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THE TALE OF PROFESSIONAL PARENTING: CAREGIVER EXPERIENCES IN DEALING WITH DELINQUENT CHILDREN IN ZIMBABWE'S RESIDENTIAL CARE CENTRES

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ABSTRACT

The objective of this study was to investigate the challenges faced by caregivers in handling delinquent behaviours exhibited by children residing in care centres. The study employed a qualitative research methodology in conjunction with a phenomenological research design. Data were gathered from a sample of 10 caregivers and 3 key informants who were purposefully chosen for the study. The data were analysed through the application of interpretive phenomenological analysis (IPA), a qualitative research method that involved the identification and development of themes derived from the participants' own perspectives. The obstacles encountered by caregivers encompassed a multitude of factors, including the burden of their workload, apprehension regarding potential legal conflicts, limited access to comprehensive information about the child's origin, and the complexities inherent in carer-child interactions. The report proposes that legislative and regulatory evaluations be conducted in order to reduce the period of placement. Additionally, it suggests the implementation of stronger programmes aimed at reducing instances of family separation, as well as the development of an integrated model to treat delinquent behaviour effectively.

Keywords: caregivers; delinquent children; professional parenting; residential care; Zimbabwe

INTRODUCTION

Over the course of several years, the approach to parenting within residential care facilities has changed to imitate societal family structures (Muguwe, 2018; Mutsvairo, 2022). The adoption of the National Residential Care Standards of 2010 (revised in 2018) in Zimbabwe sought to shift from a dormitory-style arrangement to a household-based model, with the objective of replicating a genuine family structure that is reinforced by cultural, social, psychological, and welfare factors. This is in accordance with the Zimbabwe National Orphan Care Policy of 1999, which places the most importance on the immediate family as the best environment for the growth and development of children. It acknowledges that extended family and community surroundings are valid alternatives to consider before considering options such as foster care, adoption and institutionalisation. Notwithstanding these achievements, parenting in children's residential care still lacks the inherent family framework witnessed in society. Caregivers in residential care have a crucial role to play in the physical, emotional and psychological growth of children under their supervision. As to the Government of Zimbabwe's National Residential Care Standards (2018), a carer acts as a substitute parent and is responsible for ensuring the child's safety, physical wellbeing, emotional wellbeing, social development and cognitive growth. In fact, the primary legislative instrument governing child care in institutions considers caregivers to be equivalent to parents. Therefore, it can be inferred that caregivers are indeed responsible for fulfilling parental duties towards the children under their supervision.

The main aim of this study was to evaluate the challenges facing caregivers in residential facilities handling delinquent behaviours among children in residential care. This study argues that there is a requirement for further discussion on parenting in residential care facilities in Africa in order to better conform to socio-cultural norms and expectations. This is significant not only for residential centres, but also for social work professionals who have been leading child safety initiatives globally. This entails reassessing and redefining current parenting approaches employed in residential centres, specifically within Sub-Saharan communities, in order to foster the progress of Afrocentric family systems. This study provides a basis in social work practice for revisiting the current legal framework guiding the nature of parenting in residential care centres.

OVERVIEW OF CHILD RESIDENTIAL CARE SERVICES

The provision of institutional childcare services is a crucial element within the realm of child welfare services on a global scale. These services cater for children who lack parental care or are deemed to be at risk of losing parental care, as acknowledged by United Nations International Children's Emergency Fund (UNICEF) in 2021. Zimbabwe provides such institutional care services for children according to globally accepted norms. The delinquent behaviours exhibited by children residing in institutional care facilities have garnered significant attention and warrant more investigation (Granado *et al.*, 2014). In childcare, institutional care holds significant importance on a global scale, particularly for children who have experienced the loss of parental or kinship care (UNICEF, 2021). In situations where a child's immediate family is unable to provide sufficient care and all other available options for care have been fully explored, institutional care serves as the final recourse (Better Care Network [BCN], 2019).

According to Article 7 of the United Nations Convention on the Rights of the Child (United Nations, 1989), the significance of a familial setting is highly esteemed for the well-being of every child. Yet persistent poverty, high HIV/AIDS rates, ongoing armed conflict, unstable political conditions, along with the breakdown of family structures, have all made children more vulnerable (Better Care Network, 2019). These circumstances have resulted in children living as orphans and being susceptible to various risks (UNICEF, 2021). According to the data presented in the Faith to Action report (2020), approximately 41% of children worldwide are classified as orphaned and vulnerable. Additionally, UNICEF (2021) reports that, out of 6.3 million children in Zimbabwe, a staggering 4.8 million live in poverty and 1.6 million face the harsh reality of extreme poverty.

The majority of children requiring care are placed in residential care settings as a result of the Department of Social Development's restricted range of alternatives (Muguwe, 2018). Despite the widespread international concern expressed in Article 20 of the United Nations Convention on the Rights of the Child (United Nations, 1989), which specifically addresses the issue of alternative care for children, the vulnerability of children has persisted. There has been a notable rise in the number of orphaned children recently (Muchinako, Mpambela & Muzingili, 2018). The current situation around orphaned and vulnerable children has prompted the exploration of several alternative childcare approaches, including institutionalisation, community care, foster care, familial foster care and adoption, among other possibilities. There is a global problem in providing care for around 153 million orphaned children, with institutional care often being the sole available alternative for them (Oosthuizen-Erasmus & Adlem, 2022).

Despite extensive global research demonstrating the detrimental consequences of placing children in residential care, institutional care remains the prevailing form of alternative care worldwide (Mugedya & Maushe, 2021). According to Muguwe (2018), providing residential care is a common practice in many countries, particularly in Central and Eastern Europe as well as the former Soviet states. In Zimbabwe, institutional care – generally seen as a measure of last resort – is an integral component of the country's orphan care policy, which delineates a hierarchical framework consisting of six tiers. The initial tier prioritises the biological and nuclear family, followed by community care, foster care, adoption and ultimately residential care as a final alternative (Kurevakwesu & Chizasa, 2020). Nevertheless, it is noted that despite implementing the six-tier system of the National Orphan Care Policy, residential care facilities continue to be a preferred option (Muchinako *et al.*, 2018). Institutional care pertains to the provision of care for children who are placed in specifically designated residences because their families are unable to provide for their needs (Mhongera & Lombard, 2017). These establishments cater for children in need of both temporary and extended care.

Although care services do provide for orphaned and vulnerable children, these children have been compelled to reside in institutions for extended periods, a circumstance that has been demonstrated to increase their propensity for delinquency (Yewale, 2019). The failure of residential care facilities to adequately address the psychosocial needs of the children under their care leads to the development of antisocial practices and behavioural challenges among these children (Mukushi *et al.*, 2019). Extended institutional care is considered less efficacious

as it fails to effectively meet the requirements of children holistically in terms of their physical, mental, social and emotional growth. The placement of children in institutional care has led to the rise and widespread occurrence of various types of anti-social behaviour. These behaviours include the misuse of substances such as drugs and alcohol, instances of violence within educational institutions, acts of bullying, consistent absence from educational activities, and the premature abandonment of academic pursuits (Kabo & Gosego, 2019; Mukushi *et al.*, 2019;). The study by Rohanachandra *et al.* (2022) found that children who are placed in residential institutions have elevated levels of psychological issues and are more prone to engaging in criminal activities. The caregiver's presence is necessary for children in an institutional environment because of the challenges associated with their upbringing. Children residing in institutional settings face the complexities associated with insecure attachment, problematic interactions with peers, and a lack of sufficient guidance in developing their self-identity (Mukushi *et al.*, 2019).

Caregivers in residential institutions utilise different ways to properly manage and alleviate the delinquent tendencies displayed by children dwelling in these facilities (Mutsvairo, 2022). The Government of Zimbabwe National Child Residential Care Standards for Zimbabwe (2018) require institutions to develop behaviour management strategies to effectively deal with the problematic behaviours displayed by children. These rules should include a range of approaches, such as group treatment, continuous counselling, reminders and warnings, among others. These measures have been employed to deal with aberrant behaviour among children in care institutions, as outlined in the National Residential Care Standards of 2018. Despite the existence of these strategies, the significant prevalence of problematic behaviour among children residing in institutional care facilities remains a significant issue, particularly for the professionals directly accountable for their wellbeing (Nyakutangure, 2020). Research has indicated that caregivers face substantial challenges in dealing with and efficiently handling delinquent juveniles under their care (Mkhize, 2020; Mutsvairo, 2022; Whittington & Burns, 2005). Given this backdrop, we examined the reports given by caregivers regarding the presence of delinquent behaviours reported in residential care facilities in Zimbabwe.

ADDRESSING DEVIANT CONDUCT AMONG CHILDREN IN RESIDENTIAL CARE SETTINGS

Caregivers of children residing in institutional care settings face heightened complexity and difficulty in managing delinquent behaviours, largely attributed to operational issues (Day, 2019). The problem emerges when the child is admitted to the institution without a complete understanding of the child's past (Berridge & Brodie, 1998; Day, 2019). Therefore, caregivers face difficulties in responding effectively when children display disruptive behaviour and engage in delinquent actions. At times, caregivers and institutional authorities may lack the requisite knowledge to deal with inquiries regarding the background and identity of children in residential care. The lack of understanding of children's history may potentially contribute to the emergence of harmful behaviours in these children (Boyle, 2009; Browne, 2017). The requirement in Residential Care Standards, such as mandatory reporting of misconduct, many documentation and reporting channels, and prescribed behaviour management techniques, pose challenges for caregivers in effectively addressing delinquent behaviours (Day, 2019;

Oosthuizen-Erasmus & Adlem, 2022). Residential care institutions commonly implement a set of predetermined norms to enforce discipline among children. Observations made by caregivers in a residential institution in South Africa indicate that the prescribed behaviour management protocol designed to handle delinquent tendencies had a disempowering impact on them (Oosthuizen-Erasmus & Adlem, 2022). Moreover, the children under their supervision could foresee the repercussions linked to particular actions.

Browne's (2017) research uncovered that caregivers frequently encounter a complex relationship with children living in institutional care, which hampers their capacity to successfully handle the children's behaviour. Hampson (2018) found that a considerable proportion of children living in institutional care do not have a secure bond with their caregivers. The lack of emotional connection has negative consequences for their ability to control and manage their actions, ultimately worsening delinquent behaviours among children in residential care. The high staff turnover rate is recognised as an additional element that contributes to the formation of insecure attachments (Garcia Quiroga & Hamilton-Giachritsis, 2016). According to Day (2019), children living in institutional care often simply say "they" when referring to their caregivers. They don't express positive feelings towards the staff as often as they do towards foster parents and other people in residential care. This succinctly summarises the fundamental dynamics of challenging care relationships within residential care settings.

Caregivers in institutional care settings express conflicting views on the most suitable method of dealing with abnormal behaviours in children (Browne, 2017). In South Africa, caregivers require training to improve their competence in carrying out their duties and responsibilities effectively (Mosia, 2014). The management of delinquent behaviour in children by caregivers is often challenging because of the absence of professionalisation in their field of work (McLean, 2015). Browne's (2017) research conducted in Tanzania revealed that caregivers employed in residential institutions lack appropriate qualifications, receive insufficient compensation and have insufficient training. This comment highlights the widespread issue of inexperienced caregivers. This condition is worrisome because these children show an incapacity to effectively manage children under their supervision who display challenging habits. According to Kadungure (2017), when children are placed with caregivers who do not understand their requirements, this consistently results in poor outcomes.

Caregivers often experience a sense of confusion when they try to deal with children who display difficult behaviours (Whittington & Burns, 2005; Mkhize, 2020). Caregivers also have difficulty in effectively managing and resolving the absence of cooperation from external social workers when dealing with children engaged in legal disputes (Day, 2019; McLean, 2015). For example, social workers may neglect to document information and fail to promote the welfare of the children. Research conducted in South Africa found that social workers experience heavy caseloads and demonstrate little involvement in situations involving children in institutions (Malatji & Dube, 2015; Sibanda & Lombard, 2015). Consequently, caregivers require additional assistance from supervisors and social workers in order to proficiently handle children in residential care (Browne, 2009). The present circumstances have presented a substantial obstacle for caregivers, as they require assistance in efficiently balancing the duties

of attending to children's requirements while also handling their own matters (Browne, 2017). Caregivers experience substantial emotional strain and are unable to participate in debriefing and discussions about the factors causing their stress (Oosthuizen-Erasmus & Adlem, 2022). The negative occurrences experienced by caregivers significantly impact on their function in providing care, as the stress and burnout impair their capacity to effectively meet the needs of the children they are responsible for.

Zimbabwean caregivers express concerns about the possible legal consequences when they need to enforce disciplinary actions (Mutsvairo, 2022). Caregivers must use caution in regulating children's behaviour in accordance with established behavioural norms and patterns that govern their interactions (Nyakutangure, 2020). Given these legal concerns, social workers are cautious, even to the extent of removing their services, when it comes to addressing anti-social behaviour in children (Mukushi *et al.*, 2019). Caregivers may sometimes face baseless accusations from children living in care facilities (Day, 2019). Children may make accusations of abuse and exploitation by caregivers and authorities in residential facilities; however, these complaints are not always substantiated (Mutsvairo, 2022). Residential care facilities are concerned about how to handle disciplinary procedures for children who display anti-social behaviours due to the fear that these children would make unfounded allegations, perhaps leading to the dismissal of staff members (Mosia, 2014; Mutsvairo, 2022). Research indicates that caregivers face challenges in maintaining an appropriate caregiver-to-child ratio while simultaneously addressing behavioural issues in children residing in care facilities (Schipper *et al.*, 2006). In Zimbabwe, the care of children living in institutional settings presents considerable mental and physical difficulties for caregivers, mostly as a result of an unbalanced ratio of staff to children (Muguwe, 2018).

THEORETICAL FRAMEWORKS

This study argues that the differences observed in parenting methods inside residential care facilities in society can be ascribed to varying social, cultural and professional norms. This study has opted to use Afrocentric concepts as its point of departure, specifically the integrated Musha/Nyumba theory. These ideas provide useful insights into the many social and cultural norms across Africa, including those applicable to the role of professionals such as social workers in parenting.

Taranhike (2021) formulated an integrative theory known as Musha/Nyumba. This theory highlights the significance of the homestead as a diverse and versatile environment that encompasses living in a symbiotic relationship with nature, engaging in productive activities, gaining knowledge about different cultures, and can serve as a final resting place for the deceased. Musha encompasses many elements, such as economic, social, spiritual, environmental and humanistic concerns. The name "Musha" originates from the Shona language and specifically denotes a residential compound, while "Nyumba" has comparable connotations in the Swahili language. Theoretical frameworks in parenting involve the broader concept of the homestead, which acts as a central point for integrating factors such as culture, community, technology and enterprises. The objective of this integration is to enhance the welfare of families holistically, facilitating the growth of vibrant and thriving village and regional economies (Taranhike, 2021). This theoretical framework provides valuable insights

into how families contribute to and uphold societal and cultural ideals. For example, the concept suggests that the homestead or family arrangement plays a vital role in promoting familial unity and communal integration. People maintain their means of living within the familial household setting, which is strongly connected to the natural environment. It is crucial to recognise that the notion of family may be disrupted but still remains rooted in natural processes. An analysis of the parenting model used in residential centres is crucial since it is based on a professional framework that does not fully capture the dynamics of natural families in society. The Musha/Nyumba theory highlights the socio-economic development functions of families. Additionally, ideas about parenting emphasise the expected roles of families, such as using indigenous knowledge to promote unity within the patriarchal family, community and society. The idea emphasises the importance of gender in the patriarchal family setting, specifically in relation to Shona proverbs like ‘musha mukadzi’, which symbolises the role of women or spouses in the patriarchal family system. This argument explains why Zimbabwean residential care institutions favour a conventional patriarchal family structure with both a mother and a father, even though there are conflicting empirical observations.

The present study necessitates an assessment of the importance of ubuntu theory within the framework of parenting. The normative traditional African parenting model and philosophy involve the collective role of the community in raising and nurturing children, going beyond the exclusive obligation of parents. The philosophy of ubuntu is rooted in Afrocentric principles of collectivism and interconnectedness. It is founded on the belief that “I exist because we exist” (Tembo, 2018). Within the realm of residential care institutions, caregivers assume the duty of delivering care and assistance to children with whom they lack a biological connection. The Ubuntu theory posits that the wellbeing of a child is considered a collective responsibility that includes not only extended families and neighbourhoods but the entire community. As a result, this led to the widely known saying that “raising a child necessitates the combined endeavour of an entire community.” The organisation of families in modern society has undergone significant changes as a result of the extensive adoption of Western parenting techniques (Shambare, 2021; Stavrinides & Nikiforou, 2013; Tembo, 2018). Caregivers employed in residential institutions assume the responsible to instil discipline in children under their care.

RESEARCH METHODOLOGY

Design and approach

The main aim of this study was to develop a deeper understanding of caregivers’ viewpoints when faced with deviant behaviour in residential care facilities. To enhance our comprehension of insider viewpoints, we have implemented a qualitative research methodology that encompasses a reflective, emergent and holistic approach (Engel & Schutt, 2013). The aim was to gather emic perspectives on caregivers’ approaches to handling delinquent behaviour. Hence, the research design utilised in this study was phenomenological. The primary phenomenological inquiries will focus on caregiver’ subjective encounters with adolescent delinquency within residential care facilities. What distinct challenges were faced in overseeing juvenile delinquency in residential care facilities? The nature of these questions required the use of a phenomenological design that focuses on research participants’ lived experience.

Therefore, the focus was to understand the challenges faced in handling the cases of child delinquent behaviour as experienced by caregivers in residential care centres.

Sampling and recruitment of research participants

The research employed purposive sampling as a method for selecting key informants and caregivers. The researchers used purposive sampling to choose a sample of 10 caregivers, specifically mothers, who were employed at residential care centres. In the context of Zimbabwe, women caregivers exclusively are authorised to engage in fostering activities, regardless of their marital status. The selection of caregivers was based on their prior expertise within the respective institutions. The caregivers were within the age range of 45 to 55 years. A significant proportion of the caregivers have a formal educational credential. Three of the caregivers did not have professional degrees. The remaining caregivers possessed a range of qualifications, including certificates in culinary arts, hotel and tourism management, child protection and social work. Out of the total sample size of 10 caregivers who were included in the study, six were married, but four identified as widowed. The study additionally enlisted three key informants who have expertise in the field of child protection. These informants included superintendents, probation officers affiliated with the Department of Social Development, and the director of the Zimbabwe Care Leavers Network. Thus, the final sample size was 13 research participants.

Data-collection methods and research tools

A total of 10 in-depth interviews were conducted with the selected caregivers, utilising semi-structured interview guides. The interviews consisted of open-ended questions as a means of investigating the perspectives and insights of caregivers regarding the occurrence of delinquent behaviour among children residing in care facilities. The interviews were carried out within the familiar context of the caregivers residing in the institutions. The chosen settings facilitated the observation of parenting within their regular context. A total of three face-to-face key informant interviews were conducted to gather expert data from the selected informants. Key informant interviews were used as a method in the study to look at the professional guidelines affect parents' ability to deal with bad behaviour in their children. The inclusion of the experiences of the key informants played a crucial role in the evaluation of parenting characteristics within residential care institutions.

Data analysis approach

The utilisation of interpretative phenomenological analysis (IPA) as a methodological approach for data analysis was utilised. The research employed a data analysis procedure consisting of six sequential steps. The initial phase involved thoroughly reviewing and revisiting the interview transcripts. The researchers looked at the experiences of caregivers in relation to children's delinquent behaviour. The process used in this study encompassed the systematic observation and subsequent development of significant themes. The next stage entailed the process of preliminary note-taking. The records were carefully examined on three separate occasions, during which comprehensive notes were made dealing with both descriptive and linguistic aspects. In addition, linguistic components that contribute to the participant's depiction of the phenomenon were documented. The next stage entailed the

formulation of thematic elements. Upon careful examination, repeated readings, and initial observations, the researchers identified and formulated thematic categories. The preliminary observations were gathered and organised into a concise overview of emerging patterns. The replies provided by the participants were categorised into the themes that were generated. The fourth step involved the exploration of potential links between various subjects. The emphasis was placed on the sequencing of the indicated topics. Topics were organised into groups, with specific topics being included as sub-themes. The researchers employed a strategy to prevent the repetition of themes, while those deemed irrelevant were excluded from the analysis. The final stage of the process entailed the identification and analysis of patterns that emerged across many cases. This phase encompassed the transition from the concluding theme and documentation to the documentation of ultimate statements that articulate the intrinsic meanings derived from the participant's experience.

Ethical issues

The researchers adhered to all necessary protocols before conducting the study. On 20 July 2022 the researchers obtained clearance and an authorisation letter (No. 512 of 2022) from SOS Children's Village. This clearance granted the researchers authority to gather data from specific institutions. The researchers ensured that all research participants were given the option to participate voluntarily. Prior to participating, the research participants were provided with information regarding the objective of the study. The participants were explicitly informed that the information provided was solely intended for academic purposes. The confidentiality of each caregiver's opinions, insights and recommendations was rigorously upheld.

The study limitations

While the study findings provided key insights into the issue of child delinquent behaviour in residential care centres, they may have some features that need improvement. The findings are mostly based on the perspectives of carers without taking to account the perspectives of children. Triangulating with children's perspectives could provide further insights, especially on the causes of delinquent behaviour. Employing quantitative research methods in the future could enhance this study's findings on the relationship between delinquent behaviour and a child's background. This may include identifying additional characteristics that act as predictors for the occurrence of delinquent behaviours among children residing in residential care institutions.

FINDINGS

The challenges encountered by caregivers in managing delinquent child behaviour

The study findings revealed many problems that caregivers face when addressing delinquent child behaviour. The problems encountered covered a range of factors, including issues related to both the children and the institution. These challenges are outlined below.

Lack of professional skills to handle delinquent behaviours

The caregivers admitted that they lack the necessary experience to handle children who display delinquent behaviours in a residential care setting. The caregivers stated that they often faced

challenges in clarifying the causes of the delinquent behaviour, as well as in efficiently managing and controlling these tendencies. The caregivers admitted that they needed a more appropriate set of skills to effectively manage challenging behaviours. Numerous caregivers expressed the need for additional time to adequately prepare themselves to effectively manage children's disruptive conduct. The following excerpts are some of the responses:

Since I joined the organisation ten years ago, I have only received one training on how to handle delinquent behaviour for children in care. (Caregiver 3)

Back then, the organisation used to provide refresher trainings that would prepare us adequately for our work. (Caregiver 2)

There used to be training and job inductions for caregivers once you joined the organisation, but now the entry requirement is a certificate in child safeguarding or at least five ordinary-level subjects, which is however not preparing the caregivers enough. (Key Informant 1)

The study showed that carers in residential care institutions require training and guidance on managing child delinquent behaviour, as they find it difficult to participate actively in regular interactions with the children. The findings suggest that caregivers require specialised training that sufficiently prepares them to deal effectively with the behaviour of children displaying delinquent tendencies. It was evident that the caregivers working in residential care institutions were unable to address and manage delinquent behaviours properly. The call for professional training of caregivers, contrasts with the Musha/Nyumba theory, which suggests that the family home provides the natural environment for the family to function optimally without the need for professional adaptations. The current setup in residential care institutions in Zimbabwe requires caregivers to receive training in child nurturing. In a natural family set up in the community, parenting processes function naturally without professional guidelines. Taranhike (2021) proposed the Integrated Musha/Nyumba theory, which emphasises the significance of the homestead in promoting the functioning of the family unit and the development of social, cultural and other societal values without professionalisation as care takes place in residential care centres.

Workload

The participants noted that the amount of labour in the residential care setting affected their ability to offer full support to the children they were responsible for. The caregivers noted that the task grew onerous for them because of the 1:8 ratio of caregivers to children, as well as the additional demands made by management. Caregivers reported enduring stress, burnout and physical symptoms such as backaches and headaches, which are frequently linked to heightened levels of stress, because of their occupation. Numerous caregivers reported enduring and continuous emotions of being overwhelmed, being emotionally detached and lacking a sense of agency. This situation hinders the caregiver's ability to adequately attend to the specific needs of the children under their care. The following comments express the views of the participants:

The expectations are just too high. I am expected to take care for eight children despite other administrative work. (Caregiver 7)

The work is just emotionally draining. Working with children with different kinds of needs is stressful. (Caregiver 10)

Most caregivers complain of backaches, headaches, burnout and high blood pressure problems. The work is mentally draining, which is exacerbated by inadequate staffing. (Key Informant 1)

The study findings suggest that caregivers are not only limited to their caregiving responsibilities, but also have to handle additional administrative activities, hence increasing their overall workload. The caregivers are also required to offer care for a large numbers of children from various backgrounds. The caregiver's ability to provide adequate care for the children was limited due to difficulties in building a secure foundation. As a result, directly led to the development of insecure attachment, the onset of psychological problems and ultimately criminal behaviour. An implication of the philosophy of ubuntu is that parenting is a communal obligation that is shared by all members of a particular society. The wellbeing of the child is considered a collective responsibility for extended families, neighbourhoods and the wider community. Consequently, it may be deduced that the family composition in residential care facilities does not completely embody a conventional family unit as defined by society, which may include relatives, neighbourhoods and the broader community. Shambare (2021) asserts that ubuntu's normative emphasis originates in the belief that families have collective responsibilities stemming from their interconnectedness. In contrast, it has been seen in residential care centres that there are instances where familial circumstances can compromise the presence of a single female caregivers. The Musha/Nyumba concept suggests that a traditional household serves as the primary foundation for meeting the many needs of a family unit.

Fear of conflict with the Law

The caregivers stated that their concern about prospective legal disputes impacts negatively on their ability to provide sufficient care for their children. A considerable number of participants expressed concern about the possible consequences of not adhering to organisational regulations and national laws. The caregivers believed it was their responsibility to intervene when the children crossed boundaries in unacceptable ways. However, the staff had to use extreme caution when taking actions to discipline the children, as the children were granted greater protections than the staff members themselves. The participants clearly state that some of their predecessors had been fired from their jobs for failing to adequately enforce the norms of child discipline in the residential area. The caregivers conveyed their concerns about possible legal disputes and the potential repercussions of losing their jobs. Several caregivers cited the organisation's child safeguarding policy and thought that it prioritised the protection of children to an unreasonable degree, neglecting the welfare of the staff members. Many caregivers and key informants made this point:

I am apprehensive about violating the internal organisational policies. I must exercise prudence in my actions in order to protect my employment position.
(Caregiver 1)

I have witnessed one of my coworkers getting dismissed after she spanked the child. The organisation's policies do not allow us to reprimand children in certain ways.
(Caregiver 4)

The organisation has designed a child safeguarding and child protection policy that highly protects children than the staff themselves. (Key Informant 1)

The study's findings suggest that caregivers faced challenges in implementing disciplinary measures for children because of their concerns about potential legal consequences. The study identified cases of other caregivers who were fired from their jobs for failing to adhere to the organisation's policies. As a result, the caregivers did not feel confident in their attempts to safeguard their job security. According to the aforementioned findings, it is essential to recognise that caregivers faced limitations in exerting their control over child discipline. Stavrinides and Nikiforou (2013) observed that parents who follow ubuntu theory in parenting are likely to employ authoritarian methods, characterised by a blend of high expectations and sensitivity toward children, often with a restricted attitude. These approaches, rooted in cultural traditions, contrast sharply with the liberal, child-centred disciplinary policies enforced in residential care settings. This divergence creates tension for caregivers, who may feel their culturally-informed practices are discouraged or even penalised. Taranhike's (2021) Integrative Musha/Nyumba theory highlights the potential of incorporating indigenous knowledge into caregiving practices, fostering harmony among families, communities, and society. Applying such an approach in residential care settings could align caregivers' cultural values with organisational expectations, reducing fears of policy violations and job insecurity while maintaining child safeguarding principles.

Insufficient or little background information

Background information about the children was either completely unavailable or not readily accessible. This posed significant challenges for caregivers and key informants in assisting children who gave indications of distress. Gaining thorough information about the child's background was acknowledged as a crucial element in properly addressing delinquent behaviours. The inability to access information on the children throughout the admissions process poses a significant challenge for caregivers as it hinders their ability to fully comprehend the children's psychosocial requirements that potentially underlie their delinquent behaviour. The following comments describe the direct experiences of the research participants on their lack of understanding.

Mostly, these children are placed in a place of safety, and they end up staying at the institution without any further inquiry or information. (Key Informant 1)

We are not given enough details at admission. This proves to be a challenge when we want to comprehensively understand the background of these children and handle them. (Caregiver 1)

The significant staff turnover of probation officers has negatively impacted us. Most of them leave with incomplete files without adequate information. (Key Informant 2)

The study's findings revealed that caregivers in residential care facilities encounter a notable obstacle in the form of insufficient information. The caregivers stressed the significance of gathering background knowledge on children in residential care as a vital element of the therapeutic process for resolving the child's behavioural problems. Within the realm of residential care, caregivers and institutional authorities often face challenges when it comes to adequately addressing children's concerns regarding their family history. The absence of information may potentially contribute to the emergence of rebellious behaviours in these children (Browne, 2017). The research conducted by Kabo and Gosego (2019) investigates the specific circumstances in Botswana and highlights the problem of insufficient information regarding their family history available to children in care, which is a significant obstacle in addressing their psychological and social requirements. Consequently, this highlights the significance of implementing and adhering to detailed evaluation procedures to guarantee that the background of every child is thoroughly reviewed for improved parental control.

The caregiver-child relationship

The findings suggest that a notable issue was the intricate interplay between the children and their caregivers. The caregivers observed a conspicuous lack of a positive rapport as the children appeared to lack respect towards them. A considerable number of caregivers reported difficulties in forming emotional bonds with the children under their care. Residential care centre caregivers sometimes faced difficult relationships, which in turn led to difficulties in efficiently handling the children's behaviour as a result of relational concerns. The participants expressed their views as follows:

It is a daunting task to bond with children under my care. In the end, they become disrespectful as they set their own rules and conditions. I was told that you are employed because of us. (Caregiver 9)

Parenting in institutions is very challenging. The concept of family does not seem to respect me as their mother, as they often refer to me as their maid. (Caregiver 4)

Negative parent-child relationships are a reality for caregivers working in residential care. (Key Informant 1)

The findings revealed that caregivers faced difficulties in developing positive parent-child relationships. The carer explained the difficulties in forming a strong connection with the children they were responsible for. The absence of constructive parent-child engagement facilitated the development of behavioural issues such as truancy, bullying and aggression, among other manifestations. Hampson (2018) states that there is an intricate relationship between children living in residential care facilities and those responsible for their care. The caregivers do not create stable attachments with their children. In addition, according to Kabo and Gosego (2019), children who have been in foster care may experience difficulties in their cognitive and social development. This means children also develop attachment disorders and encounter challenges in their interpersonal relationships later in life. Arguably, it can be

difficult to for child to develop an attachment with new parents (caregivers) in a residential care setting. Taranhike (2021) states that the natural homestead is the best setup for the functioning of families.

DISCUSSION

The study's findings suggest that caregivers working in residential care facilities lack the required skills to appropriately handle children who display delinquent behaviours. Caregivers in residential care settings face challenges in understanding the root causes of delinquent behaviours and successfully managing and controlling them. The findings indicated that caregivers face difficulties in implementing care strategies to address delinquent behaviour in children living in care facilities as a result of inadequate training and comprehension of management techniques. These findings confirm the research conducted by Day (2019), which also showed the inadequate training and comprehension of how to handle delinquent behaviour in children living in care facilities. Childcare providers face challenges in properly implementing care plans designed to address delinquent behaviours (Oosthuizen-Erasmus & Adlem, 2022). The absence of adequate training given to caregivers supports the conclusions of Browne's (2017) study carried out in Tanzania, which suggests that caregivers employed in residential facilities lack the required qualifications and training. The matter is a cause for concern as caregivers have difficulties in effectively handling children displaying delinquent behaviours in residential care environments. Taranhike's (2021) Musha/Nyumba theory posits that the lack of a natural home environment in a residential care facility can worsen this situation. This is the argument for establishing family set-up in residential facilities with the argument that living in a natural home environment allows for the authentic manifestation of cultural and social values, without the limitations imposed by professional supervision. Despite this move, the caregivers in the study who preferred to draw on their indigenous knowledge and cultural practices to discipline children felt constrained by the organisational policies, which prioritise child protection over traditional practices. The theory implies that integrating indigenous knowledge into childcare policies could better align the caregivers' cultural practices with the expectations of the residential care environment, potentially reducing the fear of legal conflict and job insecurity.

Moreover, the study revealed that the responsibilities imposed on caregivers in the residential care setting impede their ability to effectively support the children under their care. The analysis revealed a caregiver-to-child ratio of 1:8. Due to divergent managerial expectations, the caregivers' workload becomes excessively burdensome, resulting in stress, burnout and physical ailments such as backaches and headaches. The caregivers' ability to successfully meet the specific needs of the children was hindered as a result of these unfavourable work experiences. Because of their substantial workload, caregivers frequently face considerable emotional pressures and are often unable to participate in debriefing or stress-related conversations. Browne (2017) found that child delinquency is a persistent and recurring problem that presents ongoing difficulties for caregivers. The notion of ubuntu posits that the existence of residential care institutions perpetuates caregivers' capacity to utilise authoritarian parenting methods. The parenting techniques observed in residential centres do not take into account the principles of collectivism and connectivity between the children and care givers,

as inherent in the notion of ubuntu. The caregivers faced challenges in balancing the care of the children and dealing efficiently with their own personal matters. The increased workload had a significant emotional impact on persons performing the carer role, resulting in elevated levels of stress and burnout that ultimately impeded their capacity to meet the needs of the children they were responsible for appropriately. Oosthuizen-Erasmus and Adlem (2022) assert that caregivers encounter various emotional challenges when confronted with delinquent behaviour, corroborating the aforementioned results. The research findings emphasised that concerns about legal disputes have a negative impact on the ability of caregivers to perform their parenting duties. The study's results demonstrated that the apprehension about violating institutional regulations and international legal standards had a notable influence on the caregiver's choice to discipline the children. The child protection policy and the child safeguarding policy were deemed to be strong internal policies that provide a superior level of protection for children but discounted the efforts of the personnel themselves. Mutsvairo (2022) corroborates prior findings by asserting that parents and other caregivers harbour concerns over potential legal ramifications when attempting to discipline children across several domains and ensure their adherence to societal norms.

Moreover, the study revealed that a chronic issue persists in the form of inadequate knowledge of the children's histories, which hampers the ability to address their negative conduct in an efficient manner. The study found that having adequate knowledge about the child's background was crucial for properly addressing delinquent behaviours. The study revealed that caregivers and institutional authorities may have insufficient knowledge when children in residential care seek information about their background and identity. The lack of understanding of these children can lead to undesirable behaviours. Behere *et al.* (2017) state that the literature indicates that when children experience loss and separation from their original family, this often leads to mental health issues that need to be addressed by caregivers. Gaining knowledge about the child's psychosocial development might facilitate comprehension of the child's requirements. The problem develops when children first join the care system, as there is a shortage of crucial information recorded in the case files (Berridge & Brodie, 1998; Day, 2021). This phenomenon introduces an additional level of intricacy to the understanding of the children by the caregivers and personnel at the facilities. Browne (2017) notes that caregivers and authorities in institutions may have insufficient knowledge to respond to children's questions about their history and identity. The lack of information in this area could potentially lead to the emergence of undesirable behaviours among children residing in care facilities.

The study revealed that caregivers face difficulties in their attempts to change conduct as a result of the intricate interactions that occur between children and caregivers. Caregivers reported frustration as they faced challenges in building relationships with the children. Although further studies may be required, the findings of this study suggest that a lack of a strong caregiver-child relationship may have a role to play in the development of many behavioural challenges, such as truancy, bullying and violent behaviour, among other problems. The current finding confirms the study conducted by Hampson (2018) in Europe, which also found a complex relationship between children living in care facilities and their caregivers. The caregivers do not have a stable attachment to their children. Day (2019) conducted a study in England which found that children living in care facilities often use the

term “they” to refer to their caretakers as impersonal adversaries. It was also observed that these children tend to have a limited inclination to express positive feelings towards the staff members. Hence, the children’s disregard for the caregivers can serve as a representation of their previous and present surroundings. Children are placed in a place of safety under the care of caregivers having been removed from unsafe environments and circumstances. These unsafe environments may serve as representation of their present delinquent tendencies and disregard of the caregivers. This may explain the need to revisit parenting guidelines such as residential care standards to investigate ways of developing positive relationships between children and caregivers. In addition, understanding of previous surroundings and environments may help understand present delinquent tendencies and how to work around such.

THE IMPLICATIONS FOR SOCIAL WORK PRACTICE

The challenges involved in resolving delinquent tendencies among children living in institutional settings have significant ramifications for social workers, who are responsible for safeguarding children in care in Zimbabwe. This can also pose challenges for their future assimilation into the community. Failure to address delinquent behaviour may pose a significant mental health risk to caregivers working in residential care. Caregivers are prone to stress-related disorders, burnout and depression as a result of the various challenges connected with addressing these anti-social behaviours. Moreover, failure of social workers to address and prevent delinquent actions in children residing in care facilities is likely to result in the recurrence of such behaviours, ultimately having detrimental consequences for their long-term educational and employment opportunities. If effective methods to reduce delinquent behaviours are not available, it is likely that families living in care facilities may experience substantial disruption and distress. Delinquent behaviour in residential care institutions creates instability by exposing other children to potentially negative role models, which in turn has considerable ramifications for the practice of clinical social work. Delinquency is strongly correlated with risky sexual conduct, substance abuse and addiction, and involvement in criminal gang activities, apart from the psychological impact it has on both children and caregivers. The presence of delinquent behaviour can place substantial financial strain on the government, including costs associated with law enforcement, treatment and rehabilitation initiatives.

CONCLUSIONS AND RECOMMENDATIONS

The matter of caregiving while simultaneously fulfilling the duty of a parent is a crucial factor in parenting policy and programming. The study found that parenting or caring in residential care facilities is mostly guided by professional protocols rather than following a natural family structure in the community. Following the idea of Musha/Nyumba, residential care does not align with the traditional African concept of the homestead, where parenting is not determined by professional or legal regulations. Therefore, the practice of natural parenting in residential care facilities might be constrained by legislation, especially when caregivers prioritise their employment status over their role as a parental figure. This circumstance involves parenting being perceived as more of a temporary role rather than a natural one. Based on these observations, the study proposes the following:

- **Caregivers:** It is suggested that caregivers in residential care facilities use alternative parenting styles that are sensitive to the harmful behaviours displayed by the children in their care in order to reduce the occurrence of these behaviours. In order to adequately address and comprehend the psychosocial requirements of children in care, institutions must conduct a comprehensive psychosocial assessment upon admission;
- **Communities and families:** It is recommended that communities and families consider engaging in professional support, such as family counselling and therapy, in order to effectively address familial dysfunctions and mitigate unsafe spaces for children that may lead to the need for institutional care;
- **Policy:** From a policy standpoint, it is imperative to conduct a comprehensive evaluation of Zimbabwe's Children's Act (Chapter 5:06) in order to reduce the length of time children spend in residential care facilities. It is recommended that the Department of Social Development enhance family-building initiatives in order to mitigate the parent-child separation that occurs within residential care settings. It is suggested that the Department of Social Development set up uniform gatekeeping guidelines for who can enter and stay in residential care facilities;
- **Social work:** It is imperative that social workers actively engage in research on designing models aimed at addressing delinquent behaviour. Social workers play a pivotal role in addressing the psychosocial needs of children residing in care facilities. Their expertise positions them as the primary profession responsible for preventing delinquent behaviours by exerting influence on policy development and implementing psychosocial support treatments. In light of the inadequacies observed in the practice of positive parenting, it is recommended that social workers take the lead in the formulation and development of comprehensive manuals focused on positive parenting techniques, with a specific emphasis on caregivers. Social workers are required to collaborate with caregivers in order to effectively address the issue of insecure attachment, which has been found to contribute to the development of delinquent behaviour. Establishing a strong parent-child relationship is crucial in promoting positive behavioural outcomes. Social workers, who possess expertise in the field of family therapy, have access to a wide range of family systems approaches and techniques. These resources enable them to facilitate the development of stable attachment between caregivers and the children they are responsible for.

Social workers must persist in their advocacy for alternative placement options for children requiring care, such as foster care and adoption within the community. The adverse effects of institutional care are what motivates this recommendation. In addition, social workers can play a crucial role in resolving delinquent behaviours within residential care institutions through counselling and supporting caregivers;

- **Academic/professional researchers:** It is of critical importance for academic and professional researchers to champion additional investigation into delinquent behaviours by children in residential care facilities.

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