



Institutional Care in Zimbabwe: Challenges and Opportunities for Children with Disabilities in Masvingo-Zimbabwe

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ABSTRACT

Children with Disabilities (CWDs) are usually excluded from the mainstream society, owing to attitudinal, environmental and institutional discrimination which expose them to lack of protection and promotion of their rights. Most African countries, including Zimbabwe, have no clearly laid down procedures and strategies for meaningful inclusion of CWDs in institutional care following their abandonment or rejection by their families or relatives. Thus, this study sought to explore the challenges and effects of exclusion, including opportunities that can be harnessed to reduce the vulnerability of CWDs in institutional care in Zimbabwe. The Rights-Based Approach, upon which this study is premised, considers CWDs as subjects rather than objects and as equal beings in society. It promotes their consideration in terms of their rights as equal citizens. The study was also guided by the Ecological Systems Theory, which posits that various factors operational within the environment have significant influence on the individual's life. In this study, experiences of children with disabilities in institutional care were explored within the context of environmental factors which provide some of the issues that lead to their exclusion in those institutions. The research questions formulated for the study formed the basis of thematic analysis of the information obtained through employing a qualitative approach which allowed gathering of views of participants on their experiences in residential care. A sample size of 15 was carefully selected using purposive and convenience sampling techniques. The study found that neglect and limited training opportunities are some of the challenges that perpetuate the exclusion of children with disabilities in institutional care. It was also established that effects of exclusion included low self-esteem, discrimination and marginalisation, which significantly impact on the growth of a child with a disability. The study also established that adequate provision of resources as well as implementation of programs that develop life skills in children with disabilities, were an essential element in the smooth and successful integration process. The study recommended effective use of resources in awareness-raising on the needs and challenges of children with disabilities. It was also recommended that there should be reorientation of care options to the traditional ways of looking after children, in line with the Hunhu/Ubuntu philosophy.

Key Terms: Institutionalisation, Stigmatisation, Children with Disabilities, Awareness



INTRODUCTION

Children with Disabilities (CWD) face challenges in institutional care, which can be attributed to the attitudes of the family unit from where they are born, including care workers at these institutions. In addition, the environment, especially the society from which the CWD comes from, is also unfavorable and highly discriminative. This leads to the institutionalisation of the CWD, and hence challenges related to the residential care of the CWD, especially in Zimbabwe. However, some homes have become institutions where the family becomes caregivers of the CWD and challenges are also faced through this form of institutionalisation. This research paper explores these discriminatory tendencies as challenges faced by CWD in residential care. The research paper also explores the rights-based approaches that are presented as opportunities for handling the challenges related to the residential care of the CWD. These approaches are presented in different provisions that promote inclusivity, such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), UNITED NATIONS ON THE RIGHTS OF THE CHILD (UNCRC) and the African Charter on the Human and People's Rights, as well as the recently adopted Zimbabwe's National Disability Policy.

BACKGROUND

Rapegno and Ravaud (2017) posit that globally, institutional services or residential care for children and young adults with disability refers to residential services or residential care given to children from the age

of three (3) years upwards under the care of a professional or trained individuals, who are affected by all types of disability. In some countries, the age may be lower. Whatever the reason or length the CWD stays at an institution, the goal is to ensure that both the CWD and the caregiver have a positive and normal caring just like any other child, and leaves the residential care with their life having improved in some way(s).

In the United States of America, they start with a dedicated plan designed to develop life skills and help CWD become the best they can be (Capio and Eguia, 2021). This could mean teaching self-management to help them to return to the family home, working intensely to reduce the barriers to living in a foster home or institutional care, or preparing them for independent living. All of these key areas are individually tailored to suit the requirements of individuals with a range of specific complex needs.

In Europe, especially Sweden, Boumans, Boekel, Verbiest, Baan and Luijkx (2022) state that the objectives of most residential care would be to locate or place CWDs at residences that would be perfect for the CWDs and whilst at the residence, they become the most loved ones. This is done through filtering residences by selecting a relevant and appropriate age category for specific residences. In keeping with the findings by Steel, Hopwood, Goodwin and Sampson (2022), the aim is to reduce challenges faced in institutional care.

According to Bergmann, Strobel and Palm (2020), residential care in Germany for CWD has been carefully adapted to provide

specialist accommodation for children and young people with moderate to severe disabilities like Autism, Attention-deficit/hyperactivity disorder (ADHD) and associated behavioural challenges. Children accommodated at such homes may also be afflicted with sensory impairment, physical disabilities and sexualised behaviours. They may also be children of different age-groups housed under one residential care.

Nakane and Wada (2022) argue that, in developing countries like Asia, a deliberate provision of residential services for children with disabilities describes a residential care institution. Most of these are transitional service residences with a person-centred approach, promoting choice and independence for each individual CWD. Some residential care institutions have been established for young children and young adults aged 16 and above, and with complex disabilities or acquired brain injury. Any length of stay, from just a short break to longer terms, can be accommodated and outreach support can also be provided to those living in their family homes as a unique service, providing medium to long-term institutional care for children with mild to severe difficulties like Autism (ADHD) and associated behavioural challenges.

Sapkota, Shibanuma, Ong, Kiriya, and Masamine (2023) emphasise on this point by suggesting that in Africa, the policy of deinstitutionalisation as a prerequisite for inclusion of children with disabilities has not been improved in the previous decades. Dube (2021) further posits that there is still no comprehensive plan or strategy on deinstitutionalisation of children with

disabilities in welfare care homes. In Africa, such residential institutions for CWD are still very few and some are very old, having been established during the colonial periods.

In keeping with the findings of the International Social Services (2017) in Kenya, there are still a few institutional care facilities for children and young people with disabilities which are overwhelmed by clients, and some of them are adults with disabilities. Government of Kenya (2014) established that there is only 9% of children with disabilities placed in family-based care, foster and kinship families. The majority of children with disabilities are over-represented in institutional care. This state of affairs makes it difficult for children with disabilities to get quality care in these homes. Oversubscription of these facilities means they are also plagued with challenges of understaffing. The International Social Services (2007) notes that professionals who have the responsibilities of taking care of children with disabilities in institutional facilities have limited training in disability inclusion. This results in these children receiving poor services.

Nhapi (2020) argues that in Zimbabwe, as in other many developing countries in Africa, children with disabilities do not leave residential care, either that of the family or kinship care or the institution. In most cases, when the number of children in an institution is decreased, it usually means that some of the children have turned 18 or above and are registered as adults. They may remain in the same institution or they are transferred to the institutions for adults (Nakane & Wada, (2022). However, leaving

the institution by children with disabilities is very difficult, since most of them might not have anywhere to go, stemming from the fact that in the first instance, their institutionalisation could have been caused by rejection, abandonment or stigmatisation. It is, therefore, imperative to note that going back to the same hostile environment might be traumatizing for these children.

In Zimbabwe, policy recommendation is to improve the protection and enforcement of rights of children with disabilities. This includes strengthening of relevant institutions. Conversely, Nhapi (2020) posits that in spite of available policy provisions, no concrete steps or actions in this regard have been taken. A highly politicised policy recommendation for the Zimbabwean situation is the implementation of the Inclusivity Policy. Nonetheless, UNESCO (2022) argues that this has presented even more challenges regarding institutional care for CWD in Zimbabwe. Besides, UNESCO (2022) goes on to indicate that there is only a handful of residential institutions for CWD which are overwhelmed by the CWD and there is no proper monitoring of the Inclusivity Policy implementation. Thus, this study sought to interrogate challenges and opportunities for children with disabilities in institutional care in Zimbabwe, focusing on Masvingo.

Dube (2021) notes that owing to the negative attitudes of people in Zimbabwe towards CWD, the environment for different forms of residential care has presented high risk challenges for children with disabilities, especially in institutional care. These

challenges could presumably be mitigated through opportunistic deinstitutionalisation and other inclusivity policy recommendations.

PROBLEM STATEMENT

With the increased efforts by many countries in ensuring protection of children through strengthening of legislative and policy framework, including improved budgetary support, Zimbabwe is still lagging behind in its endeavor to advance children's rights. Due to their increased vulnerability, total inclusion for children with disabilities in the society is plagued with a plethora of challenges, resulting in their institutionalization. Nhapi (2020) argues that children with disabilities face a number of challenges in institutional care facilities, including rejection, abandonment, stigmatization, or discrimination. Nonetheless, there is dearth of information on the strategies that can be adopted to enhance the inclusion of children with disabilities in institutional care. It is against this background that the current study sought to identify barriers leading to social exclusion, explore effects of exclusion and find ways of enhancing inclusion of children with disabilities in institutional care facilities.

OBJECTIVES

The study sought to fulfil the following objectives:

1. To establish the barriers that lead to exclusion of children with disabilities in institutional care in Zimbabwe.

2. To explore the effects of exclusion of children with disabilities in institutional care in Zimbabwe.
3. To identify opportunities that can be harnessed to address the exclusion of children with disabilities in institutional care in Zimbabwe.

JUSTIFICATION

The challenges that are faced by CWD in residential care in Africa, specifically Zimbabwe, warrants a study to expose such challenges. The developmental challenges which are being faced by this sub-group of children justify this scientific study that would become a voice and part and parcel of the body of knowledge on CWD. This would assist especially social policy makers to address challenges being faced in residential care for CWD.

The research paper is not concerned with scientific knowledge contribution only, but also with the practicality of the implementation of inclusive institutional care, especially what is referred to in this paper as opportunities, in order to counter the stated challenges at different institutional levels of residential care for CWD.

THEORETICAL UNDERPINNINGS

The Ecological Systems Theory

This research paper is anchored on the Ecological Systems Theory by Urie Bronfenbrenner (1948). The Ecological Systems Theory is also called Development in Context or Human Ecology Theory. It offers a framework through which community psychologists examine individuals' relationships within

communities and the wider society. The theory is also commonly referred to as the Ecological/Systems Framework. McLinden, Michael, Douglas, Graeme, Cobb, Rory, Hewett, Rachel, Ravenscroft and John (2018) suggest that the theory situates human development within a specific cultural context in which family, peers and schooling are regarded as key in responding to young children with disabilities in a given setting.

According to Bronfenbrenner (1948), microsystem refers to the institutions and groups that most immediately and directly impact on the child's development, including family, school, religious institutions, neighborhood, and peers. Jennifer, Lockman-Turner, Burke, and Ruppap (2021) affirm that the aforementioned factors are impactful on the growth and development of a child with a disability. It is, therefore, imperative to note the relevance of the theory in highlighting the influence of family, peers and other proximal institutions on the child with a disability, and that these may perpetuate attitudinal and environmental discrimination, leading to his/her institutionalisation.

Kwan (2021) established that the mesosystem consists of interconnections between the microsystems, for example, between the family and teachers or between the child's peers and the family. In this case, the intersectional relationship between these institutions significantly impacts on the growth and development of a child with a disability, following the possible challenges that might be encountered as a result of the linkages of the aforesaid.

The exosystem, as espoused by Jeniffer et al. (2021), entails the links between social settings that do not involve the child. For example, a child's experiences at home may be influenced by their parent's experiences at work. A parent might receive a promotion that requires more travel, which, in turn, increases conflict with the other parent, resulting in changes in their patterns of interaction with the child. For this study, neglect of children with disabilities that leads them to be institutionalised might be as a result of the shame that is usually associated with having a child with disability, hence, some parents might be scoffed at for having such a child. Thus, they end up shunning the child with a disability, for fear of being stigmatised. In most cases, it is the mother of a child with a disability who takes care of the child after having been rejected by the father. The burden associated with caring for the child with a disability usually leads the mother to opt for institutionalization of the child. At the end of the day, the child with a disability is exposed to discrimination and stigmatization in these institutions.

In respect of the definition by Guy-Evans (2023), the macrosystem refers to the overarching culture that influences the developing child, as well as the microsystems and mesosystems embedded in those cultures. Cultural contexts can differ based on geographic location, socioeconomic status, poverty, and ethnicity. Members of a cultural group often share a common identity, heritage, and values. Macrosystems evolve across time and from generation to generation. Culture has been identified in several studies to be one of the major

contributors to the discrimination of children with disabilities.

The chronosystem consists of the pattern of environmental events and transitions over the life course, as well as changing socio-historical circumstances. For example, researchers have found that the negative effects of divorce on children often peak in the first year after the divorce. By two years after the divorce, family interaction is less chaotic and more stable. An example of changing socio-historical circumstances is the increase in opportunities for women to pursue a career during the last thirty years. Changes in the historical socioeconomic context significantly affect children with disabilities, especially in consideration of the cyclical nature of disability and poverty, as espoused by Ndhlovu and Mudzingwa (2022). It was, therefore, relevant to use the identified theory, which squarely fits within the context of the issue under study.

The Rights-based Approach

This study is also guided by the rights-based approach, which emphasises access to goods and services in light of the fundamental entitlements that people have. In this case, children with disabilities have entitlements to be cared for, looked after, and have access to developmental services that significantly promote and protect their inherent rights. Taking consideration of social work, human rights ideals have become central and are at the pinnacle of contemporary social work practice and international political discourse. Human rights are espoused by USAID (2017) as the fundamental, universal and indivisible

principles by which every human being can claim justice and equality. Since disability describes the barriers faced by persons with impairments to achieving equality and justice, and because persons with disabilities are human beings too, it is axiomatic that disability is a human rights issue, hence the significance of the chosen approach to the current study. It is, therefore, the recognition of that intrinsic humanity that is essential to reaching outcomes that result in the full implementation and protection of human rights for children with disabilities. This approach seeks to ensure that each person is seen as having an equal right to freedom, dignity, non-discrimination and protection from the state against abuse of these rights, together with access to economic, cultural and social rights. Hirpa (2021) argues that only by empowering all people to be able to make decisions about their lives will it be possible to reduce exclusion poverty and achieve the Millennium Sustainable Development Goals (SDGs). Broberg and Sano (2018), identify the core tenets of the Rights-Based Approach to include accountability, participation, equality and non-discrimination. Conversely, Browne and Dorris (2022), further argue that it is imperative that principles of human rights, social justice and respect for diversity be considered in service provision and subsequent inclusion of children with disabilities in any given environment.

METHODOLOGY

The research methodology comprises the exploration of the research paradigm, research philosophy and the research approach. This study has adopted the

axiological and epistemological research paradigms which are based on the worldview of pragmatism. The research paradigm in this context is a basic set of beliefs that guide action (Creswell & Creswell (2017). In this section, the research paradigm represents the worldviews as articulated by the researcher. So, in this study, it is the pragmatist worldview that has informed this study's qualitative research paradigm.

The philosophy adopted in this study is interpretivist, which hinges on the ontological, methodological assumptions of this qualitative study (Yin, 2017). These assumptions have influenced the type of philosophy adopted in this study. The study used the inductive approach which does not develop the hypothesis or hypotheses upon a pre-existing theory and then formulate the research approach to test it; rather, it creates a theory where there is none (Kim, 2021). This approach was chosen because it best suits the contexts where the issue under study is concerned with examining whether the observed phenomena fit with expectations based upon previous research (Wiles, 2017). The inductive approach, thus, might be considered particularly suited to the interpretivist approach, which permits no formulation of hypotheses and the description of expected results to an accepted level (Snieder & Lerner, 2019).

This study utilized the qualitative research approach because it is based on a naturalistic, interpretivist philosophy that views reality as multi-layered, interactive and a social experience (McMillan & Schumacher, 2018). Thus, the study used multi-layered methods in qualitative data

collection strategies of data, which are face-to-face interviews, archival reviews and focus group discussion to study the problem from the participants' perspectives. Archival review assisted in buttressing the issue under study, with particular focus on the theoretical underpinnings of the current study.

The current study employed the qualitative research approach since it uses an emic perspective. In other words, it derives meaning from the research participants' perspectives (McMillan & Schumacher, 2018). This research focused on the challenges faced by children with disabilities in institutions, and opportunities that can be harnessed to alleviate the identified challenges in Zimbabwe. When the barriers to involvement were identified, it was possible to generate relevant solutions in relation to the research participants.

Population and Sampling

The target population of this study included all children with disabilities in residential care in Zimbabwe. Due to the logistical and financial challenges associated with gathering of data from the entire population, there was need to narrow the population to a specific population of a particular institution in Masvingo, where convenience played a major role since this is the place where the researcher resides. An institution offering residential care for CWD was conveniently targeted. Purposive and convenience sampling techniques were adopted to come up with a sample size, including 9 children with various impairments. The researcher used the convenience sampling technique, which is a

non-probability sampling method where the researcher selected children with disabilities for inclusion in the current study since they were available and easily accessible at the chosen institutional facility. This sampling technique was chosen due to the proximity and geographical location of the participants involved in the study. Purposive sampling, which is also known as judgmental, selective or subjective sampling, is a form of non-probability sampling technique in which the researcher relied on his own judgment in choosing the key informants to participate in the current study. Key informants included 3 caregivers from the residential care institution, 1 social worker, and 2 representatives of organisations of persons with disabilities. This made a sample size of 15.

Data Collection Procedures

Use of data collection instruments was necessary for the collection of the primary data for this study. To that effect, adoption of the Interview Guide was necessary in order to collect data from the sampled participants for this study. The use of an interview guide was important in that it allowed the participants to elaborate on their views and experiences. In this case, it gave CWDs freedom to express themselves freely. Data were also collected from the key informants and the CWDs by means of interviews and focus group discussions. The focus group guide was utilized in gathering data from focus group discussions. This enabled smooth collection of data which allowed for obtaining of, and freely expressed views of participants, without any

bias. The chosen instruments also permitted participants to easily elaborate and explain their contributions.

Data Analysis

The study used Thematic Analysis which involved identifying patterns and themes in the data and organizing them into meaningful categories. Thematic analysis was used to analyze the data from the in-depth interviews and focus group discussions. The study also employs Content Analysis that is, analyzing the content of documents or other data sources to identify patterns or themes. Content analysis was used to analyze any relevant policy or program documents related to access to institutional care facilities for children with disabilities in Zimbabwe. This assisted to provide context for the findings from the interviews and focus group discussions, and this enabled identification of any policy or programmatic factors that may be impacting inclusion of children with disabilities in institutional care.

Ethical Considerations

Due to the nature of the study and the target population, the researcher was careful in ensuring ethical considerations for the current study. Disability is a sensitive issue and persons with disabilities have been abused and have had their views collected, but some never got any feedback. Due to the sensitivity of the issue under discussion, the researcher sought permission from the authorities at the institutional care facilities. In order to talk to CWDs, consent was sought from caregivers who acted as parents/guardians. In this way, the researcher acted within the legal parameters, especially

when dealing with children in line with the legislative and policy framework for children. Privacy and confidentiality were carefully observed and participants were assured of utmost protection of the shared information. As such, informed consent, voluntary participation and confidentiality were cautiously observed. The researcher, being a person with a disability, coupled with his prolonged engagement on the research site, was able to gain trust and confidence from the participants and smooth obtainment of information.

RESEARCH FINDINGS

After compilation of data collected during field study, the findings were presented under themes formulated from the research objectives stated earlier as follows:

The Challenges Leading to Social Exclusion of CWDs in Residential Care

Responding to the above research theme, the majority of the participants indicated that neglect is one of the major challenges which they face in residential care. However, responding on the same research item during interviews, a CWD from home residential care and key informants stated that the major challenge in home residential care is marginalisation. The following are responses of two (2) participants, one a CWD, and the other a key informant.

Most activities done at home including decision making do not include me. They just decide for me and they live as if I am not there. (CWD 1)

In order to serve the CWD stress and anxiety we do most of the things for him and prepare most of the things for him. He just finds all his things in order. (Key Informant)

These findings were in line with Steel (2022) who suggests that challenges pertaining to Children with Disabilities in Residential Care differ from those challenges that are faced with in homes. Most CWD in home residential care are faced with challenges pertaining to family members, especially parents and siblings as caregivers, while those in institutions face challenges to do with caregivers who are not related to them and who fail to execute their duties in a professional manner.

Responding to the same research item, the Key Informants stated that there is always ridicule and bullying from peers and siblings from institutional residential care as the biggest challenges. On the other hand, the CWDs from home residential care stated during interviews that neglect is the biggest challenge whereby parents and siblings just leave them out of important activities at home, with no one caring for them. CWD4 stated that:

Many times, I am left to play alone while others work outside.

In line with the above statement, a child with visual impairment said:

My family just let me go out to play by myself or I spent most of the time playing indoors by myself.

These results were consistent with Nakane and Wada (2022), who argues that treatment of CWD in institutional care showed that there are big challenges pertaining to bullying, abuse and neglect. Home residential care challenges are mostly related to neglect.

Effects of Social Exclusion of Children with Disabilities

Psychosocial challenges have significant effects on orphans and vulnerable children who are institutionalised. However, these are more pronounced for children with disabilities in these institutions. Some possible effects, as reported by study participants included depression, low self-esteem, rejection, stigmatization and marginalisation, sadness and melancholy, loneliness and helplessness, lack of guidance and training, lack of financial support, and discrimination. It is crucial to note that every child is unique and may encounter different challenges and effects, hence it is important to ensure there is provision of support and resources to assist children with disabilities overcome these psychosocial challenges and prosper.

Depression

Depression was reportedly faced by children with disabilities in institutions. Wiley (2017) considers depression as a common, debilitating, and potentially lethal disorder. For example, when the parents are deceased or have just left, children do not only miss their corporal existence, but also many basic things they got from their parents when they were around, such as affection,

care, safety and support. The study participants reported that losing parents at a very young age caused undesirable painful and traumatic suffering to them. This led them to feel depressed at times when they thought about it and in cases when they met other children with their parents. In many instances, these children have no one to share the grief with, and this can compound their sense of melancholy and hopelessness. Many of them suffer as they feel lonely, abandoned and isolated, which can further exacerbate feelings of depression. One caregiver said:

We have noticed that some children may be prone to depression due to their past traumatic experiences especially the death of their parents and we try by all means to provide support and care to them. However, due to lack of disability sensitive training, we may not be able to effectively deal with these children.

The other caregiver said:

It can be difficult to identify depression in orphans and vulnerable children such as those with disabilities as they may not always express their feelings to us. And the ratio of caregiver to child is (1 is to 8) so to give attention to one child is not fair and easy and this make some children not to open up.

The lack of support during the grieving process and inadequate help in adjusting to an environment without their parents may lead to children becoming depressed. CWD3, aged 14, said:

I lost both of my parents when I was 7 and I lost my guardians at 10 and nobody cares for me after these incidences. It hurts me seeing other children in the community with their parents. It makes me feel so worthless, helpless, and at times I become depressed to an extent that I feel I could die and go to be with my parents in heaven.

These findings, therefore, evidently highlight that CWDs are stressed and traumatised by the loss of their parents. After such loss, their plight is worsened by the fact that they have disabilities and no one would like to offer care for them. This results in such children having other psychological challenges, such as depression and being potentially isolated from others and consequently cause mental health problems. Based on the common belief that psychological trauma associated with the loss of both parents may be greater than that with the loss of a single parent. Depression causes serious changes in personal feelings and outlooks. Children with severe depression may appear confused, restless and agitated or frightened.

Low Self Esteem

Living in an institution can be especially difficult for children with disabilities who have experienced trauma like abuse, loss of parent(s), or neglect. These children may struggle with attachment issues, trust and emotional regulations. They can experience a decrease in self-esteem as they are no longer confident in themselves on what they can achieve. CWD4, aged 16, said:

Some children at school laugh at us because we have some impairments and are living at an orphanage. This makes me feel like I am not valued and made less of a person as no one at school wants to play with me. This further wear down my self-esteem as I am no longer confident enough to be at school.

Erango (2015) observes that there is a probability of orphans and vulnerable children being affected by a high level of low self-esteem. This is due to absence of social and psychological support, poor parents' social life, and the death of parents. Psychological care, like the provision of upright guidance, protection and mutual love, are key to shaping self-esteem. There are other factors that determine the self-esteem of orphans and vulnerable children and these include financial and material support, as well as friendship with other children at school and within the community. Also, limited opportunities for individual expressions and autonomy can make the child feel powerless and helpless in this environment, which can contribute to feelings of despair and hopelessness, together with low self-esteem.

Rejection

Some participants in this study were anxious about achieving social integration within the home and into the community in which they lived. One of the children with visual impairment stated:

We suffer due to the loss of parents, rejection from relatives, and

the difficulties of acceptance which affect our ability to meet daily needs. The rejection resulted in family breakdown and the phenomenon of being a vulnerable child as the orphanage was my only solution. Extended family members were often unwilling to help with regard to food and clothing and were insensitive to my situation.

Nakane and Wada (2022) argue that society isolates and discriminates against OVC due to the stigma attached to their orphan hood and vulnerability. In the past, the sense of duty and responsibility of extended families within one society was almost without limits; even if the family had no sufficient resources, orphans were accommodated. Due to the poor economy, extended families and society cannot cope with OVC. Kwan (2021) observes that OVC, including children with disabilities, are visible to harsh realities at a very tender age. The stress they face is tremendous and their needs are not usually met. It is manifest that important interventions are essential to allow them to grow in favourable environments. Problems such as illness, death, and negative attitudes of relatives create a tremendous negative impact on the psychological well-being of the child. As a result, the sudden change in their lives becomes more difficult to deal with. Children with disabilities staying in institutions often feel rejected and disowned by their own people. They come into children's care homes that in no way can replace family love and affection. CWD9, aged 15, revealed how his relatives turned their back on him:

I used to stay in an extended family with my parents, siblings, uncle, aunt and cousins. Then, when my father passed away, my mother also left me and my 2 siblings. My uncle and aunt looked after us, but a few months later, they said they couldn't take care of me anymore. I am not sure and up to now do not understand why they left me here, since my siblings and cousins still live with them.

Another participant, CWD10 aged 15, recalled how her parents rejected her:

I was very young when my parents left me, I was born disabled and they tried to get rid of me. If they had not given up on me, then, maybe, I would have been a better child than I am now.

These statements are clear evidence of how children with disabilities feel after having been socially disowned, especially those who were left to end up at the orphanage by their parents and relatives.

Stigmatisation and Marginalization

The study found that children with disabilities sometimes have to wrestle with the stigma and discrimination usually associated with orphan hood, disability, vulnerability and residing at a Children's Home. The findings from this study indicated that CWDs were not acknowledged and were isolated and marginalised, hence unable to play a part in the community. A child with speech impairment stated:

Our classmates are afraid of us, because we (inmates) go to the same school. Therefore, our classmates believe that we live in prison and if they talk to us they could be imprisoned, too. Many children reported their concern about whether they will be able to fit in the society and if they will be accepted by the community. Other children were afraid to express their opinions by fearing for the embarrassment. "Even though I would like to give my opinion on everything, I could be made fun of, and other children could laugh at me. Therefore, I don't say anything at school to avoid embarrassment.

Another 14-year-old female CWD8 said:

Because of being an orphan, who also have some impairment, I am not able to change my situations and I am powerless to change my destiny. She further said that, staying at an orphanage contribute to being stigmatized, looked down upon and being discounted as their situation within the community does not allow them the privilege of participation. We are being labelled at schools and in the community as nherera dzinotambura (poor orphans).

The findings of the study revealed that Children with Disabilities continue to live on the borders of their communities and most of them are unnoticed by some of the communities in which they exist (Nakane & Wada, 2022). Orphans and vulnerable

children, including those with disabilities, are labelled, both at school and in the community, due to their sour situations. This, therefore, indicates that they encounter stigma and discrimination which develop into social withdrawal behaviour and even signs of aggression. Trauma and fear are universal feelings and they can cause psychological distress among children.

Sadness and Melancholy

Most orphans and vulnerable children experienced sadness and melancholy due to their stay in the institution. Children with disabilities would recall the past, when they lived with their parent(s) or extended family, and when they were abused, neglected and/or mistreated. All the struggles they went through were still traumatising them. CWD8, aged 1, said:

I used to go to bed with an empty stomach for a quite number of days as I was punished for false accusations.

Loneliness and Helplessness

Interviews with children with disabilities revealed that almost all of them were lonely and helpless. CWD2, aged 13, indicated:

At school, no one wants to play with me because I stay at the orphanage and they label me as an orphan. In addition to above statement, another child reported that, there are no enough facilities to cater for us as children with disabilities at

school and some teachers do not understand our needs.

Another child shared a similar opinion:

We have none to share our burdens. We cannot disclose that because our caregivers might feel offended.

Lack of Guidance and Training

The majority of participants reported that they lacked adult guidance and independent living skills. Although participants had a place to call home and were going to school, they did not know what to do afterwards or what they would do once they got out of the orphanage. Without proper guidance and support, the children may struggle to develop the skills and confidence they need to succeed in life. They were all aware that once one turns 18 years, he/she gets released from the institution. CWD6, aged 17, said:

I am doing my form 4, but I don't know what to do after school or how to get enrolled in form 5 or which vocational study would be better for my future.

CWD7 aged 16, surprisingly, added:

I have no idea about higher studies. I learned from you [the researcher] how one could take up different courses beyond college and continue to study. We don't have anyone to guide us about future or tell us what is good or bad for us.

Findings from the focus group discussions showed that most of the participants were not clear on their future. They reported lack of guidance from both the caregivers and teachers.

Lack of Funding

The study found that lack of funding hampers the smooth integration process which involves psychological development, care giving, skills development and training, health and education of children with disabilities. It appears that the children's home visited, besides accommodating these children, needed funds and other resources for use in the integration process. One key informant reported:

The institution is under-funded and because of this, there is no adequate financial support to cater for the needs of CWDs.

One of the care givers had this to say:

We all try our best to prove care and support to the children. However, with limited resources and staff, it can be challenging to provide the care and support. For instance, individualized care to each child is impossible due to shortage of staff and when basic needs are not available, it is also beyond our control and we cannot provide that to children and this is challenging to us as children look up to us as their providers.

The other problem faced by institutions in integrating children who had turned 18 years was societal disorganisation.

It appeared that it was not easy to take the 18-year-old child to where they came from due to ineffectiveness in the family and community that they came from. Lymperopoulou (2022) states that the concept of social disorganisation increases crime. The researcher noted that societal disorganisation retards integration, as most children with disabilities failed to get acceptance in their own communities and by their own families, driving them back into the streets. However, with all partners contributing towards child development and protection issues during and after their integration and for society to work together, OVC integration challenges faced by Institutional Homes could be alleviated.

Strategies to Enhance Inclusion of CWDs in Institutional Care

From the interviews conducted, the study observed that there were various opportunities that can be harnessed to address diverse challenges that are faced by children with disabilities in residential care institutions. The opportunities include love and affection, provision of guidance and training, and awareness raising. Participants interviewed were in unison in identifying the aforementioned measures to enhance inclusivity in institutional care for CWDs.

Love and Affection

The research showed that challenges faced by children with disabilities lead them to yearn for love and affection, especially the younger ones, as they still did not understand why they ended up living in an orphanage. CWD2 said:

Whenever I see a child with his mother, whether on TV or in the community, I remember my parents and I wish they still alive. Sometimes, I wonder why God did this to me.

CWD11, aged 12, reminisced:

It hurts seeing other children getting visits from their parents or family members, some parents even come to get their children. With all that, I wish I had visitors too or someone to adopt me. I feel jealous of my classmates, because they can live with their parents. If there were some secret magic, I would bring back my mother. I miss my parents.

On the other hand, older children, especially the ones in secondary school, were slightly satisfied because other children had become their family and they cared for each other and the younger ones. CWD6 said:

I am thankful that I got to live here, because at least I am not roaming on streets. I have made many great friends here, and now, this is the only family I know and have.

Most participants indicated that they still missed their parents and often had a problem falling asleep due to their memories. In addition, seeing other kids with own parents often reminded them of their families too. Love and affection affect their attachment issues too as OVC long to be attached to someone, either the caregivers, interns, visitors or volunteers, yet those people tended to leave at the end of the day. It is, therefore, suggested that provision of love and affection

for these children can offer solace and address some of the challenges that they face on daily basis in these institutions. One caregiver said:

Being a caregiver is sometimes overwhelming because of the caregiver-child ratio which is (1 is to 8). It really becomes a challenge to give attention to only one child and leave out the other 7 meaning we cannot give them the love and affection that they expect but we try our best to love them equally.

Provision of Guidance and Training

Reporting on this research item, most participants indicated the need for ensuring that there are guidance and counseling initiatives that afford them opportunities to be self-sufficient, and training activities to equip them with life skills. CWD5 said:

It is my wish that these institutions offer us opportunities to explore various options in terms of life skills resulting from the training programmes that can be offered here to allow us to be independent in future.

This evidently indicates the indispensability of trainings that are reportedly significant in offering sustainable livelihoods for those children who are then discharged and reintegrated into the communities. Offering them life skills provides them with greater chances of survival when they are back into the communities which, in the first place, could have caused them to be institutionalised.

Awareness Raising

One of the major strategies that can be adopted in ensuring smooth integration of children with disabilities was reported as awareness raising. Making the society aware of the needs of children with disabilities was reported to be both preventative and responsive to the challenges faced by these children. CWD5 said:

I think it is important to make sure that communities are made aware of our needs and challenges for better understanding of our different situations.

A key informant from one of the organisations of persons with disabilities indicated that it is imperative that Government, in partnership with various organisations, increases awareness of disability, especially on the challenges and needs of such children. This, he said, should be done in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which advocates for increased efforts by governments in respect of disability and popularisation of the convention itself, for improved knowledge concerning disability.

One of the interviewed key informants, who was a social worker, identified the need to ensure revisiting of the traditional care options for children with disabilities, based on the Ubuntu philosophy. In his views, a child with disability should be cared for by his or her family, including the extended family members. He went on to reiterate that every community member has a significant role to play under the traditional

consideration of child care, in line with the Ubuntu philosophy. Since the Ubuntu philosophy recognizes the significance of collectivism, it was suggested that community members should collectively take care of a child with disability. This would, therefore, prevent institutionalisation of these children.

Responding to this research item, the majority of the participants indicated that the provisions enshrined in the UNCRPD provide some fertile ground for improved inclusion of persons with disabilities in general, and children with disabilities in particular. UNCRC and the African Charter on the Human and People's Rights, as well as the recently adopted Zimbabwe's National Disability Policy (NDP), are key in the promotion of a rights-based practice in respect of ensuring full inclusion of children with disabilities and address challenges that they face under institutional care.

A key informant from one of the Organizations of Persons with Disabilities indicated:

Most of the opportunities are presented in the United Nations Children's Rights Commissions (UNCRC) from which the rights of CWD are specified, especially the Zimbabwe National Disability Policy (NDP). The NDP has direct policy opportunities that look at the CWD in inclusive situations.

In addition to the above, another key informant indicated the significance of family and community members in addressing issues of exclusion of children

with disabilities. This is in line with the ecological systems theory adopted in the current study.

Responding to the same research item the key informants and the CWD from home institutions echoed the same sentiments that the UNCRC policy document presented more opportunities and other policies derived their opportunities from this document. The key informants stated that once the UNCRC is fully comprehended and implemented, most challenges facing CWD in residential care in Zimbabwe would be reduced. This was in line with Kwan (2021) who postulated that most policy documents from different countries on CWD are based on the UNCRC, which presents a good policy document with good opportunities for CWD.

CONCLUSIONS

The conclusions for the current study were drawn from the findings in line with the objectives that sought to identify barriers leading to social exclusion of CWDs, exploring effects of exclusion as well as establishing strategies to enhance inclusion of CWDs in institutional care.

The Challenges Leading to Social Exclusion of CWDs

From the findings articulated above, the researcher concluded that family attitudes of CWDs are a major challenge leading to either keeping the CWDs at home or sending him/her to an institution.

The findings on this research theme made the researcher conclude that there are barriers from either the community or

institutional care facilities which present challenges to full inclusion of CWDs. The researcher concluded that the biggest challenges in social environment is ridicule. In light of the current study, it is concluded that there is need to ensure capacity building of some social workers who are often in contact with children with disabilities in institutional care.

Effects of Social Exclusion of Children with Disabilities

The study also established that there should be deliberate programmes targeted at equipping children with disabilities with skills to boost their self-confidence to facilitate their smooth reintegration process back to the communities after they get released. Another conclusion made from the current study is that there should be reorientation of care options for children with disabilities towards the traditional ways of responding to challenges associated with caring for these children, based on the Ubuntu philosophy which encourages collectivism. Thus, communities should collectively address challenges faced by CWDs.

Strategies to Enhance Social Inclusion of CWDs in Institutional Care

Based on the findings, it was concluded that when policies enshrined in the UNCRPD, UNCRC and the African Charter on the Human and People's Rights, as well as the recently adopted Zimbabwe's Disability Policy, challenges facing CWD in residential care may be reduced. In keeping with the findings for the current study, another

conclusion drawn is that full implementation of policies and ensuring that practices hinged on the Ubuntu philosophy would significantly reduce challenges associated with institutionalisation of children with disabilities.

RECOMMENDATIONS

In line with the findings on the issue under study, a considerable number of recommendations were proffered, based on the objectives that sought to identify barriers leading to social exclusion, exploring effects of social exclusion as well as coming up with strategies to enhance social inclusion for CWDs.

- Inclusivity should begin at home where the CWD should welcome and included at family level.
- The researcher recommends that awareness should be made to all stakeholders concerning the opportunities related to CWD, including popularisation of the United Nations Convention on the Rights of Persons with Disabilities.
- There should be rigorous dissemination of information on the inclusive best practices, including community-based rehabilitation as well as ensuring that communities are made aware of their responsibilities in caring for the child with disability, in line with the Ubuntu philosophy.
- Opportunities presented in international, regional and local policy and legislative framework on disability instruments should be implemented and monitored. There

should be mechanisms for implementation of these instruments, supported by adequate budgets.

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