with different mothers and other children and I saw myself slowly coming out of my shy zone and interact more with people… although I am still very much an introvert* (Participant 1).
- *Being in a facility was fulfilling. For me personally it has helped me grow and be a responsible adult in society. It has taught me a lot about respect, how to behave in a mature and disciplined way* (Participant 2).
- *Emotionally that was where the challenge was because for me there is more to a child's growth than just them knowing 'ooh I have pubic hair' or 'oh so these are menstrual cycles'. Those things needed to be explained but those things were not explained. In a normal setup, in a normal home, people would actually explain certain changes to you.*

The focus in CCF4 was on the care giving, and care giving is about nurturing; so they give you the food, the clothing and the shelter. But they need to assess all the aspects of emotional, social and physical development (Participant 4).

Studies show the role of CCFs played to ensure that children achieve positive developmental outcomes (Januario et al., 2016; Whetten et al., 2014). In the study by Kovacevic and Vujovic (2015) some of the positive experiences were feelings of protection and safety, meeting of their basic needs, and having a close relationship with at least one care-giver. Participants in the present study were satisfied with what the facilities had made to their quality of life by helping bring out the best in them. They reported that the care at the facility had positively impacted on all areas of their lives and prepared them well for their future lives into adulthood; they felt it gave them a better trajectory than if they had been in the care of their families. For some, this translated very well in their RoL (Appendix N, O & T). The study by Frimpong-Manso (2012) conducted in Ghana added to this reality as it found that participants were given an opportunity to learn life skills from the caregivers

Ddumba-Nyanziet al. (2019) also found that most participants highly valued their access to education and provision of the necessary medical treatment; but that poor dietary foods and reported episodes of hunger also prevailed. Participant 6, who had mentioned abuse initially as reported in Category 1.2.1 above, nevertheless also showed strong appreciation for the role that the institution played in his overall development, specifically he mentioned that, the CCF2 got him into one of the best schools in Lusaka and he was able to receive an excellent education as well as good medical care.

Participant 4 however felt that the facility could have done more in addressing issues surrounding his physical development, which he felt were not well tackled in the CCF.

Category 1.2.4: Challenges experienced in facility

A CCF, being an unnatural environment, is expected to pose some challenges for the children admitted there. These may include, for example, separation anxiety (Sulimani-Aidan, 2018), and/or inability to develop strong attachments (Dozier et al., 2012; Guest et al., 2006). This category focuses on some of the challenges the participants faced.

- *I also missed my mother a lot. Because the time we left we were very small and the only time I met her was when I was in grade 10. She never used to visit and we never went for holidays because of her mental state. She always required people to take care of her* (Participant 2).
- *So aside from the challenges of competing for attention with other children… we also had a challenge with food because often it was not enough… The other challenge was that we relied entirely on donation so sometimes we would receive clothing and the clothing could not fit the big guy like me so I would have to wait for the next time we would receive donations of clothes my size, shoes my size. I was forced to continue using the ones* (Participant 4).
- *It was quite difficult the first few months. I received a lot of beating… I guess it is because I was still new and still learning to live with her (*caregiver). *OK so I would be beaten but not beaten in a normal way because they would hit my head on the hall and sometimes to the point of blood coming out. But I had that fear to go and tell the VDA because if I tell them then it would be another problem for me. So I just kept the abuse to myself* (Participant 6).

The study by Kovacevic and Vujovic (2015) found that some of the challenges the participants experienced as a result of institutional care, included rigid facility control and less focus on the individual's needs and interests. The study by Roeber (2011) in Kenya, found the biggest challenge was living apart from their family (also see Isakov & Hrnčić, 2018). Roeber (2011) also contended that other challenges involved the lack of freedom, followed by little affection from carers, as well as lack of privacy and protection. Participants in the present study echoed similar challenges because about half of them mentioned the fact that they missed at least one parent. A check on the co-occurrence with age at admission showed that the ones who reported this were admitted when they were older. Other challenges mentioned included competing for attention, and inadequate food and being abused physically like participant 6. None of the participants presented the challenges they faced in the CCF when drawing their RoL.

5.3.1.3 Subtheme 1.3: Reflections on the facility and alternative care

Having been reared in a CCF provides both positive and negative experiences. These experiences then inform the perceptions of each person. All of the participants spoke very highly of the facilities that they had lived in, except for one who was not very happy with some of the things that used to happen at the facility. Five categories are discussed.

Category 1.3.1: Difference made by facility

CCFs are often expected to make a positive difference in the lives of the children that come into their care; after all, they are often referred to as 'safe havens' (Bhuvaneswari & Deb, 2016; Csaky, 2009; Dozier et al., 2012). This is especially true since most children that are placed in CCFs have either been abused or neglected. Therefore, they are in need of protection provided by professional services (Wade et al., 2010). The following are the excerpts that pertain to this category.

- *At least I learnt a lot from that side. How to take care of myself, [*hygiene*]. And yeah some things that us children would learn from our own parents. Like cooking and cleaning. I don't know if my mother would have been able to teach me all that she would have wanted because sometimes her mental state would really let her down* (Participant 2).
- *Aside from taking me from the streets and putting me into a caring home, it made me stronger…It also made me very focused and at the same time it also made me who I am today. I am a man who is content…because of the life I lived in the facility I don't want to live beyond my means. I learnt the principle of life from the facility* (Participant 4).
- *It made a very huge difference because it provided me with everything. I didn't have to pay for anything. Not for school, or even food. I was living there for free. Even a home was provided. One that was very stable. So as much as I didn't have a mother or father…There we are taught anyone who is there is your brother is your sister and the Auntie you call them mothers so I grew up with that in mind that she is my mother.*(Participant 6).

Most studies have found that facilities generally make positive differences in the lives of the children in their care. For example, in the study by Roberts (2016), participants stated that the CCF made a difference in their lives, particularly in their education. Roeber's (2011) study found that participants appreciated the relationships with their caregivers because many emanated from troubled homes and were in need of positive parenting. For the participants in this study, the institution made a significant and positive difference in their lives and made them to be who they are today. Almost all the participants felt that the facility will always be

their home; particular with female participants who at every opportunity even went back to the facility to just visit and be with the carers and the children there.

In the case of Participant 3, the care-giver who she was most attached too, continued to play a very important role in her life even after she left the facility. This was well represented in the RoL drawing (Appendix P). Most of the males, on the other hand, felt that life at the institution was just one of the phases in life and they had moved on; but some would visit and give their time or resources to help with the running of the facility (Participants 4, 6 and 7).

Category 1.3.2: Care enhanced/hindered education potential

Being educated prepares one for life and contributes to resilience, and therefore, education is one of the 'pull factors' contributing to children being admitted into CCFs (Levine, 2001; Whetten et al., 2014). Depending on the quality of education received in a CCF, institutional care can enhance or hinder children's educational potentional. This category aimed to identify on which side of the spectrum the participants experiences fell.

- *Of course, CCF1 provided me with the education that my family was unable to give me. I managed to complete my highest education then I had an opportunity to go to college at ZAMIM but unfortunately just after six months I fell pregnant. And that was how I stopped school* (Participant 1).
- *If it wasn't for the facility, I probably would not have gotten the education I have to today. Especially from primary and secondary. However, getting my medical degree, that was all me. It was through my initiative. I continued to work hard and saved up enough money to pursue my further studies. But with that said, the facility should have done a*

better job in following through with helping me attain a tertiary education. (Participant 4).

All of the participants were emphatic that the facility helped them acquire quality education, which they would not have been able to achieve had they not been in the facility. Most mentioned education as a significant benefit from being at the facility (also see Subtheme 1.2). Studies show similar results with many children reared in CCFs transitioning out of care with at least a high school diploma or a technical skill (Ddumba-Nyanzi et al., 2019; Isakov & Hrnčić, 2018; Roberts, 2016).

Category 1.3.3: Care enhanced/hindered chance of getting a job

Being able to transition from dependent to independent living with a source of income is one of the most important and sometimes difficult things to do for young adults, whether from a family home or a facility (Baker, 2017; Cashmore & Paxman, 2007). This category assesses how the CCFs contributed to or hindered the participants' chances of getting into formal employment.

- *It definitely helped me. Because after they helped me get an education, I was able to get a job* (Participant 3).
- *The facility did not help me in any way to get a job. It was all through my personal efforts* (Participant 4).
- *I was able to work in the maintenance department at the facility for some time to earn some income and gain some work experience* (Participant 6).
- *I got my first job thanks to them. It was through their connection and my determination that I got that job. I've only had one job actually. I was part of a program they call*

'youth initiative'. It's a partnership between [Named Hotel] *and the facility* (Participant 7).

This category reflected mixed views from the participants. For some, they were able to identify the role the CCFs played in starting their work career either directly (Participant 7 and 6) or indirectly (Participant 3). The study by Gilligan & Arnau-Sabatés (2017) showed similar examples which highlighted the positive role played by staff at the CCF in helping the young people transitioning out get into employment. Arnau-Sabatés and Gilligan (2015) found that that growing up in a CCF had not affected participants' chances of employment because of the significant role played by their carers in their search for work.

However, for others, they felt after the CCFs helped them achieve a basic education but that subsequent achievements were as a result of their personal efforts (Participant 1 and 4). Similarly, in the study by Kovacevic and Vujovic (2015) many post-institutionalized adults found it difficult to obtain employment; because the CCFs failed to provide adequate information on the available aftercare services. Looking at most third-world countries where unemployment levels are quite high among the youths, post-institutionalized adults are not the only ones prone to struggle to access formal employment because their peers who grow up in families face similar struggles. The study by Isakov and Hrnčić (2018) on Serbian care-leavers showed that most participants reported getting very little support from the CCF in terms of getting a job or even an apartment.

5.3.2 THEME 2: RESILIENCE AND SUCCESS

Theme 2 was generated from the questions that were asked about the participants' view of resilience and success. Resilience prepares the children transitioning out of care to be able to face the challenges of life outside the facility and to be independent (Frimpong-Manso, 2018). Success is dependent on persistence, commitment and determination (Hass &Graydon, 2009; Bond & van Breda, 2018). Though the two concepts are interrelated, it was germane to the study to highlight each one. The following are the subthemes and categories pertaining to Theme 2 (Table 5.4):

Table 5.4: THEME 2: RESILIENCE AND SUCCESS

THEME 2 SUBTHEMES		CATEGORIES	
2.1	Experience of resilience	2.1.1	Contribution to resilience
		2.1.2	Role of faith in resilience
2.2	Experience of success	2.2.1	Successful person
		2.2.2	Contribution to success

There are two subthemes and four categories that emerged in Theme 2.

5.3.2.1 Subtheme 2.1: Experience of resilience

Recent research has shifted from focusing on vulnerabilities and adversities to protective factors and resilience (van Breda & Theron, 2018). This subtheme therefore arose as the need to understand participants' experiences of resilience, without over-emphasizing their adversities. Therefore, the questions in the interviews aimed to elicit responses on resilience such as how they understood resilience and whether they considered themselves resilient. Resilience is identified by three main components: adversity, protective factors (individual or environmental)

and recovery (Dickens, 2016; Hass & Graydon, 2009; Sulimani-Aidan, 2017; 2018; van Breda & Dickens, 2017). This theme consists of two categories.

Category 2.1.1: Contribution to resilience

Personal resilience consists of the protective factors that nurture resilience because they promote positive outcomes for post-institutionalized adults. Protective factors can be a combination of the individual's efforts and environmental influences (Hass & Graydon, 2009; van Breda, 2018; van Breda & Theron, 2018). This category aimed to identify the protective factors for participants. The following statements are pertinent:

- *OK so a resilient person is somebody who goes through so many challenges adversities and problems and yet they still able to continue with life. All the challenges which they have faced have not made them give up or turn them to depression like but instead they take things day by day by day. I feel for me my greatest source of resilience was the facility and the mothers that took care of me when I was going through a difficult time in my life. The caregivers taught me to be tough and not to give up. I have carried this message with me through my hardships* (Participant 1).
- *I am a person who is ready for change and I am able to accept things if they don't go according to my plans. But when things don't go according to my plan, I keep pushing until I see best results. I don't let misfortunes keep me down* (Participant 2).
- *A resilient person is someone who is able to exist, live, adapt and of course thrive; someone who is strong and able to do things for themselves. I believe I am a strong person and can withstand pressure. The loss of my mother was a very traumatizing experience and the fact that I have learnt to live with the loss of my mother and as I have grown up, I have accepted it. I feel I am resilient* (Participant 3).

- *Yes, very much. I have gone through a lot in life, from a very early age but I have managed to overcome. There are a lot of kids out there who share similar paths to mine; some even worse paths but somehow they fail to overcome. But I have because of my self-esteem. When people meet me today, they are not even able to tell the type of background I come from and that is because I have not allowed it to define me as an individual* (Participant 4).

There are numerous studies documenting the protective factors that post-institutionalized adults possess in order to overcome their adversities and have positive life experiences. Some studies have found that self-esteem played a big role (Roberts, 2016; Theron & Theron, 2014), and having talents and interests (recreational activities) (Mullen & Fitzsimons, 2006). For institutional care, studies also found that relationships with others, especially with professionals and peers (Mullen & Fitzsimons, 2006; Masten, 2014) were significant to resilience-building. In addition to this, participants in the study identified independence, perseverance, high self-esteem, good support network from the facility, and positive mind-set as contributing factors to their resilience. The participants' RoLs echoed similar themes, because in many cases, their rivers were continuously flowing upwards. Even when they faced hardship, they managed to look on the positive side and ensure a positive flow up the river (Appendix N-T).

Notably, the study by Hiles, Moss, Wright, & Dallos, (2013) acknowledged that while peers relationship played a big role in developing resilience, the experiences some care leavers when attempting to make new friends post-institutional care were daunting especially for those that had a history of abusive relationships with their parents and also had to endure the stigma that comes with growing up in a CCF. The study by Refaeli (2017) concluded that for care-leavers

especially, it is important for them to have strong personal resources as well as a supportive social network to promote their resilience especially in times of transition.

Turner and Percy-Smith (2019: 13) sum up the various contributors to resilience under the umbrella term "community membership". This can help one develop and maintain a positive sense of self either through family, friends, education, employment, hobbies, leisure activities or religious affiliations.

Category 2.1.2: Role of faith in resilience

Resilience is influenced by a number of factors, one of which is religious faith. Bond and van Breda (2018), Frimpong-Manso (2018), and Theron and Theron (2014) contend that resilient care-leavers are encouraged to have resources such as optimism and faith in order to be able to tap into their inner strengths. Faith is one of the individual factors that distinguish people with good outcomes against those with poor outcomes (Masten, 2015; van Breda, 2018). The following descriptions underline this category:

- *Religion has always been an important part of my life even from the time I was young. … I believe if you are a prayer warrior a prayerful person no matter how hard things are at one point or another it will still work out it's just a process. Overall religion has helped me become more accommodating to people also* (Participant 1).
- *In all things that I went through, I always remembered to put God first and I always prayed for the Grace to keep me going through life challenges. My faith has always been my pillar of strength and is from there I draw my resilience* (Participant 2)**.**
- *CCF1 helped me grow in my faith. And I think my religious beliefs have really guided my decision making and my endurance and perseverance* (Participant 5).

The narratives of the participants all valued religion and spoke highly about its effect on their overall growth, personal accomplishments and current circumstances. Faith and religion had a very strong effect on the development of resilience of the participants. This was exemplified by Participant 2 who said that her faith had always been her source of inner power. However, only Participant 2 drew a religious symbol in her RoL (Appendix O). A number of studies done with a population similar to the participants in this study have supported this finding about the role of religion and faith (Roeber, 2011; Yendork & Somhlaba, 2016). Yendork and Somhlaba (2016) particularly found that religion and spiritualty promoted well-being by encouraging young care-leavers to have a positive attitude that aided in their coping and fostering of resilience.

5.3.2.2 Subtheme 2.2: Success

Section 2.5.in Chapter 2 of this study acknowledged that there is no universal definition of success because it is a subjective term; taking on a different meanings to different individuals (Bostock, 2014; Dickens, 2016). This theme emerged because it is a focal point of the study and the ultimate aim of every CCF; which is to produce successful and well-grounded persons. Being successful reflects personal achievements and perseverance; and can be a proxy to the measure of resilience as the two are interlinked (van Breda, Marx & Kader, 2012).

Category 2.2.1: Successful person

The subjective and individualistic nature of the term 'success' can be difficult to define; however, generally a successful person is defined by society by their status, wealth or accomplishments (Bostock, 2014). For this study, 'successful' post-institutionalized adults were identified through the following six indicators: forming meaningful relationships, having stable accommodation, achieving educational qualifications, having stable employment (self or other),

having a stable source of income, and having no history of substance abuse or criminal activity. The following excerpts illustrate this category:

- *I have done pretty well for myself and my family. I am independently taking care of myself, my wife and kids. I am able to support and care for myself* (Participant 4).
- *I have a good education, I own my own little house and I am able to care for myself* (Participant 5).
- *The biggest thing I have is my daughter because she came in a right way, right now that's my biggest success* (Participant 7).

It important to establish post-institutionalized adults' understanding of the concept of success and what it means to them. Participants from Girls and Boys Town South Africa defined their personal success to include nine elements; but most importantly, education, a steady job, sufficient earnings, and having a stable family or close circle of friends, and accommodation (van Breda et al., 2012; also see Muller, Jansen van Rensburg & Makobe, 2003; Isakov & Hrnčić, 2018). Similarly, Participant 4 referred to success as his ability to live independently, Participant 5's success was defined by what he owned, thus focusing on quantitative achievements and Participant 7 focused on his relationships, particularly the one he has with his daughter as his biggest success. His family, being the focal point of his success was well represented in his RoL (Appendix T).

Interestingly, a care-leaver in the study by (Cantwell, Gale, McGhee & Skinner, 2017), stated that their successful transition was based on the good relationship they had with their caregivers and social workers, emphasizing the role of practitioners during and after institutionalization.

Category 2.2.2: Contribution to success

Success doesn't just happen, there has to be some factors that contributed to its realization. This category was meant to generate those factors that contributed to the participants' success. The following narratives underline these factors:

- *CCF1 played the greatest role ever in my life. And through them, and because of them- I reconnected with God, received a good education and managed to secure various jobs that have given me the financial stability to take care of myself and children. I also believed I also had a big role to play in my success because I don't believe in giving up* (Participant 1).
- *Aside from God, I would also add my two mothers; the sisters MB and SB and my family now my wife and two kids. They give me the strength to continue doing what I am doing because when I look at them it makes me want to work even harder* (Participant 4).
- *My grandmother; she motivates me to work hard. MK and CCF1 in general for the many doors they opened for me. And myself, for making use of the countless opportunities I was given* (Participant 5).

The study by Frimpong-Manso (2018) identified three important factors that contributed to their successful transition into adulthood: positive relationships, personal capacities and network of support. The participants in the present study echoed similar thoughts. Interestingly, the study by Gwenzi (2019) found differences between male and female post- institutionalized adults; in that males believed academic excellence as an important successful marker whereas females believed that marriage was a successful transition into adulthood.

5.3.3 THEME 3: TRANSITION AND AFTER CARE

Bengtsson, Sjöblom and Öberg (2018: 194) state that "The finality of transition creates worries for post- institutionalized adults about their near future: worries about how they will manage by themselves, fears of loneliness, and concerns regarding administrative problems such as getting and apartment". This theme emerged out of the issues of transitioning out of CCFs and post-institutional experiences. The findings reflected the challenges participants' experienced on leaving, how they looked at the future and what role their family played in their preparation and eventual discharge into society (Table 5.5).

Table 5.5: THEME 3: TRANSITION AND AFTER CARE

THEME 3 SUBTHEMES		CATEGORIES	
3.1	Views and challenges on leaving	3.1.1	Transitioning and challenges
		3.1.2	Feeling about leaving
		3.1.3	Involvement in former facility
		3.1.4	After care support
		3.1.5	Readiness to leave care
3.2	Preparing for the future	3.2.1	Hope for the future
		3.2.2	Family's role

The table consists of two subthemes and seven categories.

5.3.3.1 Subtheme 3.1: Views and challenges on leaving

This subtheme focused on the transition into adulthood: feelings about leaving, how ready the participants were to leave the institution, the challenges they experienced at the time of exit, and if they faced challenges finding accommodation. Leaving a CCF, just like a child leaving their family, is not an easy matter and as a result, there were many challenges that developed (Januario et al., 2016; Manso, 2012). Five categories are discussed.

Category 3.1.1: Transitioning and challenges

The process of moving out of a CCF into independent living for institutionalized individuals is referred to as 'transition' (Cashmore & Paxmore, 2007; Dickens, 2016). Due to the exclusion that young people face as they transition out of care, this process has been known to be quite daunting (van Breda & Dickens, 2017). For example, one of the major challenges that post-institutionalized adults face during their transitioning phase is finding accommodation; which has been linked to poor outcomes when they exit care (Liddiard, 2010). As young people transition into independent living, they experience many changes. Experiencing all these changes at once can sometimes be a major risk for transition (Anghel, 2011). The following descriptions underscore this category:

- *It was hard. I was back to living on the streets. I was an educated street kid with 6 points from school with no place to go* (Participant 4).
- *I think it was a smooth transition. When I left I went back to stay with my grandmother as I saved up money to stay on my own. My first job didn't really pay so well but I made the most of it. The facility would send me some financial support here and there; just like how parents would still support their children even after they leave the facility* (Participant 5).
- *It was never difficult. You see the funny thing is when you leave CCF2, you will never be cut off completely because when you have an issue CCF2 is there to help where it can. It is a proper definition of a parent* (Participant 7).

Studies that talk about transitioning process after institutional care have found that some post-institutionalized adults find themselves battling with issued of unemployment, homelessness, inability to meet basic needs; unplanned pregnancies, substance abuse, and mental illness can

make the transition out of care difficult (Januario et al., 2016; Liddiard, 2010). For example, in the studies by Changing the Way We Care (2018), Ddumba-Nyanzi et al. (2019) and Baker (2017), participants found difficulties in finding employment, accessing to education, and faced financial/economic difficulties and care-leavers felt that they should have been involved in the conversation about transitioning (also see Dutta, 2017).

Care-leavers in the study by Roeber (2011) stated that they lacked the necessary life skills, were insufficiently prepared and were not given any support when entering society. Participants in the study by Roberts (2016: 147) went further to describe their discharge from the home as "traumatic". Some of the care-leavers from that study shared similar experiences with Participant 4 in this present study because they too ended up on the streets (again) (Appendix Q) but Participant 4 showed great perseverance and enterprise and this enabled him to survive and access university.

Participants 4 and 7 had strong family ties which they feel contributed to their successful transition.

Category 3.1.2: Feelings about leaving

Most young people growing up in family settings, leave home in their 20s, and even after they leave home, they can still return and be assisted by their "safety net of extended support" (Mullen & Fitzsimons, 2006: 28; also see Nsabimana, 2016). However, post-institutionalized adults seldom get that opportunity to have such a structure in place (Roeber, 2011); and therefore, when exiting their CCFs, the process is often met with mixed emotions. How care-leavers feel about leaving the institution is significant as it points to their readiness to live independently (Levine, 2001). For example, knowing that there is stable relationship outside of

the facility sometimes eases the transition anxiety because they may provide the necessary emotional support (Baker, 2017). The following narratives are illustrative:

- *It was exhilarating knowing that I was starting a new life as an adult. I was finally going to have a chance to live independently and become a responsible member of society. But at the same time I was also very anxious. I was at CCF2 for a very long time. They provided me with everything and I realize that it will soon be over. I was in a dilemma because I was expected to start living independently and this time in the society which I didn't even know so I didn't know what was in store for me. I definitely had mixed feelings of fear and happiness* (Participant 2).
- *I had mixed feelings. On one hand, I could not wait to leave and be independent. You know as men we pride ourselves in doing things on our own. But also on the other hand I was worried… scared actually that I might make the same bad decisions that my brother made and not make a life for myself* (Participant 5).
- *It felt good to me. It was like a graduation you know because whatever reason they took me there for I achieved it* (Participant 7).

Participants in other studies like this one had mixed feelings about leaving the CCF. For example, the study by Changing the Way We Care (2018) in Kenya found that care-leavers found the process of leaving care to be 'scary and stressful', and therefore the participants felt that they needed on-going attention and support to ensure a successful transition. Similarly, participants in the present study were ambivalent because they were entering a world they did not have much information about.

The study by Roeber (2011: 12), also with Kenyan care-leavers, found that the young people described the time of leaving care as a "very challenging period in their lives, with numerous obstacles and little advice or preparation". Many studies underscored leaving care as exceptionally stressful and challenging (Anghel, 2011; Isakov & Hrnčić, 2018; Januario et al., 2016). Only a few participants responded with positive emotions such as excitement and happiness at the thought of starting their lives outside of the CCF (Anghel, 2011; Isakov & Hrnčić, 2018). In the present study, Participant 5 and 7 felt excited to leave the facility, with Participant 7 saying he couldn't wait as it was like a graduation. Participant 2 had opposing emotions of fear and happiness; however her ROL depicted the sadness she felt when leaving the facility (Appendix O).

Category 3.1.3: Involvement in the former facility

As post-institutionalized adults transition out of the facilities, some chose to remain in contact with the CCF and be involved in whichever way they see fit (Melkman, et al., 2015; Roeber, 2011). It is also one way of showing appreciation for the role the facility played in the life of the participant. Involvement in the facility can be in the form of providing mentorship services, financial support/donations or professions advice and services (Melkman et al., 2015; Roeber, 2011). The following extracts show aspects of involvement in the facilities by participants:

- *I am not actively involved in the facility right now so to say. But whenever I get a chance to pass through, I always find time to talk to young ones there especially the girl child. I always want to encourage them to utilize and value the chance they have been given in a profitable way so that they have a successful ahead* (Participant 2).
- *I am not involved in the facility at all. If I have a donation I prefer to take it elsewhere. I see the owner of the facility as just a woman that helped me out* (Participant 4).

- *I provide guidance for the kids still at the facility. And I have young boy who was at the facility but is now staying with me. CCF2 pays for his education and I provide him with accommodation and I am mentoring him to ensure that he makes the right decisions in life* (Participant 7).

Studies show that providing children and youth with positive mentoring relationships can aid in their transition out of care. These can be a parent, a teacher or even another care leaver. Studies found mentoring by experienced post- institutionalized adults to be beneficial (Changing the Way We Care, 2018; Melkman et al., 2015; Roeber, 2011). A number of participants in the present study were involved in the facility by providing mentorship services. Most of the participants mentioned that they visited the facilities to encourage the children still admitted in the facility.

Participant 4 was the only one who reported not being involved in the facility in anyway because of how he exited care.

Category 3.1.4: After care support

Support from facilities as the young adult transitions out of care, can be in the form of financial, emotional or guidance (Changing the Way We Care, 2018). The following descriptions are relevant:

- *CCF1 doesn't leave you until you are able to stand on your own. They prepared me well by giving me a good education and from there I was able to get a job and know how to start living my life. The facility would send me some financial support here and there; just like how parents would still support their children* (Participant 5).

- *I received the financial package that really helped me get started in life. The facility also helped with my first job under the maintenance department so at least from there I was earning some income* (Participant 6).
- *After leaving the facility, I was back where I started….only more educated* (Participant 4).

Most participants received support from their various CCFs in the form of. However, Participant 4 reported not having received any support from his former institution.

Support given to post-institutionalized adults in the present study was in the form of financial, moral or emotional. In a similar study (Ddumba-Nyanzi et al., 2019) care-leavers received money for educational needs or vocational trainings, housing or to start a business after leaving the CCF. However, in the same study, more than a third of participants reported not receiving any support from either the facility (36%) or their family (35%). The study by Frimpong-Manso (2012) documented that the aftercare support that was given to the participants was primarily from the mothers (caregivers) in the form of support and advice. Many of the participants were of the opinion that the mothers were the most suitable people to train young people with several participants attributing the quality of their preparation to the training offered by the mothers.

Category 3.1.5: Readiness to leave care

Leaving a CCF can be a very emotional process, especially for children and youth that have spent majority of their years under the care of the CCF. As a result of this, many may not be ready to leave care, while others maybe more than ready to begin their life. The level of planning and preparation done prior to leaving care can contribute to the positive transition (Changing the Way We Care, 2018). The following statements emphasize this category:

- *I don't feel I was very much prepared to experience life outside the facility because I never really wanted to leave. I knew I had to leave at some point, but for me personally, I really didn't want. I was used to being in that environment; I was too comfortable where I was so I wasn't really happy when I was told I had to stay outside in the community. I don't think I was ready to be outside but I was prepared* (Participant 2).
- *No I wasn't. After leaving the facility, I was back where I started….on the streets…only more educated* (Participant 4).
- *Before we even leave CCF2 there were programs that we were taking there to help us prepare. We had workshops and trainings where we were told the facts of life, how to care for ourselves, how to manage our finances. Things like that. In fact, I was even asking when I am going to leave CCF2 because I felt I was well prepared and ready* (Participant 6).

CCFs have different ways of preparing the youths in their care to leave care and start an independent life. The readiness to leave care is partly attributed to the efforts by the CCF as well as by the efforts and participation of the individual; which was lacking initially in Participant 2 (Turner & Percy-Smith, 2019). For example, Participant 6 described the programs that were organized by the CCF to prepare him for life outside of the CCF; while Participant 4 implied that the lack of such programs made it difficult for him to leave care.

The study by Ddumba-Nyanzi et al. (2019) found that the participants were not ready to leave care because they were not sufficiently prepared in the form of socio-emotional, psychological and economic resources needed to cope and adjust to post-institutional care. The Serbian study, by Isakov and Hrnčić (2018), found that care-leavers also were not very prepared to leave care and many wanted to stay in care as long as possible.

5.3.3.2 Subtheme 3.2: Preparing for the future

Preparing for the future is different for different people. For those from a CCF, preparing for the future can take on the form of having adequate support in the form of education, vocation and health counseling, and legal or other services (Changing the Way We Care, 2018). Two categories are relevant.

Category 3.2.1: Hope for the future

A person who has hope for the future, especially after transitioning from a CCF should be considered a success because hope for the future is important for resilience. Hope for the future can be summarized as an optimistic look at future aspirations and possessing an ambitious attitude towards life (Sulimani-Aidan, 2017). From the discussions with the participants in the present study, it was evident that all of them had a certain level of hope for their future and this is seen in the following excerpts:

- *I hope to be a role model to the young people out there who have gone through similar situations to mine and leave a memorable footprint that my children can be proud of* (Participant 2).
- *I want to change my family's history. I come from a very poor family. I hope that one day I will make my grandmother happy. I also want to pursue my Maters degree. I want to own my own farm and venture into agro-business* (Participant 5).
- *I want to be a boss and run my own company; a construction company. I also want to be in a position where I can care for my young siblings. If God grants me the resources, I would also love to mentor and care for children at CCF2 just as they cared for me. I also hope that one day I will be able to find a partner to spend the rest of my life with* (Participant 6).

- *I want to be somebody that people will point at and say look I want to be like* [name]! *I want to always be there for my family, if they are happy and if people respect me for who I am I will be satisfied than having a lots of money* (Participant 7).

In the studies by Sulimani-Aidan (2017) and Bengtsson et al. (2018) hope was described as part of the participants' long-term future expectations in the form of 'optimism'. It showed that post-institutionalized adults, even in their vulnerable situations, still aspired to work towards having a normal and safe lifestyle with employment, home ownership, and own family. The participants in the present study were all very positive about the future and made statements about what they would want to achieve in future and had different hopes for the future. This was a very subjective term because for some it referred to education (theirs or children), being a role model to their family and even other children in CCFs, being self-sufficient, and working hard enough to change the family's situations.

Category 3.2.2: Family's role

The role of the family is very critical in the life of every person; more so for one who is living, or has lived, in an institution because it can be seen as a protective factor and can make the transition easier (Ddumba-Nyanzi et al., 2019; Mullen & Fitzsimons, 2006). Efforts should therefore be made by the CCFs that children should be allowed to maintain healthy contact with their family, provided it does not bring any harm to the children: physical, mental or emotional (Mullen & Fitzsimons, 2006). This subtheme therefore emerged from the participants' narratives about the role (if any) the family played in the transition from institutional care. The following are their narratives.

- *I have a good relationship with my aunt and cousin. We are very close. And my mother also. They provided support when I was settling down after leaving the facility. But it was more of emotional support* (Participant 2).
- *I don't have a good relationship with my family. I keep them at a distance. They now come to me a lot seeking for help because they know that I have the financial capacity to help them. They were not there when I needed them the most. They are after what they can gain from me so I have given them a distance but I still love them. ….So right now the family I have is my kids and my wife* (Participant 4).
- *Aside from my younger brother and sister who were also taken to the facility with me, there is no other family…. I know I have extended family somewhere… uncles, aunties and maybe grandparents. But why should I start thinking about people who are not there?* (Participant 6).

The study by Ddumba-Nyanzi et al. (2019) showed that 84% of the care-leavers reported being in contact with their parents and relatives because the CCF they lived in encouraged and made arrangements to ensure contact with families. Participants in the study by Liddiard (2010) stated that their family members, along with other professionals, played a significant role in their transition. Some of the participants noted significant improvements in their relations with family since they left care and that this gave them stability and helped them develop into independence.

However in the present study, while a number of participants' were able to recognize the role their family-of-origin played at the point of transition and presently in their lives, the majority of the participants still viewed the various CCFs as their 'family' because of the tenuous contact with their biological families.

5.4. CHAPTER CONCLUSION

The demographic profiles of the post-institutionalized adults were well suited to the aims and objectives of the study. The demographic profile of this study was reflected through the age of participants, gender, age on admission and discharge, length of stay in the CCF, and highest level of education. Although most of the variables were supported by literature the interesting variable was the number of males that participated in the study. The post-school qualifications of the participants were also a positive demographic.

The data was presented through three themes, seven subthemes, and 20 categories. The participants were able to respond and provide rich, thick descriptions of their experiences during and post-institutionalization. The researcher was able to appreciate and value the ways in which the participants were able to overcome their obstacles and mature as individuals. The participants' narratives resonated with the word 'resilience' and understood what was meant by resilience and brought out aspects of resilience. A similar pattern was observed in their responses to the question of success. The participants were able to identify the different factors and individuals that contributed to their resilience, such as personal determination, supportive network (family and the caregivers), their optimistic attitude towards life, and the role faith and God played throughout their journey.

In their transition out of care and life after care, most of the participants described their transition out of care as having been smooth while some described it as having been hard. One of greatest contributors to a successful transition out of care was the preparation received before, during and after leaving care, for most this came in the form of financial support and/or teaching of life skills. However, for participants who did not receive the adequate support on exit, faced many

challenges. Their resilience however played a very important role in helping them overcome many challenges.

The next chapter focuses on the data collected from the focus group discussion involving five qualified social workers from different CCFs.

CHAPTER 6
RESEARCH FINDINGS AND DISCUSSION: SOCIAL WORK PARTICIPANTS

6.1 INTRODUCTION

The previous chapter discussed findings related to the perceptions and experiences of post-institutionalized adults. Three main themes emerged from the data that focused on the participants' views on institutionalization, their resilience and success, and transition and aftercare.

In this chapter, the focus will be on the presentation of the findings that emerged from the analysis of the data collected through a focus group discussion involving five social workers employed in three specific CCFs in Lusaka, Zambia. The findings presented in this chapter are based on the second objective as stated below:

To explore and describe the perceptions and experiences of social workers in institutional care regarding children's resilience and its significance in this context.

The chapter will present the analysis and discussion of the findings of the study on the resilience of post-institutionalized adults from the viewpoint of social work participants in the study. The data presentation will encompass the demographic characteristics of the participants, and thereafter the findings according to themes and subthemes that emerged from the analysis.

6.2 DEMOGRAPHIC PROFILE OF SOCIAL WORK PARTICIPANTS

The demographic profile is presented here mirrors the second data sources that had been used in this study: Social workers. There were five social workers that participated in this study and they

were drawn from the same institutions were the post-institutionalized adults had been drawn from. This, however, does not mean that the social workers must have had contact with the former. This is because the age range of the social workers is not very different from that of the post-institutionalized adults. Moreover, the highest number of years the social workers had been working at a CCF was 5 years and all the post-institutionalized adults were discharged more than 6 years earlier.

The Social Workers were young adults aged from 28 to 35, with gender being balanced over the five participants (three females and two males) where the majority had a Master's Degree (three of them) in addition to the standard entry requirements. The basic entry level of education for Social Work practice in Zambia is a diploma with the majority of social workers in both government and nongovernmental sector being Bachelor's degree holders (Ministry of Community Development Mother and Child Health, 2014).

6.3 MAIN THEMES AND SUBTHEMES OF SOCIAL WORK PARTICIPANTS

Data collected from the social workers was also subjected to analysis where the researcher used the same themes that had emerged from post-institutionalized adults (Chapter 5) as predefined coding in order to explore the perceptions and experiences of the social work participants in terms of these themes. Two of the themes were applicable as can be seen in Table 6.1 below.

Table 6.1: Main themes and subthemes

Theme 4 **Resilience and Success**	**Theme 5** **Transition and After Care**
4.1 Experiences of resilience 4.2 Experiences of success	5.1 Views and challenges on leaving 5.2 Roles of Social workers and the Family

**the numbering of these themes follows on the numbering in Chapter 5*

6.3.1. THEME 4: RESILIENCE AND SUCCESS

The development of resilience in a CCF prepares children transitioning out of care to be able to face the challenges of life outside the facility and to be independent (Sulimani-Aidan, 2018). Resilience contributes to increasing the chances of success in life for children especially those who have grown up in a facility and in this context it points to the role and function of social workers within this particular practice setting.

The following are the subthemes and categories (Table 6.2):

Table 6.2: THEME 4: RESILIENCE AND SUCCESS

THEME 4 SUBTHEMES		CATEGORIES	
4.1	Experiences of resilience	4.1.1	Defining resilience
		4.1.2	Significance of resilience in CCFs
		4.1.3	Activities for resilience
		4.1.4	Fostering resilience
4.2	Experiences of success	4.2.1	Definition of success
		4.2.2	Socio-emotional qualities and characteristics

6.3.1.1 Subtheme 4.1: Experiences of resilience

Social workers play a key role in the lives of the children and youth that they work with in CCFs as they nurture the development of resilience of the young people; whether through therapeutic interventions or integrative work (Hass & Graydon, 2009; Sulimani-Aidan, 2018; van Breda, 2017). Often the children and youth growing up in CCFs face adversities and therefore, social workers aim at fostering resilience to help them through these adversities (Lou et al., 2018). This theme therefore aimed at gaining a deeper understanding of resilience from the perspective of the social workers and the role they could play as social workers in developing or improving the resilience of the children in the facilities were they worked.

Category 4.1.1: Defining resilience

As stated in the previous chapters, resilience in relation to this particular study is defined as an individual's ability to face adversities but achieve positive outcomes and developing socio-emotional qualities (Cameron, Hynes, Maycock, O'Neill & O'Reilly, 2017; van Breda & Dickens, 2017). In this category the social workers reflected their general knowledge and understanding of what resilience is. This category served as a precursor to the subsequent questions which were meant to ascertain what could be done to increase resilience. The following narratives show their understanding of resilience:

- *I would say that someone who is resilient is able to withstand pressure* (SW2).
- *Someone's ability to bounce back and overcome a difficult challenge or an adversity* (SW4).
- *It is the ability of one to recover quickly or be able to stand strong and overcome difficulties in every situation* (SW5).

The social workers had different definitions but they all included the various components of resilience by using terms that denote resilience. It was clear from their answers that they knew what it was about. This is because their responses had aspects such as being able to easily go through, or withstand, difficulties, challenges/adversities and problems; and yet still being able to continue with life. SW2, for example mentioned that a resilient person was one who was able to withstand pressure and SW4 and SW5 who said it was the ability to quickly bounce back and overcome a challenge or adversity. These definitions were in concert with what the post-institutionalized adults gave as their definitions of resilience.

A number of other studies show the significance of ensuring that social workers working in CCFs should have knowledge of resilience because it should inform their practice. For example in a study with 30 social workers, Sulimani-Aidan (2018) defined resilient youths as those who had self-value, high self-esteem, self-belief, higher self-awareness and a positive outlook or perspective.

Category 4.1.2: Significance of resilience in CCFs

Resilience-based practice plays a significant role in CCFs because its aims at ensuring that children and youth growing up in CCFs, regardless of adversities they face prior to entering care, during their stay in the CCF and even as they transition out of care, develop protective factors to help them overcome the various adversities that they may face (Gilligan, 2008; Stein, 2014).

With the understanding of resilience, the social workers were able to provide their perceptions and experiences regarding the significance of resilience. The following narratives show the purposeful efforts they were putting in place and would need to put in place to build the resilience of children in their care.

- *I have observed that most children that have a sense of belonging aside from the facility and this really helps to build their self-esteem. The children feel valued and this leads to developing a confident character resulting resiliency* (SW1).
- *….knowing the challenges they* (children) *have come against beforehand helps them grow mentally and develop resilience in them because then we as social workers can help them accordingly* (SW3).

- *Resilience results in children expressing themselves and consequently feeling part of a society. This will make them responsible citizens of a society because they will be part of the creation process of that society* (SW4).

Sulimani-Aidan (2018) identifies the significance of resilience in a CCF because often children growing up in CCFs undergo considerable changes that can be overwhelming. From the participants' narratives in the previous chapter, it was clear that the social workers are required to put in place deliberate measures to build the resilience of the children in their care. Social workers in other studies have also identified the significance of resilience in a setting like a CCF.

Studies have confirmed that young people in CCFs are the most excluded and therefore fostering resilience can contribute to positive outcomes, stability and continuity of care (Cantwell et al., 2017; Stein, 2008). For those that took part in the present study, their strategies to build the resilience of the children they worked with involved firstly, maintaining the relationship the children have with their family of origin so that they can have a sense of belonging (like SW1). Secondly, the social workers took time to understand the children's backgrounds (like SW3), focusing on their adversities and in doing so providing the necessary emotional and mental support to overcome their adversities. Lastly, helping the young adults transition back into society was another point raised (like SW4).

Category 4.1.3: Activities for resilience

There are various activities that social workers can use to purposely develop resilience; thereby helping children overcome their adversities and challenges (Gillian, 2008). The following categories identified some of the activities that social workers use:

- *Sports; we have noticed have proven to help the children in having mental strength, mostly our children participate in football and Basketball* (SW1).
- *Also holiday visits to their homes or relatives to help them build relationships with their relations as well as get to accept the communities where they come from* (SW2).
- *Sharing experiences and giving the children a platform to express themselves freely can help them heal and actually help them realise how far they have come* (SW3).

The social workers were able to give examples of activities in which they involved the children in their facilities. They mentioned sports activities like SW1, holiday visits like SW2 and sharing experiences like SW3. Most of these were in agreement with what the post-institutionalized adults mentioned in the previous chapter to develop resilience. The narratives also concur with literature, for example, the study by Hollingworth (2011) which found that sporting activities created a sense of stability and continuity for institutionalized children. Other studies identified similar strategies in order to develop resilience among the children and youth in their care; for example, the study by Gillian (2008) grouped resilient promoting activities into three main categories namely: the arts, care of animals and sport. Under the arts, activities such as learning to play an instrument, drawing or even dance encouraged talent development. All these activities help children and youth develop a sense of mastery (Gilligan, 2008).

Category 4.1.4: Fostering resilience

Having established the importance of resilience, the participants' deemed it important to illustrate how to foster resilience in children in CCFs. According to Lou et al. (2018) and Cameron, Hynes, Maycock, O'Neil and O'Reily (2017), fostering resilience in CCFs should be a priority for Social Workers because of the levels of prior and current adversities that the children in their care experience. The following shows participants' opinions about the means of fostering

resilience:

- *Children who are old enough should participate in decisions that involve them. This prepares them for future decisions making when they become adults. Maintaining contact with family, and the outside world generally, helps them know the challenges they will face beforehand, helps them grow mentally and develop resilience in them* (SW1).
- *We identify their talents and try to work on those talents. Identify their strengths and help them use their strengths. So by encouraging them to build on their strengths which we hope to turn into a skill, we teach them that even if you are not good in math or English or science, you are still good in A, B and C and with that they are motivated. Engage different stakeholders to have motivational talks with children so that their minds can be opened and also equipping them with skills training and participation in sport* (SW4).
- *By encouraging and helping the children grow and learning how to solve problems independently unlike always wanting everything to be solved or done for them. Also by training and encouraging them to learn from every situation, instead of feeling sad about whatever situation they could be in they should pick lessons from it and see how best they can use them for personal development. Also by providing a strong support system* (SW5).

In the study by Cameron et al. (2017), the social workers working in a CCFs in Ireland acknowledged that fostering resilience with the young people in their care was centred mainly on developing positive relationships and establishing a secure base (familial links). The findings concurred with studies by Daniel, Wassell and Gilligan (1999) and Stein (2008) as well as the responses from the SWs in the present study. However the SWs in the present study focused more on the role of counseling and maintaining contact with the families (SW4 and SW5);

showing the importance of children's participation in decision making and maintaining contact with the outside world (SW1).

In the study by Cameron et al., (2017), social work participants also spoke about the importance of stable relationships that are maintained overtime because they aid in the building of resilience, because the ability to maintain meaningful relationships should be a long term objective (see also Iwaniec, Larkin & Higgins, 2006). Lastly, the studies by Cameron et al. (2017) and Stein (2008) found that resilience can be fostered by social workers by developing an attitude of positive risking behaviour because it can help them develop problem solving skills, instill self-confidence, self-esteem, self-knowledge, self-efficacy and social responsibility.

6.3.1.2 Subtheme 4.2: Experiences of success

Building on Subtheme 2.2 (Chapter 5), participants were asked to comment on aspects surrounding the success of the children and youth in their care. The following is pertinent:

Category 4.2.1: Definition of success

Cameron, et al. (2017: 64) state that "the road to 'success' - whatever that means to each person - is seldom straightforward or without obstacles or deviations". Likewise, 'success' is such a subjective term and, like the researcher previously stated, the definition varies from person to person.

- *Confidently participate in society as an equal. And relate well in society and be accommodated by people, able to be innovative and put to use the skills imparted in them to take care of themselves* (SW1).

- *One that is independent and can totally provide for or is able to take care of themselves as well as others. And has a safe and secure place to stay and some steady source of income* (SW4).
- *Basically one who is able to achieve all he wants minus any barrier from his past experiences from the institution* (SW5).

A number of identifying markers were highlighted by the social workers to define what a successful post-institutionalized adult was. For example, SW1 highlighted issues of social acceptance, innovativeness and use of skills to take care of self. SW4 highlighting issues surrounding independence in relation to self, and others. Lastly, SW5 spoke about the personal achievements that contribute to one's success regardless of past experiences.

The study by Cameron et al. (2017) found that a successful post-institutionalized adult was one that was empowered and transitioned successfully into independent living, and becoming an active member of their community.

Category 4.2.2: Socio-emotional qualities and characteristics

It is important for one to consider the socio-emotional characteristics of young people in care so as to ensure that appropriate support is provided (Cameron et al., 2017). This category focused on the socio-emotional qualities and characteristics associated with resilient persons from the perspective of social workers.

- *Hard working, resilient, God fearing… Accommodating, open minded. They are also able solve problems independently and make own independent decisions instead of always running to the institution for help* (SW2).
- *I think also one who has a heart for the less privileged and is able to provide empathy to*

others because he or she has been there before. Assertive is also a big one (SW3).

Literature documents a wide range of socio-emotional qualities and characteristics associated with resilience among post-institutionalized adults. For example, in their studies, Stein (2012) and Cameron et al. (2017) found that post-institutionalized that have successfully 'moved on' presented as stable, possessed healthy attachments, attained education, accessed on-going support, and developed a "post-care" identity. SWs in the present study added to that list by highlighting issues of assertiveness or confidence, empathy and assertiveness (SW3), hard work, resilience, open-mindedness and openness, independent problem solving and decision making (SW2).

6.3.2. THEME 5: TRANSITION AND AFTER CARE

This theme emerged with the aim of understanding the role social workers play in the transition of young adults out of institutional care. This theme was attentive to the challenges the social workers faced in carrying out their professional services in developing resilience and preparing the children for transition. Table 6.3 contains the subthemes and categories of Theme 5.

Table 6.3: THEME 5: TRANSITION AND AFTER CARE

THEME 5 SUBTHEMES		CATEGORIES	
5.1	Views and challenges on leaving care	5.1.1	Interventions to foster relationships and positive experiences
		5.1.2	Challenges in facilitating transitioning
5.2	Roles of Social Workers and the Family	5.2.1	Role of social workers in transition
		5.2.2	Role of the family in transition
		5.2.3	Children without family connections

6.3.2.1 Subtheme 5.1: Views and challenges on leaving care

This subtheme focused on the transition out of the facility. The focus was on interventions done to foster relationships and positive experiences, and the challenges that social workers face in their work towards helping the young adults as they leave the facility with a view of making recommendations as to the best way of dealing with the issues surrounding transition.

Category 5.1.1: Interventions to foster relationships and positive experiences

Fostering and developing relationships play a key role in ensuring the children and youths growing up CCFs have positive experiences. Relationships are an indicator of whether one has successfully adjusted after institutional care based on one's ability to maintain stable and nurturing relationships with others (Cashmore & Paxman, 2006; Dickens, 2016; Frimpong-Manso, 2018). The following participant statements attest to this:

- *I think it is also important to sensitising the society on the importance of respecting other people especially our young people that have grown up in care* (SW1).
- *For our kids we try and take them on outings to places they love and also ensure they feel loved that way they are also able to connect with the outside world* (SW4).
- *Yeah children should not forget where they come from so they really need to be integrated in their communities* (SW5).

According to the participants, relationships and positive experiences can be fostered among post-institutionalized adults by first of all sensitizing the communities to respect and accept young adults trying to reintegrate back into society after leaving care. SW5 added that this can be made easier if CCFs ensured that the children and youth do not forget where they come. SW4 stated that allowing to children to go out and interact with the communities; taking them to places they

love can also contribute to their positive experiences.

Helping children and youth develop their social networks is very important and there are various ways social workers can go about doing this. For example, one social worker in a study by Pinkerton and Rooney (2014) stated that they achieve this by ensuring that they develop safe and healthy attachments with the children in their care; creating safe and healthy attachments to buffer the effects of experiences of traumatic, stressful events. The social workers added on that they also play a key role in ensuring that the children and young people in their care continue to have attachments with their families of origin on a continuous basis (Pinkerton & Rooney, 2014). In doing so, the social workers are able to help the young person widen their social network (Turner & Percy-Smith, 2019).

Category 5.1.2: Challenges in facilitating transitioning

Ensuring that children are ready for transition is not any easy task. Understanding the challenges can help in preparing programmes that are well-informed so that unnecessary disruptions can be taken care of. Transitioning out essentially means leaving care and going onto independent living (ANCR, 2019; Stein, 2008).

- *I have come to realise that in my work place, the systems can be quite bureaucratic which often makes it difficult to get things done the right way* (SW1).
- *My biggest challenge is dealing with youths that fail to live in society after resettlement. It is always heart-breaking when a youth fails to live independently after preparing them for so long. So we see a lot of youth failing to live outside the comfort zone of CCF2. Something we call mental Institutionalizing* (SW2).
- *First of all, it's a big challenge to get accurate information on some children both from the children themselves and their relatives as most of them fear that they may with*

immediate effect be released from the child care facility. Secondly, tracing families/relatives to some of the children has proved to be a challenge as some of them do not give genuine phone numbers while some of them shift without notifying the institution which makes it difficulty from us to trace them (SW3).

- *Often the children are too comfortable with us that they do not want to live independently. And for most children, they do not really have a strong family network out there so they just feel like they will be on their own when they leave the facility* (SW5).

The social workers reported a number of genuine challenges that they experience in their efforts to help children transit out of care. Bureaucracy was mentioned by SW1 which can sometimes be a hindrance in getting the job done. SW2 and SW5 identified the over-dependency of some youths on the CCFs and terming it 'mental institutionalizing' and the lack of a family support system for the young person to go back to. SW3 added by stating the challenges around tracing of families once a child is admitted into the CCF.

The study by Cameron et al. (2017) found that managing the expectations and demands of young people were quite challenging especially during the transition phase. Furthermore, care-leavers would especially feel disappointed and frustrated if the social worker did not follow through with what was agreed. In addition to this, some social workers found it difficult to maintain professional boundaries between themselves and the care-leaver.

6.3.2.2 Subtheme 5.2: Roles of Social Workers and the Family

The role of the family is very critical in the life of every person, more so for one who is living or has lived in an institution (Ddumba-Nyanzi et al., 2019; Mullen & Fitzsimons, 2006). At the same time, the social worker is a critical professional at entry, exit and beyond because their

main goal is to care for their holistic development. The expectation is that social workers are required to fill the gap created by absent parents and ensure that the young people's best interests are met together with their developmental needs (Cameron et al., 2017). The subtheme therefore emerged in order to understand what roles the family and social workers played in the transition from institutional care.

Category 5.2.1: Role of social workers in transition

The role of social workers in many CCFs around the world is to work with the child, young people and their families from the time they enter care until the time they exit care (Health Service Executive, 2011). With regards to their specific role at the time of transition, social workers in Zambia, for example, are expected to draw up an individual care plan together with other professionals for each child that documents their needs and requirements, specifically the plan and needs to ensure a successful transition (Ministry of Community Development Mother and Child Health, 2015) and provide direct therapy to the children and their families while working with other staff members that support their work, as they nurture the resilience of young people (Hass & Graydon, 2009; Sulimani-Aidan, 2018; van Breda, 2017). In other words, social workers play a key role in preparing young people for the transition into independent living (Cameron et al., 2017).

- *Counselling sessions with the children really help us build that relationship with the children, create a safe space for them to talk through things and prepare them for transitioning* (SW2).
- *Consulting with other social workers is important especially if you face a situation you may not have the expertise in. This will ensure that you always giving your best to the children* (SW5).

In addition to their roles as social workers in the various CCFs they work in (see Appendix M) the social workers outlined some of their key roles in relation to facilitating the transition of young adults out of care. The issue of counseling, as highlighted by SW2 plays a key role in the transition process as it gives the young adults a chance to talk through their fears and expectations. Consulting with other social workers to augment one's knowledge is important if one is to render quality services. In addition to this, other studies have shown that social workers' contribution to the transitioning is cardinal to a successful transition. For example, the study by Anghel (2011) confirmed that social workers guided young people in transitioning out. In the study by Frimpong-Manso (2012), social workers and other professionals helped the young people in their care to expand their social networks by finding them mentors, encouraging sibling relationships among the children, and introducing them to their friends and family. This helped them develop positive relationships and in turn contributed to their successful transition (also see studies by Gilligan & Arnau-Sabatés, 2017; Gwenzi 2019; Sulimani-Aidan, 2018).

It is important to note that there is growing concern in the field of social work on how to equip social workers with the knowledge that can be used to improve the life outcomes of children and youth that have experienced adversities (van Breda & Theron, 2018). In order to promote resilience in the field of social work, social workers are required to have a clear understanding of the theoretical framework associated with the development of resilience through interaction, and in turn, are able to deal with the adversities that the young people face as they help them overcome their adversities (van Breda, 2017; Winkler, 2011).

However, this may not always be the case. For example, a study by McMurray et al. (2008) analyzed the understanding of 19 social workers in their work with 52 young people in or on the verge of placement into an institution. Through semi-structured interviews, the study aimed to

gain an understanding of the participants' understanding and use of resilience in their work. The study found that the participants, social workers, had difficulties understanding the resilience theory and how to apply it to the work they were doing with their looked-after children. Another study summarized by Daniel (2006 in Winkler, 2011) involving about 10 social workers yielded similar results. Fostering resilience in CCFs should be a priority for Social Workers given the levels of prior adversities that the children in their care experience (Lou et al., 2018).

Category 5.2.2: Role of the family in transition

While family relationships can be a major source of stress many young people growing up in CCFs, the need and want to have a sense of family is not surprising (Stein, 2008). This category was generated from the realisation that the family has a significant role in strengthening resilience and in preparing the children for exit and beyond (Refaeli, 2017).

- *We encourage the family member or members to visit as often as they can so that that bond remains strong. They have a sense of belonging aside from the facility and this really helps to build their self-esteem. The children feel valued and this leads to developing a confident character resulting in resilience* (SW1).
- *We have allowed families/relatives to the children in the facility to visit the children once every month and we also allow the children to at least spend some days with their families/relatives during holidays so as to build a relationship between the child and the family. This encourages the children to feel loved by their families and the community and thereby develop a high self-esteem and not being withdrawn* (SW2).

Studies report the positive contribution that families played in the transition of young adults from CCFs under the guidance of social workers. For example, the studies by Collins, Paris and Ward

(2008) and Hiles et al.(2013) show that many post-institutionalized adults after leaving care returned to their biological family or extended family and started the process of building their lives with their support. It is therefore important for social workers to encourage family contact because it helped the children maintain their attachment to their families and made for an easier transition. These participants added that this positive contact can help children build their self-esteem, make them feel valued and confident; resulting in their development of resilience; as stated by SW1 and SW2. SW4 raised a very important point on how their CCF is set up to resemble a home set up so that children and youth know and understand how a family system works through their interactions with other children (their brothers and sisters) and the caregivers (mothers).

It is important to note that as much as the resilience theory highlights the importance of family connections as a protective factor; however, if the relationship does not yield positive results, it can be detrimental to post-institutionalized adults (Refaeli, 2017), with possible abuse by family (Cashmore & Paxman, 2007).

Category 5.2.3: Children without family connections

In contrast to the previous category, this category considered the situation of children from CCFs who did not have a family to count on.

- *It is always heart breaking when it comes to children that have no traceable family you know. Worse off when they finally need to transition out. These are the kids that come back to us every now and then because we are their family* (SW3).
- *Those are always the difficult cases. It becomes so apparent when our young girls need to get married or the young men need assistance with lobola negotiations. They call upon us*

or the church community to assist. That is why really we are their family to some extent (SW5).

Social workers in the study by Gwenzi (2019) reported tackling this major challenge by ensuring that the young people without family ties are given ample skills training so that they can develop independent and life skills to sustain them. Participants in the present study, such as SW3, reported that it was heart-breaking for them to release children without families because often they have no existing supportive system outside of the facility to fall back on. The social workers also reported that the children without families were the ones who remained dependent on the institution, even for personal matters, such as *insalamu* (bride price) negotiations. This was the experience of Participant 1 (See Category 1.2.2 in the previous chapter).

6.4 CHAPTER CONCLUSION

The research findings presented in chapter 6 were drawn from a focus group discussion that comprised five social workers working in different CCFs in Zambia. The demographic profiles of the social workers who participated in the study were well balanced in terms of gender, age and educational qualifications. This chapter drew its primary focus on two themes that emerged from Chapter 5 through the in-depth interviews conducted with post-institutionalized adults. The first theme focused on Resilience and Success and the second on Transition and After Care.

The social work participants underscored the opinions of post-institutionalized adults in the significance of developing resilience as a fundamental precursor in successfully transitioning into the real-world setting. The role of the social worker in setting therapeutic activities for children and youth in care was seen to be key in helping children to prepare for their future and for adulthood. After care services as part of the continuum of care again pointed to social work

services (not necessarily those in CCFS) but to collaboration and partnerships with other social welfare agencies. The role of family in after care again emphasized here.

In view of the findings gathered from the post-institutionalized adults and the social workers, the next chapter aims to provide recommendations and further research opportunities.

CHAPTER 7
CONCLUSION AND RECOMMENDATIONS

7.1. INTRODUCTION

This study focused on developing a deeper understanding of the perceptions and experiences of participants about factors at play in ensuring 'successful' post-institutionalized adults in Zambia. The sample of participants included seven post-institutionalized adults and five key informants (Social Workers working in CCFs). The main objective of the study was to explore the different factors contributing to the development of a sense of resilience and to positive transitioning out of institutional care for successful adult living. The findings presented in the previous chapters addressed the main question of what factors can help institutionalized children to become resilient and contribute positively to their transition out of institutional care. The interview questions were specifically focused on four aspects, such as: who provided support to ensure positive transition out of care; what types of support post-institutionalized adults received for their positive transition out of care; how post-institutionalized adults defined resilience; and on how institutional care social workers considered resilience in regard to positive transition out of care. Based on these aspects, the findings clarified and provided insight into the experiences of the participants.

This chapter presents the conclusions and implications of the aforementioned findings in the form of the individual themes and subthemes. The chapter also analyses the research findings in relation to research objectives. This section of the chapter is vital because these outcomes form the basis of the study. The recommendations emerging from research findings consist of five parts: recommendations based on the study themes; for social work practice in the CCF field; for

CPD training; for policy and roles of government; and for further research. The chapter offers perceived limitations of the study methodology and concludes the chapter and overall study.

7.2. CONCLUSIONS AND IMPLICATIONS OF EMPIRICAL FINDINGS

The results of the study were divided into two parts: results from post-institutionalized adults (Chapter 5) where three themes, seven subthemes and 20 categories emerged based on in-depth interviews and their RoL drawings; and findings from social workers (Chapter 6) where two key themes, two subthemes and 11 categories emerged based on in-depth interviews. The findings generally agreed with literature, although there were some exceptions, as the following conclusions show.

7.2.1 Conclusions and implications of demographic profile of post-institutionalized adults

This study had a sample of seven post-institutionalized adults; three females and four males. Though the participants were mostly males, there was not a significant difference in gender participation; and generally in line with the proportions in the population. All the targeted post-institutionalized adults were willing to participate fully in sharing their experiences.

The **conclusion** here is that the targeted participants were quite representative and provided their perspectives and experiences from both genders. This **implies** that the study offers the perspectives of both genders and could be construed as being holistic.

The age differences were also not significant, from 27 to 38, and a median age of 30 years; which also contributed to a variety of experiences post-institutionalization, but also strong similarities of experiences being young adults. Moreover, the oldest at 38 years was eight years older than the second eldest who was only 30, and the difference between 27 and 30 for the rest of the care leavers was insignificant. The **conclusion** is that there was not a significant difference

in experiences across the ages of participants, which thus **implies** that this consistency provided additional trustworthiness to the study.

7.2.2 Conclusions and implications of demographic profile of key informants

The research sample comprised five key informants, two females and three males. The key informants were aged from 28 to 35. Additionally, their level of education was consistent in terms of their basic social work degrees for practice. All of them had practiced between 2-5 years and could therefore provide sufficient insight into caregiving.

The **conclusion** here is that though the number of key informants was small, their years of experiences were sufficient to have provided rich, thick descriptions, to adequately inform the study. The **implication** of this is that the study could offer holistic insights into the roles and experiences of social workers to provide understanding and recommendations for future practice and service provision in this sector.

7.2.3 Conclusions and implications of main themes and subthemes

Five themes, 11 subthemes, and 31 categories arose out of this study. It produced in-depth and comprehensive information based on the participants' narratives in their sharing of experiences of care either as institutionalized adults or social workers. The findings are in accordance with the main themes focused on the effects of institutionalization.

7.2.3.1 Main theme 1: Views on institutionalization

This theme had the following subthemes and applied only to the post-institutionalized adults:

Subtheme 1.1: Admission into care

Subtheme 1.2: Life in the institution

Subtheme 1.3: Thoughts about the facility and Alternative care

Main theme 1 focused on institutionalization and participants' experiences living within the confines of institutionalization; and particularly what they thought of these experiences.

Subtheme 1.1 evoked thoughts and memories associated with their admission into care; including reasons for admission, such as poverty or death of primary caregiver, and their emotional responses upon learning of admission. Most post-institutionalized adults, upon their reflection of the time they were admitted, remembered being overwhelmed because they were being detached from their extended family. Most important reflection also was that they were going to a place that was safe. Subtheme 1.2 focused on life in institutional care and there were varied responses as some participants had a positive experience because it gave them an opportunity for a better life; while for others, it was unstable like a "roller coaster" ride. Subtheme 1.3 reflected participants' high regard for the CCF they had been raised in, regardless of the challenges they faced whilst in care. Generally they all felt the admission made a significant difference in their lives, especially in education and employment options.

A **conclusion** for Theme 1 is that institutionalization means different things to different children depending on their background, the facility, and on how they relate with others within the facility; and not dependent on whether or not they have family contacts. The facility takes on the primary role as being essentially the 'caregiver' as it aims to prepare the young adults for life outside care. The **implication** for the theme is that the facilities are integral to the continuum of care of children, in terms of meeting their basic needs to ensure development but that there are still meaningful gaps to be addressed, such as, kinship care or alternative care options for those eligible for foster care or adoption, and that continued family connections need to be nurtured (where possible) to strengthen children's continued attachment to family (especially for post-institutionalization).

7.2.3.2 Main theme 2: Resilience and success

This theme emerged from the perspective of the post-institutionalized adults (and later emerged from social workers working in CCF), supported by two subthemes, namely:

Subtheme 2.1: Experience with resilience

Subtheme 2.2: Experience with Success

The theme focused on resilience and success, with resilience as a determinant for positive transition from care and success as an indicator of positive transition. It is worth mentioning from the outset that subtheme 2.1, being a key factor in positive transition from care, was a recurring theme in the study. All the post-institutionalized adults were able to provide a clear explanation of the concept and provide appropriate examples.

It was apparent that faith and religion played a significant role in resilience, similarly the personal characteristics of individuals. For example, readiness for change, persistence and independence were some examples given by the post-institutionalized adults. There were activities that helped to enhance the institutionalized children's skills and knowledge, nurtured their talents, or built their self-esteem; and in turn, their resilience. The factors identified were considered essential, because they featured prominently in the responses. Sporting activities were found to help enhance these factors because the children felt motivated to be good at something (mastery), and in some facilities, sports opened doors for them, such as international travel.

In subtheme 2.2, similar to the element of resilience, all the post-institutionalized adults understood what it meant to be successful, and the post-institutionalized adults told their stories and provided examples as to why they considered themselves a success. Post-institutionalized

adults attributed their success to their former CCF, God, family and friends, and importantly, their own personal characteristics and motivation.

A **conclusion** for theme 2 is that resilience often plays an important role in one's successful transition out of a CCF. The **implication** is that resilience should be well understood and actively developed because of the role that it plays in the future (adult) lives of institutionalized children.

7.2.3.3. Main Theme 3: Transitioning and after care

Transitioning and after care was one of the major objectives of this study. As with the previous theme, this theme was explained from the perspective of the post-institutionalized adults. The theme also had two subthemes:

Subtheme 3.1: Views and challenges on leaving

Subtheme 3.2: Family's role

Subtheme 3.1 identified factors that contributed to the transition of individuals that have been reared in CCFs, such as strong contact with family before leaving, mentoring at the institution, financial, and other support. However, despite receiving similar support from the CCF, post-institutionalized adults experienced life in the institution very differently; and they remember their fear and ambivalence about their future without the confines and safety of the institution. Some participants experienced dire circumstances in post-institutional life.

Subtheme 3.2 showed the one important factor shared by almost all participants (post-institutionalized adults), and this was that family did not seem to play a role in the lives of the children after admission. Most post-institutionalized adults relied entirely on the facility to assist with their transition into independent living. Contact with the family prior to exit was critical, as evident from literature, because it acts as a secure base for young adults to know that they have

somewhere they could go to in case they needed additional help; but for almost all of them this was not available for various reasons. Even the few who had relatives or contact with relatives still did not receive much support from the family, as there is a tendency by most relatives to leave everything in the hands of the facility once a child is admitted. The facilities played a major role in the transition period. This was because they were the immediate caregivers prior to transition and they were held in very high esteem by the children having lived there and having been provided with everything with some of them becoming dependent on the facility. It was also observed by the study that females were more likely than males to develop stronger attachments at the institution, either with fellow children or staff or both.

From the findings, it was clear that the main types of support the post-institutionalized adults received at the point of leaving care, was financial to enable them to settle down; as well as mentorship, motivation talks, counseling and entrepreneurship skills were other support provided. These were put in place to help prepare institutionalized youth for their new life.

The **conclusion** here is that while the role of the family was vital in positive transition, most children did not receive that support and developed dependence on the CCFs which was a concern. The **implication** for this is that as much as CCFs focus on ensuring that the possible care and services are provided for the children and youth while in care, they should not ignore the need to ensure adequate resources are put in place to help the young people transition into the community and become successful post-institutionalized adults.

7.2.3.4. Main Theme 4: Resilience and Success - Social workers

It was important to consider resilience and success from the perspective of the social workers, because they played a significant role in shaping the post-institutionalized adults as they

journeyed through institutional care. The theme shared similar subthemes with the findings from the post-institutionalized adults:

Subtheme 4.1: Experience of resilience

Subtheme 4.2: Experience of success

In their line of work, social workers are tasked with the responsibility of nurturing growth and developing therapeutic interventions to help young people cope with the circumstances they find themselves in. Social workers were able to identify resilience as a key factor in successful transition out of care and this was developed or improved on by ensuring that the children and young people have a relationship with their biological family, identifying areas where they could support, whether emotional, mental or psychosocial, in order to overcome adversities. Therefore, activities such as holiday visits, sporting activities, counseling and participation in the decision making process contributed to the development of resilience.

Subtheme 4.2 sought to marry resilience and success; focusing on who social workers would identify as successful in terms of socio-emotional qualities and characteristics. The social workers identified various markers of a successful post-institutionalized adult, such as independence, social acceptance, personal achievements and creativeness.

A **conclusion** for theme 4 would be that the social workers saw the need to put in place measures that develop resilience and success for children and young people in their care. The **implication** therefore is that resilience is a sought-after commodity and should be prized by social workers (and other helping professions).

7.2.3.5. Main Theme 5: Transitioning and after care - Social workers

Transitioning and after care from the point of view of social workers constituted the last theme of the study. The theme was expanded into two subthemes:

Subtheme 5.1: Views and challenges on leaving

Subtheme 5.2: Roles of Social Workers and the family

Subtheme 5.1 focused on the role played by social workers during the transition of post-institutionalized adults from CCFs into independent living. One of the major tasked that social workers working in CCFs take on is ensuring the successful transition of young adults into independent living. For the social workers that took part in this study, they found that healthy relationships and positive experiences contributed to successful transitions of the young adults in their care. However, some of the challenges that the social workers experienced during this transition process were; firstly, the challenges around bureaucracy, which were viewed as hindrances to work functioning. Secondly, the over-dependency of some of the young adults on the CCF thereby causing 'mental institutionalizing' (quoted from SW2) coupled with the lack of family support prior and post institutionalization.

The role of the social workers and biological family therefore played a prominent role in ensuring successful transition as outlined in subtheme 5.2. Social workers acknowledged to taking on the primary role of helping young people transition out by providing them with organizational resources; but family members had a role to play especially in post institutionalization to gradually wean from the sense of belonging and support system the CCF had provided.

A **conclusion** for theme 5 would be that both the social workers and family members were found to play a very important role in the positive transition out of an institution, since transitioning out of care requires support as the post-institutionalized adults were going into an 'unknown world'. The **implication** for this is that CCFs should focus more strongly on initiating and nurturing relationships with their family and community at large (where appropriate) so as to ensure a better transition out of care and into society.

7.4 RESEARCH FINDINGS IN RELATION TO THE RESEARCH OBJECTIVES

The study had two objectives and they focused on perceptions and experiences of the post-institutionalized adults as well as the social workers with regards to the effects of childhood institutionalization and resilience within the Zambian context. The following section considers the ways in which the research findings achieved the study objectives.

7.5.1. Objective 1: To explore and describe the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resilience strategies.

This objective was achieved by conducting interviews with seven post-institutionalized adults who have grown up in CCFs; where literature agreed with the experiences of being institutionalized. The study was able to provide a detailed description of their experiences of growing up in CCF as well the resilience they learnt along the way. These for example included financial support from the facility for accommodation and basic needs at transition, counseling, and interest in sporting activities and their faith and belief. These emerged strongly in the following themes:

Theme 1: Views on institutionalization that included subtheme 1.2 (Life in the institution) and subtheme 1.3 (Thoughts about the facility and alternative care) revealed the experiences of the

participants in terms of sources and types of support post-institutionalized adults received during their stay in the institution and at the time of leaving to enable them to positively transition out of care.

In Theme 2: Resilience and success where Subtheme 2.1 and 4.1 (Experience of resilience) was most appropriate in providing information about the participants' knowledge about resilience and why they felt they were resilient or it was important in the case of the social workers.

In Theme 3: Transitioning and Aftercare that included Subtheme 3.1 (Views and challenges on leaving) where the challenges experienced upon leaving the CCF were disclosed. Challenges included not knowing where to go after leaving or having insufficient resources to help in settling down. Subtheme 2 (Preparing for the future) also provided insight to this objective because the role of the family in preparing for the transition and in receiving those leaving care was uncovered. It was revealed though that this barely applied to the participants as the family did not play a significant role.

These three themes exposed important aspects of transitioning out of care, including the sources and types of support the post-institutionalized adults received or expected to receive; and thus it can be concluded that Objective 1 was achieved.

7.5.2. Objective 2: To explore and describe the perceptions and experiences of social workers in institutional care regarding children's resilience and its significance in this context

This objective was achieved by conducting one focus group discussion with 5 social workers working in various CCFs in Lusaka, Zambia. The study was able to obtain the experiences and

perceptions from the participants and their responses regarding their resilience in their line of work. These experiences emerged strongly in the following themes:

Theme 4: Resilience and success under the two subthemes 4.1 (Experience of resilience) and 4.2. (Experience of success) focused on resilience and success from the perspective of social workers in terms of their professional services and what and where they could improve.

Theme 5: Transition and After Care focused on the role social workers play to ensure and successful transition into independent living and this was important to understand because the resources and support networks present during this difficult time contribute to development of resilience and reintegration into society. The two subthemes: 5.1 (Views and challenges on leaving) and 5.2 (Roles of Social workers and the Family) discussed this at length.

These two themes revealed the various aspects of resilience in institutionalized children as provided by the narratives from social workers and the importance in terms of the services provided by the social work profession. In view of these findings, it can thus be concluded that Objective 2 was achieved.

7.5.4 Conclusion of study objectives

The study aimed to describe the experiences of 'successful' post-institutionalized adults, focusing on the effects of institutionalization on their psychosocial development and their resilience strategies in order to arrive at meaningful recommendations for social work practice within the field of residential care practice'. In an effort to achieve this aim, the researcher interviewed post-institutionalized adults on their experiences of growing up in a CCF and how the CCF contributed or hindered their overall development. The findings brought to light the various resilience strategies used and taught to the pre-exit children to ease their transition into

independent living. Many of the points brought forth by the participants seemed to agree with what is already well documented in literature. The focus group discussion with the social workers from various CCFs helped to shed more light on what is happening on the ground from their perspective regarding institutionalized children's resilience, successful transitioning and to arrive at meaningful recommendations for social work practice regarding institutional child care. Generally, the aim of the study was met in the sense that a deeper understanding of the factors responsible for ensuring 'successful' post-institutionalized adults was attained.

The main research question which was: **What are the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resilience strategies that contributed to a positive transition into adulthood** was answered. In view of the foregoing, it can be claimed that the aim and objectives of the study were achieved as the findings showed the effect of resilience and factors contributing to the development of resilience to support positive transitioning from care.

7.6. RECOMMENDATIONS EMANATING FROM RESEARCH FINDINGS

Arising from the above results and literature review on post-institutionalized adults, some recommendations are offered as follows:

7.6.1 Recommendations based on study themes

The following recommendations are made based on the five themes of this study:

7.6.1.1 Theme 1: Views on institutionalization

The **implication** of theme 1 is that institutional care may not always provide the best environment for a child to develop holistically. Since kinship care or alternative care ensure that children that are given a chance to grow up within the family environment, it is therefore

recommended that social workers should consider these before placing a child in a CCF and if a child is placed in a CCF, it should be as a last resort and for the shorted period of time. Nevertheless, CCFs should ensure that they provide the best possible care for the children and youth in their care.

7.6.1.2 Themes 2 and 4: Resilience and success (Post-institutionalized adults and social workers)

The **implications** for themes 2 and 4 are that social workers need to play an active role in developing resilience for the children in their care through various activities such as sports and mentorship programs without ignoring the role of personal resilience, self-esteem and faith in developing resilience. As seen from literature and the study findings, resilience contributes to the success of individuals because they learn important life-skills to 'bounce back' after enduring difficulties and challenges. Therefore, the social work practice should galvanize in terms of micro and mezzo activities to ensure that they deliberately engage children and youth in resilient developing activities because they contribute to a successful transition out of care and into independent living.

7.6.1.3 Theme 3 and 5: Transition and after care (Post-institutionalized adults and social workers)

The **implications** for themes 3 and 5 are that CCFs have the responsibility to recognize the challenges that post-institutionalized face as they transition into care and the importance of preparing them for the future. Aside from the facility and staff members, i.e. social workers, the family plays a very critical role in a success transition and life after care and therefore, facilities have a responsibility to encourage family contact for the children in their care; contact which should be maintained all through their stay in the CCF and as they transition out of care.

7.6.2 Recommendations for social work practice in child and youth care field

The following recommendations are suggested for social workers in CCFs:

1. **Comprehensive Family Records:** Proper records on the families of each and every child admitted into the facility should be collected and compiled at admission and kept safely so that families can be traced and contacted.
2. **Maintain family contact:** Programs and activities should be put in place that can help maintain contact with the family to help develop resilience of the children in the facility so that they enable to have skills and confidence to face the world when they are discharged and to facilitate family reintegration, which is related to mastery.
3. **Care leavers without family support:** It is common for children and youth growing up in CCFs not to have any family support. As a result, they can face multiple obstacles at the point of exit. These care leavers could benefit most from mentorship programs where they are encouraged to be in contact with former care leavers and develop a support system. They would also benefit from events organized by CCFs or post-institutionalized adults as a way of staying connected to a community in similar situations.
4. **Develop children's sense of independence:** Children's sense of independence should be developed through various planned efforts. These activities also related to self-esteem and life-skills which also contribute to mastery.
5. **Early and ongoing preparation for exit:** Social Workers should ensure that children are well prepared for exit as early as possible. This entails making it clear on admission and throughout their stay in the facility (where appropriate) that they would eventually have to transit out of the facility. Doing so will make children and young people become

emotionally prepared for transitioning and start to work towards creating their own personal exit plans in accordance with a phased approach.

6. **Enculturation:** children and youth growing up in CCFs should be involved in various cultural activities as they often miss out on some of the cultural skills that they would have learnt while in a family set-up. This to enable them to attain necessary cultural skills that are needed by young people in their care so as to avoid them lacking the social skills that are required in interacting with family and community members.

7.6.3 Recommendations for social work practice for children transitioning out of care

The following recommendations are suggested for social workers in CCFs:

1. **Exit plans and strategies:** Exit strategies should be developed that clearly spell out what the facility should do to each child several months before the actual exit. This is in order to minimize uncertainties as a consequence of transitioning out of care.
2. **Life skills training:** Provide support and training to children, in particular life skills, such as financial management, employment opportunities or taking care of their home; skills which might typically be taught in a family set-up. Furthermore, emphasis should be on helping young people sharpen their soft skills such as networking, creative thinking, team work, time management and assertiveness so as to increase their chances of interacting in the community.
3. **Preparation activities:** Children who are about to transition out should be adequately prepared before leaving care, and where possible, be included in the decision making processes upon exit. The preparation should include access to educational or skills development opportunities, helping them develop self-sufficiency, train them in daily chores and help them understand legal and other practical matters. Facilitating regular

visits to the communities they will be integrated into would also help them get accustomed to living in the community.

4. **Post-institutionalization visits and volunteering:** Successful post-institutionalized adults should be encouraged to visit their former facilities and be able to offer support to the children, especially those about to leave the child care facility, and other caring tasks.
5. **Opportunities for practice:** The CCFs should provide the children in their care, especially those about to transition out of care, with opportunities to practice independent living, help them develop a social network, seek out appropriate and affordable accommodation, and basic equipment to start their independent life.
6. **Mentorship programs:** Post-institutionalized adults should be encouraged to take up roles in mentorship programs, which increasingly appear to be a powerful resilience process to strengthen young people during the transition out of care.
7. **After care support programs/ services:** Should be provided on a limited basis so as to not increase the dependency of transitioning adults or post-institutionalized adults but as a supportive measure for a limited time after discharge.

7.6.4 Recommendations for CPD training

The following recommendations are suggested in the education and training of social workers:

1. **Life skills training:** Social workers should be trained in particular life skills such as financial management, employment opportunities or taking care of home so as to enable them pass on these same skills to care-leavers.
2. **In-service training for Social Workers in CCF:** Social workers in CCFs should be made to undergo in-service training that should include issues of resilience in order for

them to be able to work towards it and become good role models to the children in their facility.

7.6.5 Recommendations for policy and Government

1. **Upholding the best interest of the child standard:** Government (for example in Zambia), through its line ministries responsible for child and social welfare, should make purposeful efforts to monitor CCFs for the application of appropriate admission and exit strategies for each child.
2. **Institutional care as last resort:** Government and policies should institute procedures and practices advising 'the last resort' principle to institutionalizing children in need of care, as much as possible they should be cared for within the family or in other forms of alternative care. This is in order to ensure that they are not exposed to the unnatural environment of a CCF which has been shown to exact some negative effects on the lives of the children.
3. **Greater collaboration and dialogue:** Facilitate greater collaboration between organizations providing residential (and other forms of alternative) care to help further raise the need for child and youth care workers and services to think not only about providing the best quality services to children in care, but also start to prepare those children for life after care.
4. **Engage post-institutionalized adults in planning:** Youth who have left care should be engaged in the design of interventions in preparation for care-leaving and after-care. This can significantly contribute to the formulation of appropriate policies and development of appropriate services.

5. **Identification of practices for development of specialization:** These unique CCF services should be incorporated in the organic development of specialization which could lead to specialist university undergraduate and post-graduate degrees.

7.6.6 Recommendations for further research

The following recommendations are for made for possible future research:

1. Quantitative research should be conducted covering a bigger sample to include more CCFs, post-institutionalized adults, social workers, caregivers and government policy makers to facilitate comparison and make more inferences that are valid to the population.
2. The research study with a longitudinal focus could be carried in order to fully understand the experiences that post-institutionalized adults over a period of their life and journey in adulthood.

7.7 LIMITATIONS OF THE STUDY

In reviewing the research process and the findings of the study, the following limitations were identified:

A limitation is that the study focused on the current situation of the participants which could change over the next few years. The study did not take into accounts how the participants' lives would be a year after the study or 5 years after the study; whether they would be able to maintain the same level or resiliency or succumbed to various challenges. Therefore, a longitudinal research study might be more beneficial for future research in order to get a deeper understanding of their lives post-institutional care and their experiences over time.

Secondly, the study could have benefited from gathering information from other sources of data such as family members of the post-institutionalized adults so that the researcher cross-reference

the information gathered from the participants to reduce the element of bias because it is possible the participants answered the questions in ways that they saw it to be favorable for them.

Lastly, this study alone is not enough to bring about the necessary social change for children and youths growing up in institutions (Graham, 2012 in Dickens, 2016). However, the information gathered will contribute to the current literature on resilience and care-leavers in Zambia and shed more light on the adversities they face post-institutionalization. In this regard, Social Workers may be able to better prepare the youths under their care for a better transition into the adult world.

7.8 CHAPTER CONCLUSION

This study was aimed at developing a deeper understanding of the factors at play in ensuring 'successful' post-institutionalized adults in Zambia. The sample included seven post-institutionalized adults and five key informants (social workers working in CCFs). The narratives of the participants reveal the anxiety and trauma of leaving care and the challenges of living independently. This chapter presented the conclusion to the study on the factors that facilitate the positive transition of post-institutionalized adults and the role of the family and social workers in the CCFs.

Leaving care is often met with mixed feelings among care-leavers. This trend was similar for the participants of the study because they were getting into an unfamiliar world. These mixed feelings ranged from feelings of fear and happiness to utter excitement. It is nevertheless important to ensure that as care-leavers prepare to leave care, they receive the necessary support whether moral, material or emotional support from social workers, care-givers and where possible, the family of origin.

Social Workers in CCFs have a significant role to play in ensuring that the admission of a child in CCF is based on the necessity principle (for example as stated in the policies of Zambia) and while the child is in the facility, they have access to all their basic needs. Social Workers also play a key role as early as possible, in preparing children for their exit out of the facility. This included providing services such as counseling, role modeling to the children and collaboration with other institutions, to help in facilitating effective transitioning of children out of care. While social workers are not the actual designers of policies, they have a responsibility to ensure that it is incorporated into their practice as stated by Turner and Percy-Smith (2019).

It is important to acknowledge the role CCFs play in the lives of OVCs and the benefits they offer, such as education and future employment opportunities, as well as preparing them for life in general. Institutionalization has made a positive difference, especially in terms of education and empowerment in general, and has provided the necessary assistance to children and youth to mature into responsible adults in society.

7.9 OVERALL STUDY CONCLUSION

This study proposed to explore experiences of resilience as they relate to transitioning out of care. It also emphasized the role of social workers in assisting children in institutions before, during and post-institutional care. One major recommendation was that preparation for transitioning out should start as soon as a child is admitted into care.

In the literature review, the phenomena of resilience and positive transitioning out of care were explored giving insights into factors that contribute to resilience and to positive transition out of care. There was a discussion of these in Zambia, the region and internationally to enable an understanding of the different policies, practices and experiences. It was interesting to note that

experiences were similar in various respects, for example the presence of positive mentorship, counseling, involvement in sporting or recreational activities and the belief in a higher power; i.e. faith.

The role of resilience in positive transitioning formed the cornerstone of the research and dealt with factors that contributed to the development of resilience and how it was an indicator for success and positive transitioning out of care.

In the chosen methodology, an important part of any study, revealed the study's philosophy, theoretical perspectives, population and sampling issues, type of design used, data collection and analysis and ethical considerations. It was emphasized that the qualitative approach was the most appropriate one to use in terms of the study aims and objectives. Also highlighted was the challenges in accessing participants and that the sample, though small, still provided in-depth information through rich quotes appropriate for the study.

Following these rich findings, the study made meaningful recommendations for social work practice, education and training, policy development and future research. The overriding purpose was to suggest any implications for legislation or policy, and how appropriate social work practice can help improve resilience and positive transition possibilities.

The overall conclusion of the study is that resilience is a very important factor in transitioning out of care and it was a very strong indicator for possible positive transition out of care. It was concluded that there were many factors that contributed to a strong sense of resilience and these included the role of faith and religious beliefs; but important the absence of families of origin and their continued presence in their child's life.

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APPENDICES

Appendix A: Access letter for post-institutionalized adults

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's cell-phone: 0968-117-322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax: 021 9592845

REQUEST FOR PERMISSION TO ACCESS POST-INSTITUTIONALIZED ADULTS FOR POSSIBLE PARTICIPANTS IN RESEARCH STUDY

STUDENT: JACKIE NAMAGEMBE

STUDENT NUMBER: 3714618

I am a Child Development Specialist currently employed at Christian Alliance for Children in Zambia (CACZ). I am a postgraduate student completing a Master's degree in Child and Family Studies (MCFS) via distant learning at the University of the Western Cape, South Africa. My research study focuses on exploring and describing the experiences of adults that were once raised in an institution and how the effects of institutionalization have affected their psychosocial development, growth and their resilience strategies. The aim is to therefore arrive at meaningful recommendations for the social work practice within the field of residential care practice. This is a significant topic because of the increased number of children being raised in institutions. The university has cleared the study ethically and scientifically and therefore data collection can be done. In order to start the data collection process, I am requesting for permission to access a list of children that once lived in your facility for more than 5 years and are now above the age of 21 years old for the purpose of sampling for this study. The information gathered is strictly confidential and will therefore be access by myself and my supervisor whose details are stated below. I will be conducting an in-depth interview with participants that have been raised in various child care facilities in Lusaka.

In order for you to reach a decision in your willingness to participate in the study, please see attached a copy of my proposal which includes the information letter and consent forms to be used in the research process, as well as a copy of the Ethics Approval letter which I received from the university's Senate Higher Degrees Committee, HSSREC.

If you have any further questions about the study please do not hesitate to contact:

Dr Glynnis Dykes – Study supervisor

Department of Social Work, University of the Western Cape

Tel: 021 9592851 // Email: gdykes@uwc.ac.za

If you agree, kindly sign below and I will either collect the form at your offices or you can email it to me with your organization's stamp acknowledging your permission for me to access your staff member.

Thank you for your time and consideration in this matter.

Yours sincerely

Jackie Namagembe, Masters student in CFS, UWC

Approved by:	**Your organization's stamp**
…… **Print your name and title here**	

Appendix B: Access letter for social workers

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's cell-phone: 0968-117-322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax: 021 9592845

REQUEST FOR PERMISSION TO ACCESS SOCIAL WORKERS FOR POSSIBLE PARTICIPANTS IN RESEARCH STUDY

STUDENT: JACKIE NAMAGEMBE

STUDENT NUMBER: 3714618

I am a Child Development Specialist currently employed at Christian Alliance for Children in Zambia (CACZ). I am a postgraduate student completing a Master's degree in Child and Family Studies (MCFS) via distant learning at the University of the Western Cape, South Africa. My research study focuses on exploring and describing the experiences of adults that were once raised in an institution and how the effects of institutionalization have affected their psychosocial development and growth and their resilience strategies. The aim is to therefore arrive at meaningful recommendations for the social work practice within the field of residential care practice. This is a significant topic because of the increased number of children being raised in institutions. The university has cleared the study ethically and scientifically and therefore data collection can be done. In order to start the data collection process, I am requesting for permission to access registered Social Workers employed by your organization for the purpose of sampling for this study. The information gathered is strictly confidential and will therefore be accessed by myself and my supervisor whose details are stated below. I will be conducting a focus group discussion with participants from various child care facilities in Lusaka.

In order for you to reach a decision in your willingness to participate in the study, please see attached a copy of my proposal which includes the information letter and consent forms to be used in the research process, as well as a copy of the Ethics Approval letter which I received from the university's Senate Higher Degrees Committee, HSSREC.

If you have any further questions about the study please do not hesitate to contact:

Dr Glynnis Dykes – Study supervisor

Department of Social Work, University of the Western Cape

Tel: 021 9592851 // Email: gdykes@uwc.ac.za

If you agree, kindly sign below and I will either collect the form at your offices or you can email it to me with your organization's stamp acknowledging your permission for me to access your staff member.

Thank you for your time and consideration in this matter.

Yours sincerely

Jackie Namagembe Masters student in CFS, UWC

Approved by:	**Your organization's stamp**
…… **Print your name and title here**	

Appendix C: Letter from the Ministry of Community Development and Social Services

Telephone: (260) 211 235 343
Fax: (260) 211 235 343

In reply please quote:
MCDSS 101/1/8

REPUBLIC OF ZAMBIA

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL WELFARE

20th May, 2019

DEPARTMENT OF SOCIAL WELFARE
COMMUNITY HOUSE
P. O. BOX 31958
LUSAKA

Ms Jackie Namagembe
Flat No.9 Muchisa Road,
Lusaka Zambia

RE: REQUEST TO CONDUCT MASTERS RESEARCH ON THE EFFECTS OF INSITUTIONALISATION

Reference is made to the above subject.

The Department is in receipt of your letter dated 13th May 2019, requesting for permission to access a list of children who once lived in childcare facilities. You requested to have information from SOS Children's Village, Kasisi Orphanage and Mothers without Boarders, in order to access and carry out in-depth interviews with participants who are 21 years old or more and once lived in a Child Care Facility for 5 years or longer. The research will be carried out during the period of 20th May 2019 – 20th December 2019.

The Department has no objection to you carrying out research interviews. Kindly note that the Department strongly urges you to adhere to your research ethics and confidentiality principles as required in such research projects. In addition, your engagement with participants will also depend on their willingness to participate in your research. You will be expected to deposit a copy of your thesis.

By Copy of this letter, the Provincial Social Welfare Office for Lusaka Province is here by advised to accommodate Ms Jackie Namagembe, a research student pursuing a Master's Degree in Child and Family Studies at the University of Western Cape in South Africa, through the Lusaka and Chilanga District Social Welfare Offices.

Irene K. Munga (Mrs)
JUVENILE INSPECTOR
For/COMMMISIONER FOR JUVENILE WELFARE

Appendix D: Information letter for post-institutionalized adults

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's Cellphone : 0968117322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax 021 9592845

INFORMATION SHEET - POST-INSTITUTIONALIZED ADULT

Project Title: Exploring resilience in the institutional care of children: learning from success stories of post-institutionalized adults in Zambia

What is this study about?

This research project will be conducted by Jackie Namagembe, a Masters' student in Child and Family Studies in the Department of Social work at the University of Western Cape, South Africa. You are therefore invited to take part in the study because you have been identified as an individual that would provide relevant information for the topic on institutional care and the resilience that you have gained throughout your time there. This research study aims to gain a deeper understanding of the experiences of children who have grown up in a facility but managed to succeed in their present lives therefore being termed 'success stories'. The study will help gain a deeper understanding of how to improve the experiences of children growing up in facilities and identify protective factors that contributed to their growth and development with the hopes of helping other children become resilient.

What will I be asked to do if I agree to participate?

The researcher will conduct at least a 1 hour 30 minute interview with you on the topic. The interview will start by asking you to draw your river of life which would be a visual representation about your life experiences before, during and after residential care. Thereafter you will be interviewed either in the comfort of your own home or at an arranged place that provides privacy and confidentiality. You will be asked about your personal experiences. Please know that there is no right or wrong answer when answering the questions because we are interested in knowing your personal views. Lastly, for the purpose of accurately documenting the information, the interview will be audio recorded.

Would my participation in this study be kept confidential?

Information gathered from you and all other participants will be handled in professional and confidential manner. This includes information obtained from the audio recording which will be stored in a safe and

secure location. The information collected will be accessed by the researcher and the supervisor of this study only and yourself, if you want to see it. Your names and any identifying information will not be used when publishing the resulting. Instead, the researcher will make use of identification codes, such as 'Participant A' and the gender (male or female). All information gathered will be stored on a computer and it will be secured with a password. When writing up a report, your identity will be protected at all times. There are however limits of confidentiality which is in accordance with legal requirements and professional standards, where information must be made available to appropriate individuals and/or authorities for example, when it comes to information about ethical behaviour, child abuse or neglect or potential harm to you or others.

What are the risks of this research?

Taking part in the study may not expose you to physical risks however; you may experience emotional discomfort as you talk about your personal experiences. Should you need any counseling, one will be provided to you.

What are the benefits of this research?

Some of the benefits of taking part in this study include providing a deeper understanding on the topic at hand. The research study will also provide information on the lived experiences of individuals that have been raised in a facility and how those experiences can be improved to promote resilience. The information from the study can also be used to help plan and implement appropriate services in the area as well as inform policies.

Do I have to be in this research and may I stop participating at any time?

Taking part in this study is completely voluntary. This means that no one can force you to participant in the study. If you take part in the study and wish not to continue anymore, you may stop participating at any time. You will not be penalized.

Is any assistance available if I am negatively affected by participating in this study?
If you experience emotional distress during or after participating in the study, you will be referred to a counselor or counseling if you feel the need for it.

What if I have questions?

This research study will be conducted by Jackie Namagembe a student in the Social Work Department at the University of the Western Cape. Should you have further questions about the research study itself contact Jackie Namagembe at: 0968-117-322 or email at namagembe13@yahoo.com. If you have any questions regarding this research study or your rights as a participant or want to report any problems please contact:

Dr Glynnis Dykes (study supervisor)

Department of Social Work
Faculty of Community and Health Sciences
University of the Western Cape
Tel: 021 9592851
Email: gdykes@uwc.ac.za

Professor Althea Rhoda

Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Tel: 021 959 2631/2746
Email: arhoda@uwc.ac.za

Appendix E: Information letter for social workers

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's Cellphone : 0968117322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax 021 9592845

INFORMATION SHEET – SOCIAL WORKERS

Project Title: **Exploring resilience in the institutional care of children: learning from success stories of post-institutionalized adults in Zambia**

What is this study about?

This research project will be conducted by Jackie Namagembe, a Masters' student in Child and Family Studies in the Department of Social work at the University of Western Cape, South Africa. You are therefore invited to take part in the study because you have been identified as a social worker who is rendering services in a child care institution. This research study aims to gain a deeper understanding of the experiences of children who have been institution-reared but managed to succeed in their present lives therefore being termed 'success stories'. The study will help gain a deeper understanding of how to improve the experiences of institution-children and identify protective factors that contributed to their growth and development with the hopes of helping other children become resilient.

What will I be asked to do if I agree to participate?

The researcher will conduct at least a 1 hour 30 minute focus group with you and other social work participants on the topic. The focus group will focus on your professional experiences in institutional care with children and your discernment of the resilience in children that you have perceived during your service rendering. The focus group will take place in an office environment convenient for all participants that provides privacy and confidentiality. Please know that there is no right or wrong answer when answering the questions because we are interested in knowing your professional views. Lastly, for the purpose of accurately documenting the information, the interview will be audio recorded.

Would my participation in this study be kept confidential?

Information gathered from you and all other participants will be handled in professional and confidential manner. This includes information obtained from the audio recording which will be stored in a safe and secure location. The information collected will be accessed by the researcher and the supervisor of this study only and yourself, if you want to see it. Your names and any identifying information will not be used when publishing the resulting. Instead, the researcher will make use of identification codes, such as 'Participant A' and the gender (male or female). All information gathered will be stored on a computer and it will be secured with a password. When writing up a report, your identity will be protected at all times. There are however limits of confidentiality which is in accordance with legal requirements and professional standards, where information must be made available to appropriate individuals and/or authorities for example, when it comes to information about ethical behaviour, child abuse or neglect or potential harm to you or others.

What are the risks of this research?

Taking part in the study may not expose you to physical risks however; you may experience emotional discomfort as you talk about your professional experiences. Should you need any counseling, one will be provided to you.

What are the benefits of this research?

Some of the benefits of taking part in this study include providing a deeper understanding on the topic at hand. The research study will also provide information on the lived experiences of individuals that have been raised in a facility and how those experiences can be improved to promote resilience. The information from the study can also be used to help plan and implement appropriate services in the area as well as inform policies.

Do I have to be in this research and may I stop participating at any time?

Taking part in this study is completely voluntary. This means that no one can force you to participant in the study. If you take part in the study and wish not to continue anymore, you may stop participating at any time. You will not be penalized.

Is any assistance available if I am negatively affected by participating in this study?

If you experience emotional distress during or after participating in the study, you will be referred to a counselor or counseling if you feel the need for it.

What if I have questions?

This research study will be conducted by Jackie Namagembe a student in the Social Work Department at the University of the Western Cape. Should you have further questions about the research study itself contact Jackie Namagembe at: 0968-117-322 or email at namagembe13@yahoo.com. If you have any

questions regarding this research study or your rights as a participant or want to report any problems please contact:

Dr Glynnis Dykes (study supervisor)
Department of Social Work
Faculty of Community and Health Sciences
University of the Western Cape
Tel: 021 9592851
Email: gdykes@uwc.ac.za

Professor Althea Rhoda

Dean of the Faculty of Community and Health Sciences
University of the Western Cape
Tel: 021 959 2631/2746
Email: arhoda@uwc.za

Appendix F: Inclusion criteria for post-institutionalized adults

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's Cellphone : 0968117322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax 021 9592845

INCLUSION CRITERIA- POST INSTITUTIONALISED ADULTS

Kindly check the following boxes where applicable

Criteria	Yes	No
Are you above the age of 21?		
Has it been more than 3 years since you left institutional care?		
Have you spent more than 5 years in a Child Care Facility (CCF)?		
Do you have a strong relationship with at least one family member?		
Do you a strong relationship with at least one friend or mentor?		
Are you currently or have you ever been in a romantic relationship?		
Do you currently live in a stable accommodation?		
Do you have any educational qualifications post grade 12?		
Are you currently employed or self-employed?		
Do you have stable source of income(s)?		
Do you **abuse** substances (drugs and/or alcohol)? *		
Do you have a clean criminal record?		
Are you willing to take part in an in-depth interview scheduled to take about 1hr, 30 minutes		

*This outcome is negatively scored- a 'yes' indicate a negative outcome

Name: ……

Date: ……

Signature: ……

Appendix G: Inclusion criteria for social workers

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's Cellphone : 0968117322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax 021 9592845

INCLUSION CRITERIA- SOCIAL WORKERS

Kindly check the following boxes where applicable

Criteria	Yes	No
Are you a qualified Social Worker with at least a degree in Social Work		
Are you currently working in a Child Care Facility (CCF)		
Do have at least 2 years of experience working in a CCF		
Are you willing to take part in a focus group discussion scheduled to take about 2 hours		

Name: ……

Date: ……

Signature: ……

Appendix H: Consent form for post-institutionalized adults

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's Cellphone : 0968117322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax 021 9592845

PARTICIPANT CONSENT FORM - POST-INSTITUTIONALIZED ADULT

Project Title: **Exploring resilience in the institutional care of children: learning from success stories of post-institutionalized adults in Zambia**

The research project focuses on exploring and describing the experiences of adults that were once raised in an institution and how the effects of institutionalization have affected their psychosocial development, growth and their resilience strategies in Lusaka, Zambia. The research study has been explained to me in a language that I understand and I agree to participate voluntarily and freely. I understand everything in the information sheet and my questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

I agree to be audio-taped.	Yes	No

Participant's name……

Participant's signature…….

Date……..

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Dr Glynnis Dykes (study supervisor)
Department of Social Work
Faculty of Community and Health Sciences
University of the Western Cape
Tel: 021 9592851
Email: gdykes@uwc.ac.za

Appendix I: Consent form for social workers

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's Cellphone : 0968117322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax 021 9592845

PARTICIPANT CONSENT FORM – SOCIAL WORKER

Project Title: **Exploring resilience in the institutional care of children: learning from success stories of post-institutionalized adults in Zambia**

The research project focuses on exploring and describing the experiences of adults that were once raised in an institution and how the effects of institutionalization have affected their psychosocial development, growth and their resilience strategies in Lusaka, Zambia. The research study has been explained to me in a language that I understand and I agree to participate voluntarily and freely. I understand everything in the information sheet and my questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

I agree to be audio-taped.	Yes	No

Participant's name……

Participant's signature…….

Date……..

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Dr Glynnis Dykes (study supervisor)
Department of Social Work
Faculty of Community and Health Sciences
University of the Western Cape
Tel: 021 9592851
Email: gdykes@uwc.ac.za

Appendix J: Interview schedule

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's Cellphone : 0968117322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax 021 9592845

INTERVIEW SCHEDULE- POST-INSTITUTIONALIZED ADULTS

This interview schedule is to address the following research question:

- What are the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resiliency strategies that contributed to a positive transition into adulthood?

The following study objective has emerged from the main research question pertaining to the interview:

- To explore and describe the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resilience strategies

Before you take part in the study please ensure that you have given your written consent to participate in the study. All information shared during this interview will be used for the research project and pseudonyms will be used to insure anonymity.

Date of interview: …… Pseudonym: …… Place:…….

Questions
Introduction: My name is Jackie Namagembe and I will be conducting the study.

DEMOGRAPHIC INFORMATION:

Gender	**Male**			**Female**		
Age						
How long were you in the facility?	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	10+ years
At what age where you first admitted?	0-1 years old	1-3 years old	3-5 years old	5-7 years old	7-9 years old	9+ years old
At what age did you leave?	10-11 years old	11-12 years old	12-13 years old	13-14 years old	14-15 years old	15+ years old
Education and training	High school / equivalent	Diploma / certificate	Bachelor's degree	Master's Degree	PHD	Other
Race						
Home language	English					Other

Questions regarding the experiences of post-institutionalised adults:

1. Baseline questions: based on the River of Life
   1.1. Identify the various key "marker events" in your life – the boulders in the river, or places where the river changes course – that shape your story.
   1.2. What relationships have been the most significant at different points in your life?
   1.3. Who has most shaped you?
   1.4. Have there been significant losses of relationship along the way? Did they contribute to your resilience?
   1.5. What groups or communities of people were most important?
   1.6. Are there times of significant pain or suffering – yours or others' – that shape the flow of your life river?
   1.7. What has happened along the journey of your life that you associate with negative attitudes
   1.8. What values, commitments, causes, or principles were most important to you at a given point in your life?
   1.9. Toward what goals, if any, were your primary energies directed
2. What services did you receive at the facility?
   2.1. What words would you use to describe your experience at the facility?

2.2. What difference did the facility make in your childhood?
2.3. As an adult now, what do you think of the facility?
2.4. How, if at all are you still involved in the facility?
2.5. Do you think the experiences of other children who grew up in the facility are similar to yours?
2.6. What are the challenging parts of growing up in a facility?

3. What do you understand by the term resilient?
   3.1. How do you define a resilient individual?
4. What activities did you take part in that helped build your resilience?
5. What attachments did you form while staying at the facility?
   5.1. What impact did they have on your overall experiences
6. What role if any did religion and faith play in your development of resilience?
7. Did you have any parental monitoring
8. Did you have any sense of belonging?
   8.1. Independence
   8.2. Generosity
   8.3. Mastery
9. What role if any did family play when you were growing up?
   9.1. In your opinion do you think that has had an influence on the person you are today?
      9.1.1. Was there a family member you could talk to?
10. Peer relations- are there friends you could trust
    10.1. Do you think this influenced your resilience?
11. Hope for the future
    11.1. Opportunities
    11.2. Hopes
12. **Concluding question:** Would you like to make any final comments?

Appendix K: Focus group discussion questions

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's Cellphone : 0968117322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax 021 9592845

FOCUS GROUP DISCUSSION- SOCIAL WORKERS

This focus group discussion schedule is to address the following research question:

- What are the perceptions and experiences of post-institutionalized adults regarding the effects of childhood institutionalization and their resiliency strategies that contributed to a positive transition into adulthood?

The following study objective has emerged from the main research question pertaining to the focus group:

- To explore and describe the perceptions and experiences of social workers in institutional care regarding children's resilience and its significance in this context

Before you take part in the study please ensure that you have given your written consent to participate in the study. All information shared during this discussion will be used for the research project and pseudonyms will be used to insure anonymity.

Date of interview: …… Place:…….

Questions
Introduction: My name is Jackie Namagembe and I will be conducting the study.

1. DEMOGRAPHIC INFORMATION OF THE GROUP:

Gender	**Male**			**Female**		
Age						
How long have you been at this facility?	0-1 years	1-2 years	2-3 years	3-4 years	4-5 years	5+ years
What is your combined experience in child care facilities?	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	10+ years
Education and training in social work	Bachelor's degree	Master's Degree		PHD	Other	
Race / cultural group						
Home language	English				Other	

Questions regarding the growth and development of institutionalised children:

13. Baseline questions:
    - 13.1. How would you describe your main responsibilities?
    - 13.2. What are some of the challenges you face in your day to day duties?
14. What do you understand by the term 'resilience'?
    - 14.1. How do you foster resilience with the children you work?
    - 14.2. How can you better foster resilience with the children you work?
15. How would you describe a 'successful post-institutionalised adult'?
16. What qualities make up a 'successful post-institutionalised adult'
17. How can you help children currently growing up in institutions attain these qualities?
18. What can social workers do to achieve this?

6.1 What type of interventions do you put in place that help foster relationships and positive experiences for individuals in their social context

6.2 What type of activities do the children you care for take part in that you feel promote resilience

7 Do you encourage and foster family relationships for the children as they grow up

7.1 What effect could this have on their development of resiliency, their growth and development?

8 **Concluding question:** Would you like to make any final comments?

Appendix L: Ethical clearance

UNIVERSITY of the WESTERN CAPE

OFFICE OF THE DIRECTOR: RESEARCH
RESEARCH AND INNOVATION DIVISION

Private Bag X17, Bellville 7535
South Africa
T: +27 21 959 2988/2948
F: +27 21 959 3170
E: research-ethics@uwc.ac.za
www.uwc.ac.za

07 December 2017

Ms J Namagembe
Social Work
Faculty of Community and Health Science

Ethics Reference Number: HS17/10/18

Project Title: Exploring the resilience of institution-reared children: learning from success stories of post-institutionalized adults in Zambia.

Approval Period: 07 December 2017 – 07 December 2018

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

PROVISIONAL REC NUMBER - 130416-049

Appendix M: Responsibilities of social workers (Key informants)

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Student's cell-phone: 0968-117-322 E-mail: namagembe13@yahoo.com

Department: 021 9592277 Fax: 021 9592845

RESPONSIBILITIES OF SOCIAL WORKERS

SW1: To provide social services to the vulnerable in our community. This is either statutory or non-statutory services.

SW2: Main responsibilities are to identify children that may need alternative care in this case being placed in a child care facility in order to access basic needs such as food, shelter, clothing, medical care and education. It's also my responsibility to counsel the children in our facility as well as work with their families/relatives in order to identify a family that can take care and be responsible for a particular child.

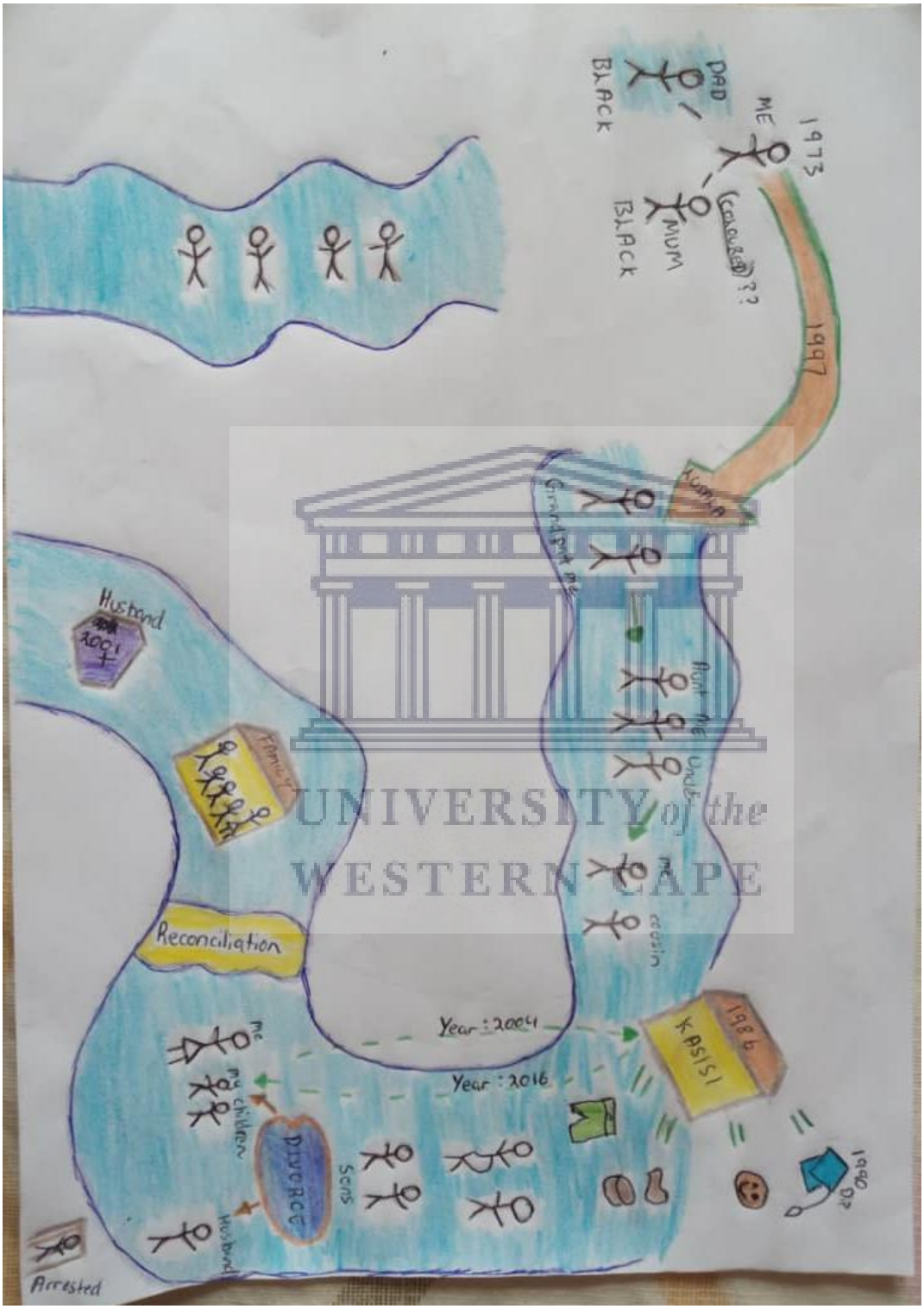
SW3: I manage the activities of the Family Preservation and empowerment Program as well as supervise the people that work in the two Children's homes

SW4: I make sure that child admission and departure procedures are followed. I also ensure that the basic needs of each Village Child are addressed. I also support the CCF2 Mother/ Aunts as they carry out their day to day duties. In addition to all that, I ensure that I maintain expert knowledge on Social Work Issues, develop good relations with State Welfare Authorities and Other External Bodies and finally coordinate and facilitate for capacity building programs for Caregivers.

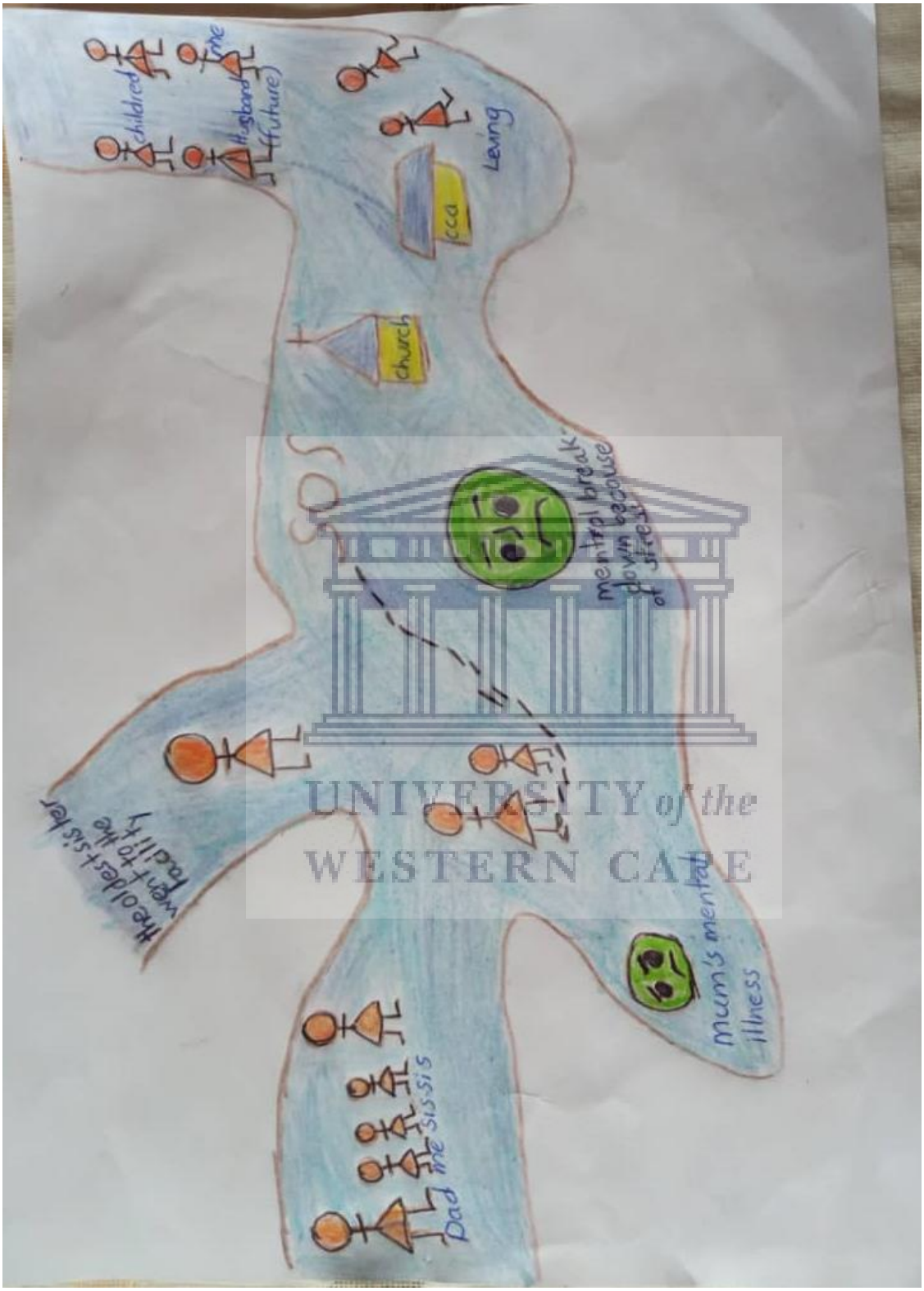
SW5: I am a social worker working at a child care facility. I basically oversee the running of the reintegration program the facility.

SW6: I Work with the manager of the social work department. I provide a complementary role to the work that is being done in our departments; that is the admission and discharge of children. I started off by working in the homes as a mother and over the years I have upgraded to an assistant social worker.

Appendix N: RoL drawing for Participant 1

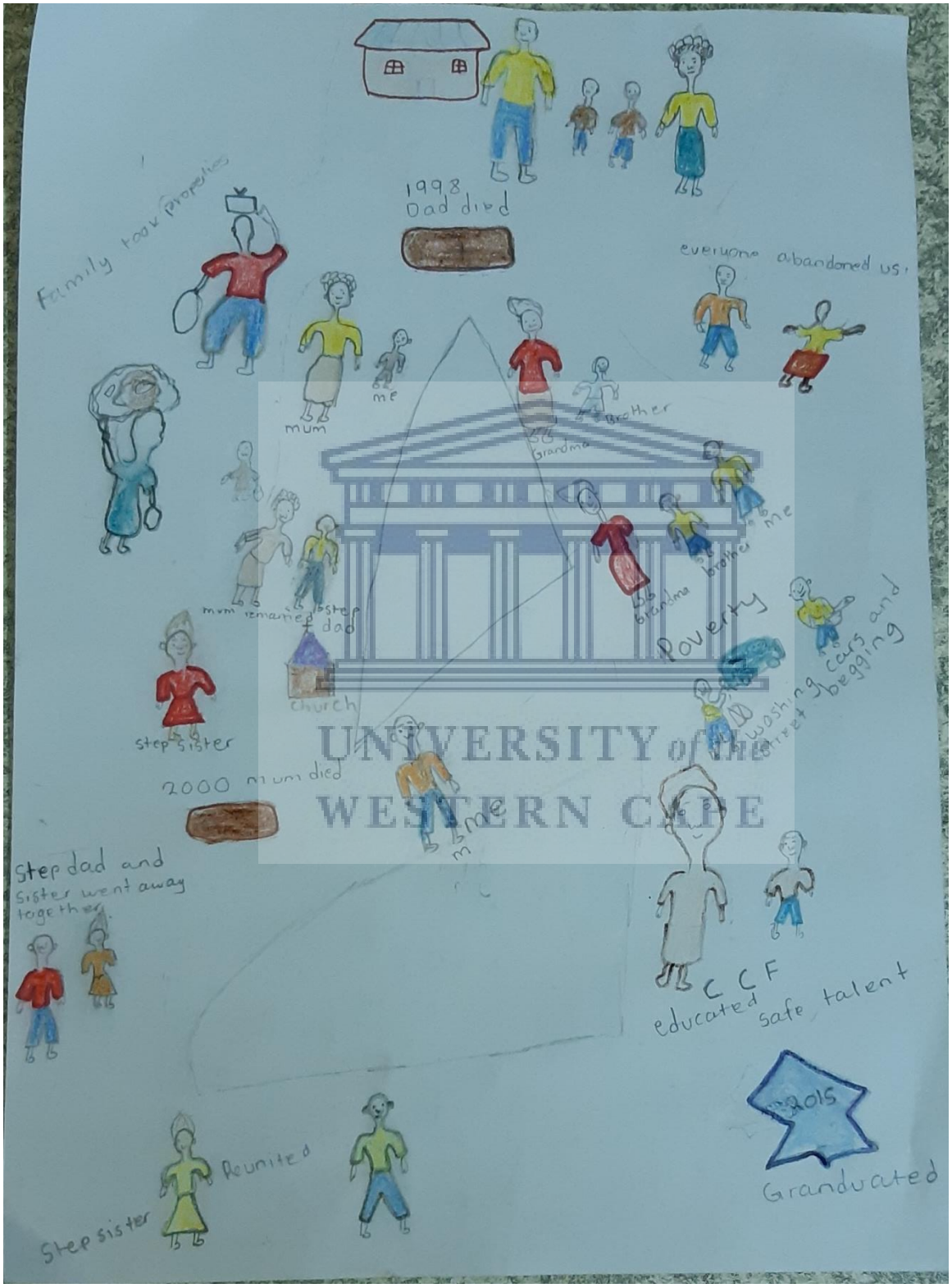


Appendix O: RoL drawing for Participant 2

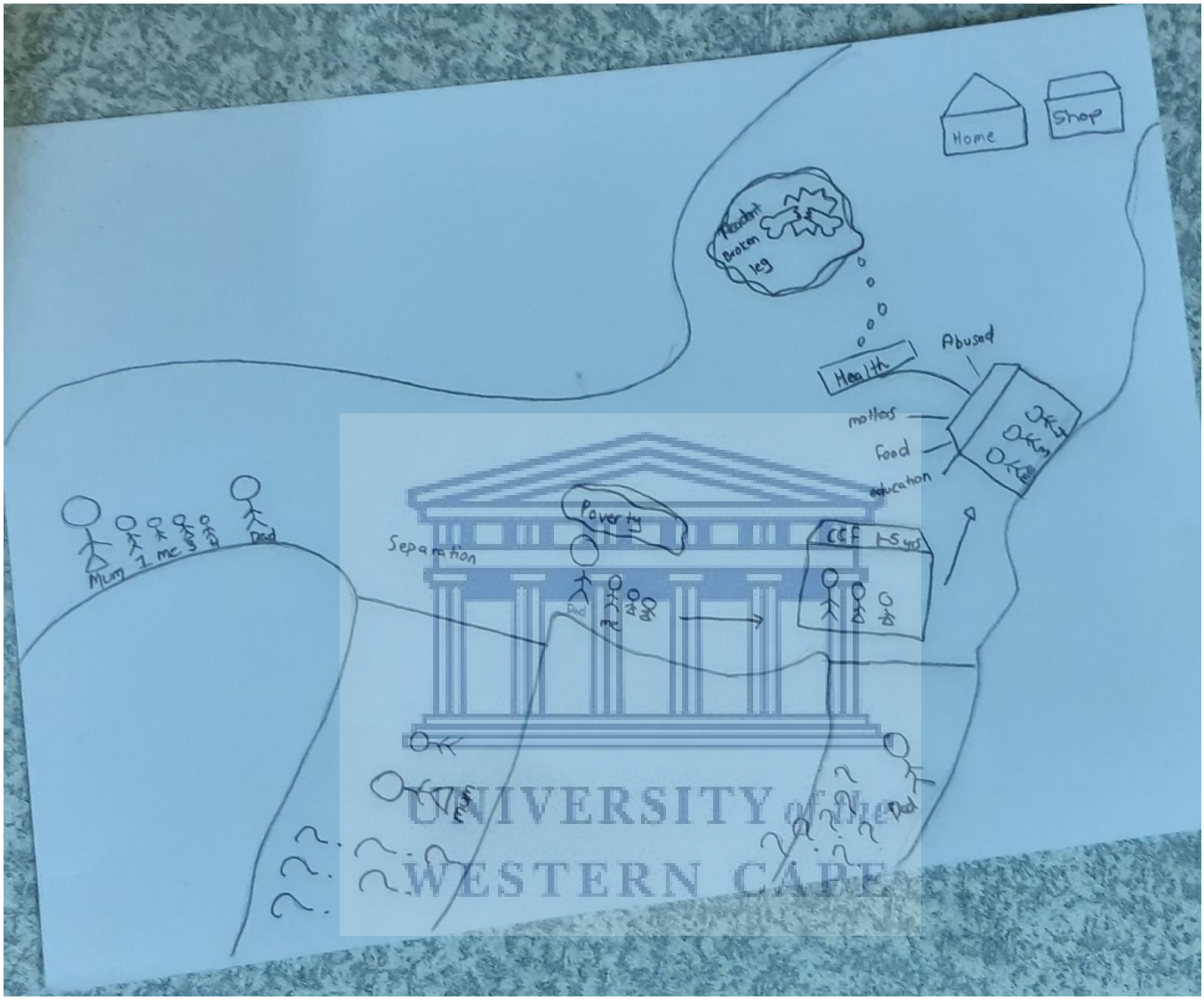


Appendix P: RoL drawing for Participant 3

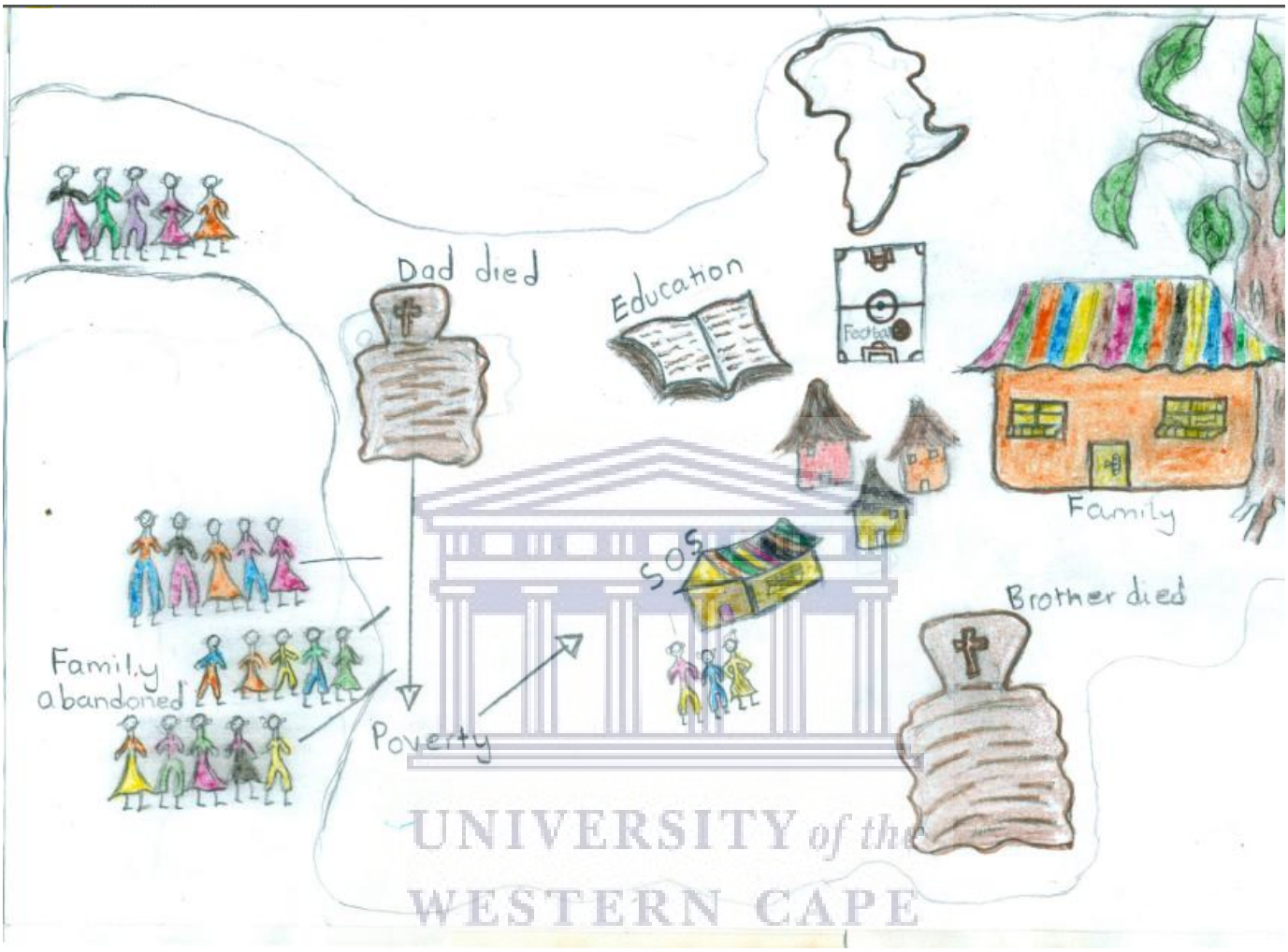
Appendix R: RoL drawing for Participant 5



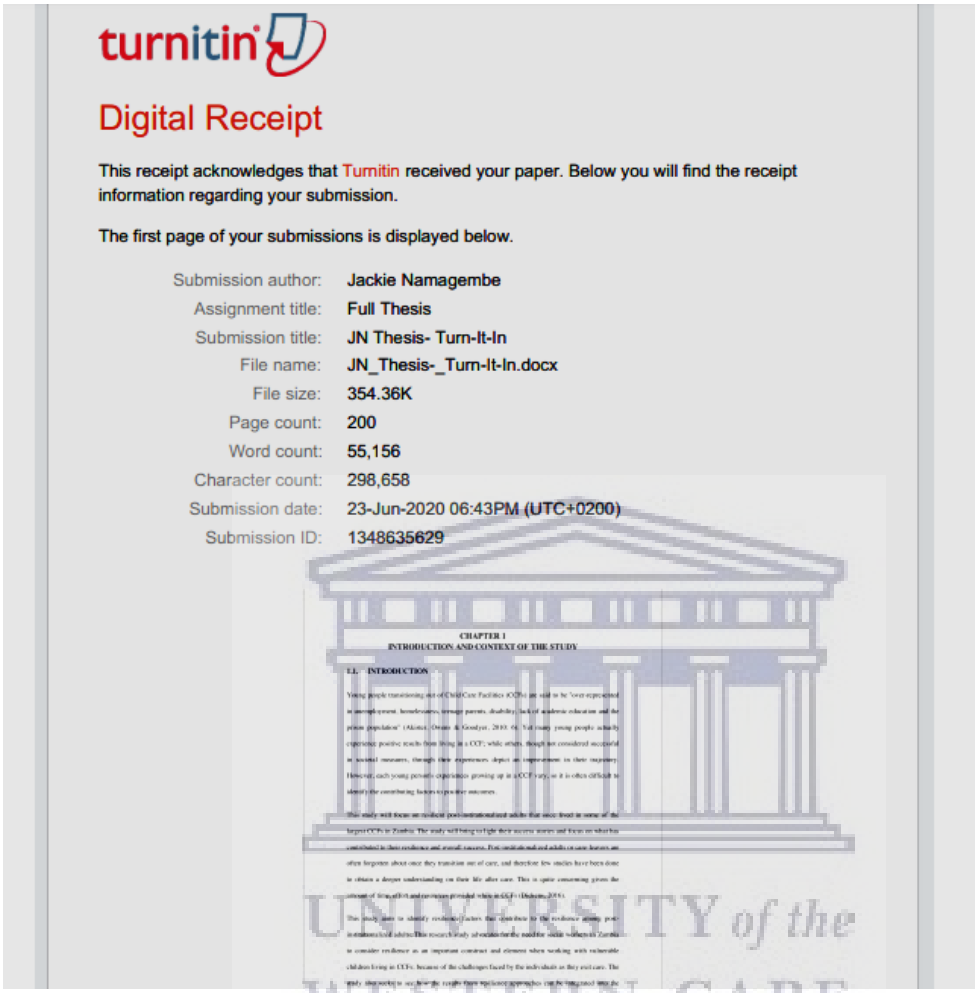
Appendix S: RoL drawing for Participant 6



Appendix T: RoL drawing for Participant 7



Appendix U: Turn-it-in certificate



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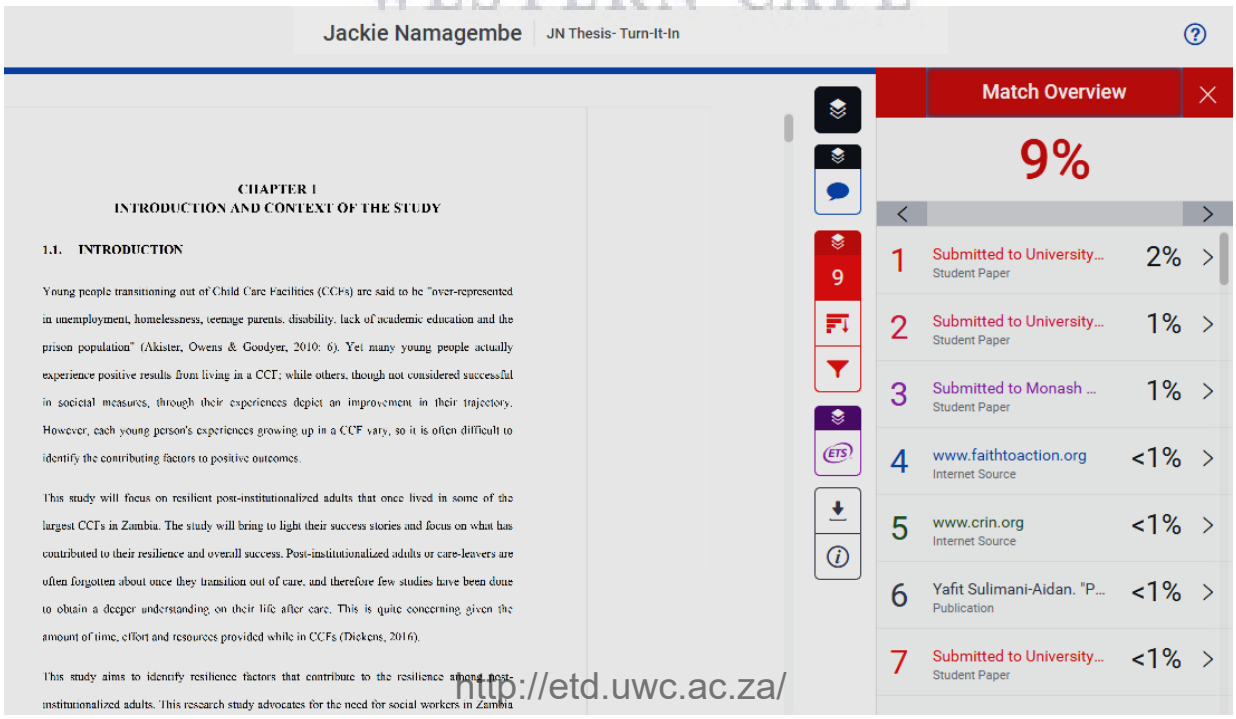
CHAPTER 1
INTRODUCTION AND CONTEXT OF THE STUDY

1.1. INTRODUCTION



Jackie Namagembe | JN Thesis- Turn-It-In

CHAPTER 1
INTRODUCTION AND CONTEXT OF THE STUDY

1.1. INTRODUCTION

Young people transitioning out of Child Care Facilities (CCFs) are said to be "over-represented in unemployment, homelessness, teenage parents, disability, lack of academic education and the prison population" (Akister, Owens & Goodyer, 2010: 6). Yet many young people actually experience positive results from living in a CCF; while others, though not considered successful in societal measures, through their experiences depict an improvement in their trajectory. However, each young person's experiences growing up in a CCF vary, so it is often difficult to identify the contributing factors to positive outcomes.

This study will focus on resilient post-institutionalized adults that once lived in some of the largest CCFs in Zambia. The study will bring to light their success stories and focus on what has contributed to their resilience and overall success. Post-institutionalized adults or care-leavers are often forgotten about once they transition out of care, and therefore few studies have been done to obtain a deeper understanding on their life after care. This is quite concerning given the amount of time, effort and resources provided while in CCFs (Dickens, 2016).

This study aims to identify resilience factors that contribute to the resilience among post-institutionalized adults. This research study advocates for the need for social workers in Zambia

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Appendix V: Editor's letter

Beacon Advisors Zambia

P.O. Box 310354 Lusaka.
State Building
Plot 166 Meanwood Ibex

LUSAKA

13rd June 2020

To whom it may concern.

AFFIRMATION OF REVIEW OF THESIS PAPER AUTHORED BY JACKIE NAMAGEMBE

I Chilleshe Bwembya, holding an academic degree of Master of Public Administration and Management obtained from Antwerp University Belgium - 1998, confirm that I have reviewed the Thesis Paper authored by Jackie Namagembe orginaĺ ly titled "Promoting Optimal Growth and Development For Children Growing Up in Institutions: Learning From 'Success Stories' in Zambia.

The reviewed version of the paper was submitted to the Author with my comments or suggested corrections. The final copy is the responsibility of the Author.

I believe that the said Paper is submitted in fulfillment of the requirement for the masters degree MA Child and Family Studies (Research) in the Department of Social Work at the University of Western Cape Supervised by Dr. Glynnis Dykes.

Chileshe Bwembya (Mr.)

Chief Analyst

+260955609106

chileb@outlook.com