

**EXPERIENCES OF CHILD CARE FACILITIES WITH CHILD
COMMUNITY REINTEGRATION IN LUSAKA DISTRICT OF ZAMBIA**

BY

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**A Dissertation Submitted to the University of Zambia in Partial Fulfilment of
the Requirement for the Award of the Master of Social Work Degree**

The University of Zambia

Lusaka

2021

DEDICATION

To the joys of my life; my wife Dora Nyirenda-Mumba, our beloved daughter, Sibongile and our three sons, Jabulani, Wanangwa and Nkhosinathi. To all the staff of child care facilities who remain unsung heroes despite the enormous work they do in caring for children without appropriate care.

ACKNOWLEDGEMENTS

Firstly, I must thank Jehovah God. Many thanks also go to my supervisor Dr. Benson Chisanga for his support and guidance wisdom and most importantly patience. I have learnt an enormous amount, you transformed me. Thank you.

Secondly, I extend my heartfelt appreciation to all the Child care facilities for accepting to participate in the study. Furthermore, I am indebted to all the participants in my study whose names I have withheld for ethical reasons, for their invaluable contributions. They gave up time in their busy schedules to meet with me and share their knowledge and experiences. Without which, this research would not have been possible.

I am also very grateful to Dr. Noel G. Muridzo, Friday Nyimbili, Luciano Mumba and Jairos Miti for their guidance and encouragement. Special thank you to Dr. Janet Walker, University of Lincoln in the United Kingdom for accepting to proofread my dissertation.

Thirdly and on a personal level, I would especially like to thank my wife and children who have provided me with unfaltering support and encouragement, particularly in this final year.

Lastly, I wish to extend my appreciation and gratitude to members of staff and co-students in the Department of Social Work and Sociology for their support and encouragement. Thank you all.

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DECLARATION OF ORIGINALITY

I Joachim Cuthbert Mumba hereby declare that this dissertation is my own unaided work. I have given full acknowledgment in the form of citations to the sources used and this thesis has not been submitted or presented for a degree at another University

Signature of author:

Date:

CERTIFICATE OF APPROVAL

This dissertation by **Joachim Cuthbert Mumba** has been approved as partial fulfillment of the requirements for the award of the Master of Social Work Degree by the University of Zambia.

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TABLE OF CONTENTS

DEDICATION	i
ACKNOWLEDGEMENTS	ii
COPYRIGHT	iii
DECLARATION OF ORIGINALITY	iv
CERTIFICATE OF APPROVAL	v
LIST OF ACRONYMS	x
ABSTRACT	xi
OPERATIONAL DEFINITIONS OF KEY TERMS	xii
CHAPTER ONE	1
INTRODUCTION	1
1.1. Overview	1
1.2. Background	1
1.3. Statement of the Problem	3
1.4. Purpose of the Study	3
1.4.1. Specific Research Objectives	3
1.5. General Research Question	3
1.5.1. Specific Research Questions	3
1.6. Significance of the Study	4
1.7. Delimitations of the Study	4
1.8. Theoretical Framework	5
1.9. Child Community Reintegration Framework	6
1.10. Summary	8
CHAPTER TWO	9
REVIEW OF RELATED LITERATURE	9
2.1. Overview	9
2.2. Child Community Reintegration Models Used by the Child Care Facilities	10
2.4. Successes of Child care facilities with the Child Community Re-integration	11
2.5. Challenges Encountered Child Care Facilities with Child Community Re-integration	16
2.6. The Identified Research Gap	19
2.7. Summary	20

CHAPTER THREE	21
METHODOLOGY	21
3.1. Overview	21
3.2. Research Paradigm.....	21
3.3. Research Design.....	22
3.4. Positionality	22
3.5. Sample Size.....	23
3.6. Sampling Techniques.....	23
3.6.1. Purposive Sampling.....	24
3.6. Research Instruments	25
3.7. Data Collection Procedure	25
3.8. Data Processing and Analysis	25
3.9. Data Quality Assurance (DQA).....	26
3.10. Ethical Considerations	27
3.10.1. Ethical Approval	27
3.10.2. Confidentiality and Anonymity	28
3.10.3. Security/Safety of Data	28
3.11. Summary	28
CHAPTER FOUR.....	29
PRESENTATION OF FINDINGS	29
4.1. Overview	29
4.2. What are the Child Community Reintegration Models used by Child Care Facilities?	30
4.2.1. Extended Family or Kinship Care.....	30
4.2.2. Biological Parents	32
4.2.3. Independent Living	33
4.3. What are the Successes of Child Care Facilities in Zambia with Child Community Reintegration?.....	35
4.3.1. Intervention/policy guidelines	35
4.3.2. Collaboration & Partnerships	36
4.3.3. Community Sensitization	40
4.3.4. Spirituality and Religion.....	41
4.3.5. Technology	41

4.3.6. Empowerment.....	42
4.3.7. Child Participation.....	43
4.3.8. Culture/Values.....	44
4.3.9. Family Contact and Visitations.....	44
4.3.10. Documentation.....	45
4.3.11. Determinants of Successful Reintegration.....	45
4.4. What are the Challenges Encountered by Child Care Facilities in Zambia in the Reintegration of Children into Communities?	47
4.4.1. Resources.....	47
4.4.2. Economic Stability.....	50
4.4.3. Intervention /Policy Guidelines.....	52
4.4.4. Culture/Values.....	53
4.4.5. Resettlement.....	54
4.4.6. Psychological.....	55
4.4.7. Attachment.....	55
4.5. Summary.....	57
CHAPTER FIVE.....	58
DISCUSSION OF THE FINDINGS.....	58
5.1. Overview.....	58
5.2. What are the Child Community Reintegration Models used by the Child Care Facilities in Zambia?.....	59
5.3. What are the Successes of Child Care Facilities in Zambia with Child Community Reintegration?.....	61
5.4. What are the Challenges Encountered by the Child Care Facilities in Zambia in the Reintegration of Children into Communities?	66
5.5. Application of Attachment Theory.....	70
5.6. Summary of the Chapter.....	72
CHAPTER SIX.....	73
CONCLUSION AND RECOMMENDATIONS.....	73
6.1. Overview.....	73
6.2. Conclusion.....	74
6.3. Recommendations.....	75
6.4. Recommendations for further Research.....	76

6.5. Limitations of the Study.....	76
REFERENCES	76
APPENDICES	83
Appendix i: Interview Guide	83
Appendix ii: CCFs - Case Management Forms	84
Appendix iii: Coding Frame	126
Appendix iv: Information Sheet.....	127
Appendix v: Certificate of Consent	130
Appendix vi: Ethics Clearance.....	131
Appendix vii: Permission Letter	134
Appendix viii: Permission Letter	135
Appendix ix: Research Timeframe	137
Appendix x: Research Budget Estimates	138
Figure 1: Child Community Reintegration Pathways.....	7

LIST OF ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
BQCC	Basic qualification in child care
CCFs	Child Care Facility
CDAs	Community Development Assistant
CRS	Catholic Relief Services
CWAC	Community Welfare Assistance Committee
DSW	Department of Social Welfare
DSWO	District Social Welfare Officer
DSWO	District Social Welfare Office
HHC	Hope and Homes for Children
IFSW	International Federation of Social Workers
IGAs	Income generating activities
JACH	Jerusalem Association of Children's Homes
MHRC	Malawi Human Rights Commission
MCDSS	Ministry of Community Development and Social Services
MMoGCDSW	Malawi Ministry of Gender, Children, Disability and Social Welfare
NAP	National Action Plan
NGOs	Non-Governmental Organizations
SWO	Social Welfare Officer
TEVETA	Technical Education, Vocational and Entrepreneurship Training Authority
UN	United Nations
UNICEF	United Nations Children's Fund
UNCRC	United Nations Convention on the Rights of the Child
UNZA	University of Zambia
ZDHS	Zambia Demographic Health Survey

ABSTRACT

The purpose of this study was to explore the child community reintegration process as experienced by child care facilities (CCFs) in Lusaka. The study endeavored to answer the following questions; 1. What are the child community reintegration models used by the child care facilities in Zambia? 2. What are the successes of Child care facilities in Zambia with child community reintegration? And 3. What are the challenges encountered by the child care facilities in Zambia in the reintegration of children into communities?

The study was exploratory and qualitative in nature and employed purposive sampling to select both Six (6) child care facilities and participants that took part in the study. This research approach was most appropriate as the researcher was interested in developing a better understanding of experiences of CCFs with child community reintegration. Data was collected using interview guides which were orally administered and tape recorded through a one-on-one conversation with study participants. Tape-recorded interview data was immediately transcribed verbatim and analyzed thematically using emerging themes.

Participants of this study identified extended family (kinship care), biological parents and resettlement (under group or independent living) as the widely used child community reintegration models. It was further established that the extended family or kinship care was the most preferred of the three models. Several factors were identified by the participants as having a positive influence on the reintegration process. The identified factors include the use of technology, community based organizations, support groups, fostering of partnerships with the private sector and spirituality (the church). The major challenges faced by CCFs when implementing child community reintegration include inadequate financial and human resources; discrepancy between the child's given name during childhood and their given name on the street creating challenges during family tracing; and unwillingness of guardians to accept children with mental and physical disabilities. Inadequate financial and human resources impacted negatively on the reintegration programme as most participants indicated that their donors did not fund them for reintegration, making it difficult to conduct post reunification follow-up visits.

The study concludes that extended family, biological parents and independent living were widely used reintegration models as they provided an opportunity for the child to return to a familiar environment. The study therefore argues that kinship care model was the most preferred option for majority children successfully reintegrated and efforts should be made to strengthen extended families. It further concludes that the use of technology during post-reintegration follow-ups, collaboration with community based organizations, support groups, religious organizations and fostering partnerships with the corporate world should be encouraged. The study further concludes inadequate financial and human resources, discrepancy between the child's given and that of the street created challenges during family tracing. CCFs should be encouraged to facilitate visits by children to their families and vice versa. Additionally, it is recommended that Government should ensure the availability of adequate and sustained funding of the Reintegration Programme as CCFs are merely implementing on behalf of the Government of Zambia.

Key words: Child community reintegration, Child Care Facilities, Attachment

OPERATIONAL DEFINITIONS OF KEY TERMS

- Child Care Facility:** According to MCDSS (2017: viii) “Any registered children’s home operated by a society, agency, corporation or persons or another group for the primary purpose of providing residential care, supervision and guidance of children who, for one reason or another, have been separated from their parents or guardians”
- Child Community Reintegration:** Child community reintegration is a process of facilitating and securing a permanent return of a child into his or her immediate or extended family or kinship care and community, where he or she is provided with protection and care and find a sense of belonging and purpose in all spheres of life (MCDSS, 2017).
- Child Community Reintegration Models:** These are Child community reintegration options used by CCFs.
- Successes of CCF:** In this context, these are achievements scored by CCFs implementing child community reintegration programmes.
- Challenges encountered by CCFs:** In this context, these are common issues or obstacles faced by CCFs in in implementing child community reintegration programmes.

CHAPTER ONE

INTRODUCTION

1.1. Overview

This chapter presents the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, theoretical framework underpinning the study, and delimitation of the study as well as definition of operational terms.

1.2. Background

There is increasing global concern over the number of children who live outside of parental care or are in jeopardy of being separated from their family. It is estimated that at least 2.7 million children are living in residential care worldwide and most of these children are in developing countries (UNICEF, 2017). However, this number is an underestimate given that many child care facilities are not registered. The ZDHS (2018) indicates that 16% of children under age 18 are not living with a biological parent, and 10% of these children were orphans (That is to say, one or both parents are dead). The Nationwide Assessment Report on CCFs in Zambia (MCDSS, 2017:10) found that there were 179 officially registered child care facilities in Zambia housing 6,413 children accounting for 3164 boys and 3249 girls across the country. Lusaka District alone had 28 child care facilities with 1,096 children (MCDSS, 2019:2).

Traditionally child care in Zambia was the preserve of the nuclear family, extended family and communities. Changes in the social structure of Zambian families has resulted in an increasing number of children who are unable to grow up under a family or community-based care. This necessitates ‘out of home’ care in the form of child care facilities.

In response to the global campaign promoting family-based care of children, the Government of Zambia embarked on the national child care reforms whose thrust is reintegration of children from CCFs back into community-based care (Better Care Network, 2016). The child care reforms were motivated by the international and regional human rights instruments and standards which include, UN Guidelines for the Alternative Care of Children, United Nations Convention on the Rights of the Child (UNCRC, 1989) and the African Charter on the Rights and Welfare of

the Child (ACRWC, 1990). The UN Guidelines for the Alternative Care of Children aim at enhancing the implementation of the UNCRC, and relevant provisions of other international instruments regarding the protection and wellbeing of children deprived of parental care or at risk of separation (Delap, 2016). Recognizing the importance of children growing up in a family environment, a total of 114 child care facilities across the Country reported reintegrating 2,016 children back into family-based care in the past 3 years prior to the nationwide assessment of child care facilities (MCDSS, 2017).

In its quest to ensure the fulfillment of children's rights as enshrined in the Zambian Constitution, the Government of the Republic of Zambia, through the Ministry of Community Development and Social Services developed and launched the Alternative Care and Reintegration Guidelines in 2017 (MCDSS, 2017). The purpose of the reintegration guidelines is to enable more children living in CCFs to return to their birth families. The MCDSS envisions a Zambia in which all children grow up in their home environment, preferably with their biological or extended family, taking into consideration that all children have rights and specific needs (MCDSS, 2017).

The Government's vision is to support all efforts aimed at keeping children in, or returning them to, the care of their family or, failing this, to find other appropriate and permanent solutions, including adoption. The Zambian Government developed and launched the Reintegration Guidelines, providing for familial and or community-based care options for children in need of care. While it is agreed that institutionalization of children should be a measure of last resort and that all effort should be made to reintegrate children back into family or community-based care, numbers of children in child care facilities are still very high (MCDSS, 2017; Januario, 2016).

Considering that most CCFs in Zambia commenced implementation of reintegration programme way before the launch of the reintegration guidelines by the Government of the Republic of Zambia in 2017, little is known about experiences of CCFs with child community reintegration. The study was in no way an evaluation of the implementation of the reintegration guidelines, but an investigation of the experiences of child care facilities with child community reintegration.

1.3. Statement of the Problem

The review of the literature indicates that there is growing research in Africa on child community reintegration. However, there has been very little research in Zambia. The studies are often limited in scope focusing much on the management practices of some faith-based CCFs (Januario *et al.* 2016). Therefore, there is information gap on experiences of CCFs with child community reintegration in Zambia. The study aimed at closing the information gap by examining experiences of a cross section of CCFs in varied dimensions of child community reintegration. It was the researcher's sole purpose to investigate the experiences of child care facilities with child community reintegration in Lusaka District of Zambia so as to inform policy reviews and learn best practices.

1.4. Purpose of the Study

The purpose of the study was to investigate the experiences of child care facilities in Zambia, with child community reintegration.

1.4.1. Specific Research Objectives

- i. To investigate the child community reintegration models used by the child care facilities in Zambia.
- ii. To establish the successes of child care facilities in Zambia with child community reintegration.
- iii. To explore the challenges encountered by the child care facilities in Zambia in the reintegration of children into communities

1.5. General Research Question

What are the experiences of child care facilities with child community re-integration?

1.5.1. Specific Research Questions

- i. What are the child community reintegration models used by the child care facilities in Zambia?
- ii. What are the successes of child care facilities in Zambia with child community reintegration?
- iii. What are the challenges encountered by the child care facilities in Zambia in the reintegration of children into communities?

1.6. Significance of the Study

It was anticipated that the findings of the study will have multiple benefits at the policy and practice levels in Zambia. At the policy level, the findings could inform the review of the alternative care & reintegration guidelines; and adoption by the child care facilities of the best practices for community reintegration of children.

Secondly, the study might influence social work education and practice thereby contributing to the knowledge base of the profession. Consequently, study findings might also influence the social work academia as child protection issues are part of the social work curriculum. According to the International Federation of Social Work (IFSW, 2019:5) “Social workers facilitate sustainable social outcomes that enable people and their communities to reach their full potential”. The Zambian Reintegration guidelines (MCDSS, 2017), the Juveniles Act CAP 53 (No. 4 of 1956) and Adoption Act CAP 54 (1997) of the Laws of Zambia and related policy documents, place social workers in the forefront when it comes to child protection. Social workers are therefore front liners in the care and reintegration of children from child care facilities into family and community-based care. Therefore, the reintegration of children into families is within the domain of social work. The study findings may potentially inform programming with regard to child community reintegration as well as enhance social work practice.

Lastly, the study findings may potentially contribute to science and research by filling the identified gap in knowledge on the experiences of child care facilities with implementing child community reintegration. The findings may also be used as a point of reference when refining reintegration guidelines and for any similar studies in future and add to the body of knowledge that influences the acceleration of childcare reforms in Zambia.

1.7. Delimitations of the Study

Delimitations are used to address how the study would be narrowed in scope (Creswell, 2014). The study was undertaken in Lusaka District involving six CCFs implementing community reintegration of children. Study participants included managers and child care workers involved with the planning and implementation of reintegration programmes. Lusaka District was selected because the Government of the Republic of Zambia through the Ministry of Community

Development and Social Services had commissioned a Children in Family (CIF) Plus project envision to reintegrate children from child care facilities into the community. The collaborative partnership of CIF plus was aimed at transitioning children from Child care facilities (CCFs) into the care of families and decreasing vulnerabilities for households with families and children that have already separated and those at risk of separation (MCDSS, 2019). CIF plus initiative will target 200 children out of the total number of children in institutions of care within Lusaka over the three-year life span of the project. The selection of the children will be guided by the results of the Initial Individual Assessments of children in Lusaka based Child care facilities conducted by Lusaka District Social Welfare Office under the MCDSS. Ultimately this approach will contribute to the development of a scalable, replicable proof of concept model for more effective case management among children in CCFs.

Attachment theory was the theoretical framework for this study whilst the reintegration pathways was used as a framework to understand child community reintegration. The theory describes the relationships between children with parents/attachment figure and how detachment from their natural settings affects their future ability to re-connect with the community/parents.

1.8. Theoretical Framework

Attachment theory was the conceptual framework for this study. Kombo and Tromp (2006: 56) defined a theoretical framework as “a collection of interrelated ideas based on theories”. They go further to state that ‘it is a reasoned set of prepositions which are derived and supported by data or evidence’. A theoretical framework is an important part of a study because it attempts to clarify why things are the way they are as well as help explain the phenomenon. A theory helps us to select, classify and organize ideas, processes and concepts. It also helps to clarify and articulate the heart of issues as well as to formulate and find causal relationships.

Attachment theory was used to guide the proposed study. According to Duncan (2005), Attachment theory was first proposed by Bowlby in 1969. It is based on the observation of the mother-child relationship. The theory focuses on the consequences of the disruption in a primary care giver’s attachment to her child’s development. Schore (2001) argues that the disruption to this attachment is traumatic to the child and impacts the child’s neurological development: structures of the brain; emotional development: affect regulation and social development:

interaction with others. Disruptions result in long term problems throughout a child's lifetime. Attachment is conceived as the deep and long-lasting emotional bond that connects one person to another across time and space (Bowlby, 1969). The basic assumption of the theory is that the failure for one to form secure attachments early in life can have a negative impact on behavior in later childhood and throughout life. Similarly, people that are securely attached in childhood tend to have good self-esteem; strong romantic relationships; ability to self-disclose to others; and have healthy, happy, and lasting relationships as adults.

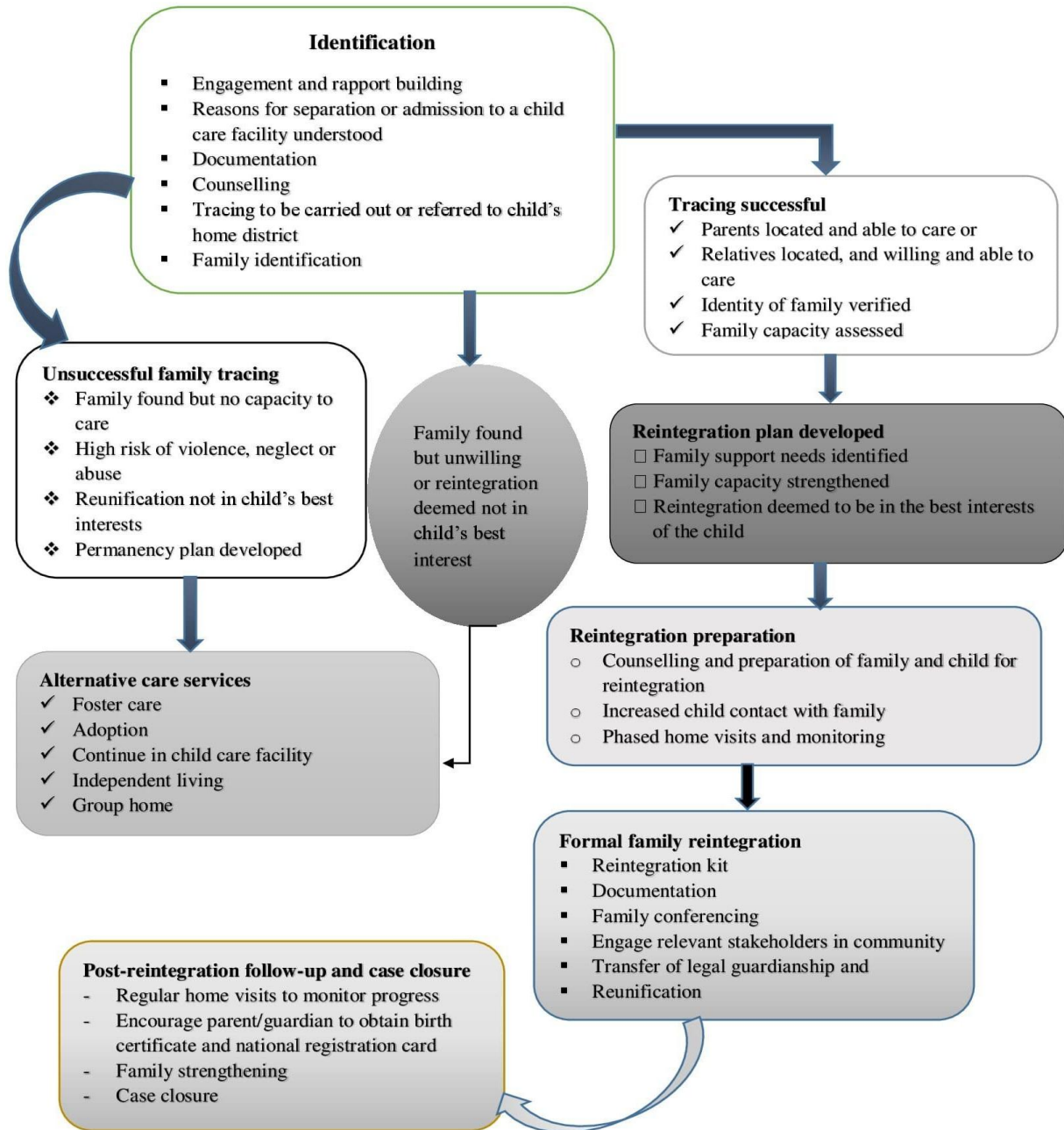
Attachment theory argues that guardians who are not able to meet their own needs let alone the needs of their developing child, are distant, hostile, passive and withdrawn (Kimberly *et al.*, 2011). Its relevance therefore to this study is to help understand consequences of child's separation from family of origin and placement into CCF and subsequent removal of children from CCF for purposes of reintegrating them back into the community.

A critique of attachment theory is that it overstates the mother's influence and understates the child's influence on the quality of attachment. The theory also takes a feminist view of attachment at the expense of the role that men play in the process of attachment. A serious limitation of attachment theory is its failure to recognize the profound influences of social class, gender, ethnicity, and culture on personality development. Harris (1998) one of the main critics of Bowlby's attachment theory believes that parents do not shape their child's personality or character. A child's peers have more influence on them than their parents.

1.9. Child Community Reintegration Framework

The Child Community Reintegration framework in figure 1 demonstrates a step by step process of reintegration and how that the respective steps are inter-related. In this framework, child community reintegration is a final product of a careful, rigorous and participatory assessment and decision making about the suitability of the child and family for reintegration and preparing the child, family and community for reintegration. The final phase of the reintegration framework highlights post-reintegration follow-up and case closure. Family strengthening plays an important part in the reintegration process and the District Social Welfare Office and stakeholders should ensure that families are linked to existing social protection programmes and services. Relevant information on parenting skills, life skills, entrepreneurship opportunities and family support groups within the local community should be part of family strengthening.

CHILD COMMUNITY REINTEGRATION PATHWAYS



Adapted from the Alternative Care and Reintegration Guideline (MCDSS, 2017)

Figure 1

1.10. Summary

This chapter presented the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study as well as theoretical framework underpinning the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Overview

This chapter presents an extensive review of literature of related studies to the current study. The chapter has been structured to commence with highlighting the different child community reintegration models/options used by CCFs. Secondly, it highlights literature pertaining to successes of CCFs with child community reintegration. The chapter concludes with literature on the challenges experienced by CCFs during the process of reintegration.

Literature review is conceived an explanation of the theoretical underpinnings of the research study related to the current topic (Johnson and Christensen 2004). It is a summary and analysis of the documents relevant to the research problem which may include journals, abstracts, published reports, reviews, books, and other research materials. The inclusion and exclusion criteria was used during the search in the data bases by typing key words related to the study. Words like “reintegration and child care facility were used to search for related literature. Data bases such as google scholar, researchGate and JSTOR were used to search for related literature.

The purpose of literature review is to determine what research has been undertaken and written about the problem under study (Creswell, 2014; Gray, 1992; Mcmillan & Schumacher, 2006; Johnson & Christensen, 2004). “The review of related literature enables a reader to gain insights from the purpose and the result of a study” (McMillan and Schumacher, 2006:115). The review of literature in this study was meant to appreciate the problem under study. This is in line with Johnson and Christensen (2004) who notes that the general purpose of the review of related literature is to provide an understanding of the current state of knowledge about the selected topic of study.

2.2. Child Community Reintegration Models Used by the Child Care Facilities

The extensive review of the literature indicates that there are varied experiences with child community reintegration among child care facilities within and across countries range of child community reintegration models used by Child care facilities in most countries, including Zambia, reflect those recommended in the global guidelines for alternative care of children which are biological nuclear family; extended family or kinship care; formal foster care; adoption; residential child care facility; and independent living (United Nations, 2010; MCDSS, 2017). The UN Guidelines further recognize the family as a fundamental group of society which constitutes a natural environment for the growth, well-being and protection of children. As much as possible these guidelines recommend that children should remain in or return to the care of their biological parents. If it is not possible for the child to remain in the care of his or her parents, then other close members of the extended family can take responsibility of the child.

The primary responsibility of parents is to care for their children. However, this is not always possible because of a number of factors, for example the impact of poverty. The 2017 monitoring report of reintegrated children in Malawi, indicated that 28.8% of reintegrated children reported were staying with their biological parents whilst 74.5% of the reintegrated children were reported as staying with members of their extended family (Munthali *et al.*, 2019). The dominant child community reintegration model used by most CCFs in most countries including Zambia is the Extended family or kinship care (Januario *et al.*, 2016; Muguwe *et al.*, 2011; Lavin *et al.*, 2013). Historically, the extended family system of child care was compatible with African traditional life and childcare practices (Roscoe, 1911). This is particularly the case with the care of the orphans or children whose biological parents are unable to provide good care. Reviewed literature also indicate that reintegration with biological parents, independent living as well as the alternative care options of foster care and adoption were also being used (Januario *et al.*, 2016; Munthali *et al.*, 2019; Muguwe *et al.*, 2011).

In Malawi for instance, the 2017 monitoring report on reintegrated children indicated that the utilization of independent living as a model for reintegration was quite rare. The monitoring report found that, of the reintegrated children in early 2017, only 0.9% reported that they were living independently after being reintegrated (MHRC 2017).

2.4. Successes of Child care facilities with the Child Community Re-integration

Successful child community reintegration in the developing countries has been associated with government budgetary support; availability of adequate technical/professional staff; economic empowerment of poor households; and adequate reintegration planning, among other things (Munthali *et al.*, 2017). Given the high incidence of poverty and vulnerability, government budgetary support for reintegration programs is imperative for ensuring good reintegration outcomes (Muguwe *et al.*, 2011; Munthali *et al.*, 2019; Kuer, 2015). Similarly, Child care facilities that employ child community reintegration best practices have greater chance of success. Such practices include, among other things, filling in intake/admission forms for each child, preparation of individualized child reintegration plans; undertaking reintegration sensitization campaigns for communities, facility employees, children and their guardians, and community leaders on the rationale and reintegration procedures; and employment of professional support staff (Muguwe *et al.*, 2011; Munthali *et al.*, 2019; Lavin *et al.*, 2013; Williamson *et al.*, 2010).

The Child Welfare Information Gateway (2011) posits that family engagement in the planning and execution of reintegration fosters a successful reintegration. Reunification exercise is fundamental given that in most countries' placement of children in residential care is increasingly being viewed as an easy way out by social workers dealing with child protection cases. In Rwanda, the government embarked on the deinstitutionalization project to close all officially registered orphanages between 2012 and 2014. As a consequence, all orphans within institutional care were returned to their extended families or placed with foster parents so as to grow up within a Rwandan family environment (Kuehr, 2015). Shortly after genocide, over 100 orphanages were established in Rwanda of which there are currently 34 left that are now run by the Roman-Catholic Church and/or international organizations (NCC, 2012). This shows the success of reintegration. The de-institutionalization policy that ensures children's care and reintegration into families was used to galvanize the support of international donors, including the Global Fund, USAID and Plan International (Kuehr, 2015).

The study by Kuehr (2015) on the reintegration of children back into the community in Rwanda found that all families, extended kinship as well as foster parents receive financial and material assistance from Hope and Homes for Children (HHC). This was done in order to adequately provide for the well-being of reintegrated children. A sound collaborative relationship between CCFs and the

District Social Welfare Office (DSWO) and awareness of reintegration procedures amongst facility staff, Child Care Leavers as well as parents and communities receiving reintegrated children were key ingredients to a successful reintegration (Januario *et al.*, 2016). Similarly, the willingness of children to be reintegrated/willingness of the parents/guardians to accept their children to return as well as the existence of a reintegration programme within the child care facility were key elements leading to successful reintegration (Munthali *et al.*, 2019). Munthali *et al.*, (2019:34.) also argues that “a successful reintegration can be guaranteed with adequate numbers of social workers; economic empowerment of poor households; provision of school materials including payment of school fees for children.”

The success of the re-integration programme in Zimbabwe was influenced by the development of the national Residential Child Care Standards aimed at guiding child care facilities and stakeholders on how to handle children in the re-unification process (Muguwe *et al.*, 2011). Some studies also noted that support systems such as national guidelines were key to enhance the reintegration process. Munthali *et al.* (2019) also agrees that adequate funding for the reintegration programmes was important for its success.

In Zimbabwe, some of the child care facilities were transformed into Early Childhood Development centres and schools to facilitate early reintegration as institutionalized children were afforded the opportunity to interact with children from the larger community. Additionally, transitional homes were set up for children who attain the age of eighteen before they were reintegrated to learn life skills so as to enable them fit into society Muguwe *et al.* (2011:147). Similarly, in Ethiopia, the Jerusalem Association of Children’s Homes made a strategic shift from institutionalization of children and started working in community-based child care projects, significantly contributing towards reintegration (JACH, 2002).

The study of the re-integration of institutionalised children into society in Zimbabwe, it was found that Children were re-integrated according to their potentials. Some children were sent to high schools whilst those that had completed high school were sent to universities, technical colleges and vocational training centers as part of preparing them for reintegration (Muguwe *et al.*, 2011:147). Children and young person that had acquired technical skills and some form of

higher level education found it easy to reintegrate in the larger community as some of them could easily acquire jobs.

Findings from the reintegration feasibility study in Malawi shows that the reintegration model acknowledges that reintegration process starts with admission of children into the institution (Munthali *et al.*, 2017). At this stage, guardians/parents should be told the period the child will be in an institution. If the guardians/parents are incapable of taking back the child or they are merely not available, then foster parents should be identified who can take care of the child. MHRC (2017), noted that the success of a reintegration process was based on a five step framework. The framework involves a rigorous and participatory assessment and decision making about the suitability of the child and family for reintegration. Further, it involves preparing the child, family and community for reintegration, carefully planned reunification, restoration of trust and rebuilding of relationships. This was done through extensive follow up support to the child and family as well as restoration of trust and rebuilding of relationships through work with the wider community.

Literature reviewed shows that countries such as Rwanda and Ethiopia have successfully implemented reintegration programmes, as a huge number of child care institutions in both countries have successfully been closed (Lavin *et al.*, 2013; JACH, 2002). The Government of Malawi has embarked on the Reintegration Programme and is committed to gradually close down CCFs as an important step in ensuring that children are brought up in a family environment (Munthali *et al.*, 2016).

Successful initiatives show that if the resources invested in child care facilities were redirected to strengthen families and community care systems, there would be no need for orphanages at all. According to Hope and Homes (2017:7) “In South Africa for example, the ACTIVE Family Support model demonstrates how to strengthen families and help prevent separation through timely and tailored support with 4,460 children and youth supported within their families between 2001 and 2011.”

Key to this success has been the recruitment of adequate numbers of professional social workers and psychologists (Williamson *et al.*, 2010; JACH, 2002). The training and deployment of a

special cadre of social workers and psychologists at the district level demonstrates that there is an understanding of how critical human resources are to the care-reform process, (Better Care Network, 2015). Professional staff supports the reintegration process and are able to identify potential risk factors for children who may be reintegrated. Professionally trained staff in Rwanda, help to provide leadership, coordination and support at the district level. This was an important element of the care-reform process, though due attention was required to address gaps in human resources at community level.

Other factors contributing to successful reintegration include enforcement of legislation as well as development of by-laws preventing institutionalization of children in communities where the CCFs are located to enhance the process of reintegration. Studies also show that the existence of a reintegration programmes in child care facilities make it easy for facilities to implement reintegration. For example, Institutions such as Open Arms and Alleluia Children's Home in Malawi only keep children for a maximum of 3 years after which they are reintegrated. This means that Guardians are free once they are ready to pick up their children from the institutions before the end of 3 years, (Limbani, 2016). Evidence shows that when the reintegration policy was introduced, child care facilities with existing reintegration programmes, easily adapted (Munthali *et al.*, 2016).

Factors that contributed to successful reintegration include; sensitization of communities, guardians of children in CCFs, community leaders and the wider community about the importance of children growing up in their own families and that they should grow in the same environment just like other children. Some studies have also argued that if a family was not ready to take back the child, social workers engage them on the legal implications of child abandonment and these have influenced parents to take back their children (Limbani, 2016). MHRC (2017) and JACH (2002) further argue that willingness of children to be reintegrated and guardian's acceptance of reintegration contributed immensely to successful reintegration. In order to ensure that children are willing to leave the institution and return to their parents and family, there is need to address factors which made the child to leave the family home for institutional care. Children themselves are also supposed to provide consent, or to at least have a say in decisions that affect them, and that is only possible if they understand the advantages of growing up in a family home (Muguwe *et al.*, 2011).

The existence of a reintegration programmes in CCFs and adequate numbers of social workers thereof was critical to the success of child community reintegration (MHRC, 2017). It was further noted that the effective implementation of the reintegration of children from institutions will depend on having an adequate number of social workers at all levels of the MoGCDSW. According to MHRC (2017), lessons learned from Rwanda where majority of the CCFs that have been closed, are largely based on the recruitment of adequate numbers of professional social workers and psychologists. In Ethiopia, most institutions have also closed due to adequate numbers of professional social workers. Professional staff supported the reintegration process and could identify potential risk factors for children who may be reintegrated (JACH, 2002).

Previous studies have found that provision of school materials including fees, adequate preparation period as reintegration is not a once-off activity and the period for reintegration to be completed varies with context. Both the child and the family should be well prepared for reintegration, (MHRC, 2017). Muguwe *et al.* (2011) and JACH (2002) argue that adequate funding for child community reintegration was critical to its success and that the availability of financial resources and commitment in terms of political will on the part of the Government can ensure a successful implementation of the Reintegration Programme. Other factors contributing to successful reintegration include existence of legal framework and community level by-laws developed to address specific child protection issues (MHRC, 2017). In Ethiopia, with the decrease in CCFs, JACH made a strategic shift and started working in community-based child care projects since 1996. Embarking on such a strategic direction would significantly contribute towards reintegration (JACH, 2002)

Economic empowerment for poor families was key to strengthening the families' capacity and willingness to accept their children for reintegration. According to Munthali *et al.* (2016:35), "Impoverished families need to be economically empowered to strengthen the families' capacity and willingness to accept their children for reintegration". In Malawi, the empowerment of households targeted for reintegration was implemented by the District Social Welfare Officers and CCFs, where families targeted for reintegration were given MK50,000 (US\$70) each to start income generation activities (IGAs), (Munthali *et al.*, 2016). Other studies have recommended supporting poor families with small-scale IGAs. Families targeted for reintegration and direct

cash transfers need to be properly prepared for IGAs before giving them money and it should be based on need.

Alternative Childcare Guidelines in Ethiopia also provide for the equipment of children with necessary skills and financial resources to enable them to become independent. Based on these guidelines, there are number of organizations such as Retrak Ethiopia which provide children with IGA grants, and some of them have set up businesses such as animal husbandry, saloons and bakeries. It was also found that provision of economic empowerment to families targeted for reintegration was not supposed to be uniform but depend on the family needs assessment (JACH, 2002).

The 2017 monitoring survey by the Government of Malawi and UNICEF, found that there were many older persons looking after reintegrated children and that they did not have any source of economic support. It was therefore acknowledged that elderly persons who have the responsibility of taking care of reintegrated and other vulnerable children should be economically supported through programmes such as direct cash transfers or linking them to existing economic empowerment programmes (Malawi Human Rights Commission, 2017)

2.5. Challenges Encountered Child Care Facilities with Child Community Re-integration

Literature reviewed showed evidence of the challenges faced by child care facilities with child community reintegration. Considerable research has focused on the impact associated with keeping children in residential care and very limited research on the child community reintegration in African countries. The lack of follow-up and support of children reintegrated with families poses a challenge to ensuring successful reintegration (Veale, 2001). According to Kauffman (2012:22) “the lack of monitoring and oversight of CCFs by government in Ethiopia was a major problem in the management of institutions and consequently the implementation of reintegration programmes.” In Malawi for example, it was found that there was a weak monitoring system after reintegration and alternative care placements and that the level of support provided for any identified need was limited (Lerch, 2013). Most alternative care facilities did not provide aftercare support, and any support provided was often of poor quality due to lack of funding. The lack of government involvement and support for follow-up with the family and child was a big challenge attributing this problem to the noninvolvement of

Government officials, due to the critical shortage of social welfare officers (SWOs) to facilitate the process of reintegration (Januario *et al.*, 2016).

According to Muguwe *et al.* (2011:142), “one of the main challenges with child community reintegration was inadequate financial resources to carry a full-scale reintegration process”. Due to inadequate resources, it was difficult for CCFs to effectively implement a robust reintegration programme. Lack of financial resources meant that CCFs could not facilitate contacts between children and their parents, could not effectively conduct family capacity assessments and post reintegration monitoring. In Malawi for example, (MoGCDSW, 2017) it was estimated that the cost of reuniting one child with a biological or extended family was US\$200; while the cost of reintegrating a young person that has grown in institutional care from childhood into an independent life was US\$500. MHRC (2017: 41) holds the view that political will is a key factor for a successful reintegration programme.

Available literature in most African countries show that inadequate numbers of trained social workers at all levels negatively impacted effective implementation of the reintegration of children from child care institutions into the community, (Munthali *et al.*, 2017; SOS, 2013; Williamson *et al.*, 2010). Inadequately trained social workers had a negative impact on the quality of care provided and the process of rebuilding relationships between children with their families. The effective implementation of the reintegration of children from institutions depends on having an adequate numbers of trained social workers at all levels, (Williamson & Greenberg, 2010)

Veale (2001) and Muguwe *et al.* (2011) also contend that visible tensions and lack of mutual understanding characterize the relationship between many reintegrated children and their extended families or foster parents. They further note that some of the reintegrated children exhibited behavioral adjustment/difficulties which made it difficult for families to care for them. These difficulties also lead to tensions between children and reintegrating parents. Muguwe *et al.* (2011) reveals that language differences resulting in communication breakdown between the re-integrated children and the families. Further in some cases difficulties in children adjusting from urban institutions into rural homes was also a big challenge for child community reintegration.

The study by Muguwe *et al.* (2011) on reintegration of institutionalized children back into society in Zimbabwe found that a number of children run away from their relatives and foster parents after re-integration. It was further established that cases of abuse of children by relatives contributed to children running back to CCFs. Language differences resulting in communication breakdown between the re-integrated children and the families posed a major challenge towards successful reintegration.

Other studies noted that some child care facilities resist child community reintegration on varied grounds, including the employees fear of loss of employment; and concerns for the possible negative life outcomes for reintegrated children as the support for children usually ceases upon leaving the facilities (Limbani, 2016; Veale, 2001; Muguwe *et al.*, 2011; Lerch *et al.*, 2013). Further, some biological parents and extended family members resist reintegration due to the inability to provide adequate care for children, given the high incidence of poverty and vulnerability (Tolfree, 1994). Other challenges relate to potential conflicts and abuse of reintegrated children by foster parents due to incompatible life experiences and inability to provide adequate care (Kauffman, 2012; Muguwe *et al.*, 2011).

The incompleteness of personal information on children and inadequate reintegration planning by the CCFs made it difficult in locating children's relatives as the process of locating relatives of institutionalized children was time consuming and had budgetary implications, thereby posing a major challenge with reintegration of children back into the community (Limbani, 2016; Kuer, 2015; Muntali *et al.*, 2016; Lavin *et al.*, 2013). According to the Jerusalem Association of Children's Homes (JACH, 2002:9), "the challenge of incomplete personal information for institutionalized children makes the process of reintegration quite difficult." Other studies in countries such as Rwanda and Malawi, have found that it was difficult in some cases to identify families of children in institutions where children were brought in by police or local leaders with no substantial details about their family structures (Kuer, 2012; Munthali *et al.*, 2016; Limbani, 2016).

Kauffman (2012), argues that a huge caseload of children reintegrated with extended families would pose extreme difficulties for any support system. It was also noted that children from

urban child care facilities experienced difficulties in adjusting into rural homes posing a challenge to the reintegration process.

In Ethiopia, it was established that there was a pronounced negative attitude by the community towards children with mental and physical disabilities worsening their chance to reintegrate (JACH, 2002). Disability or illness was one of the many reasons why some children were placed in CCFs and hence the reason for relatives not accepting them for reintegration, (Januario *et al.*, 2017). Children with disabilities would therefore require support and proper care within the home after reintegration, making it a great concern for their parents hence not willing to take them in. JACH (2002) found that for children with mental and physical disabilities in CCFs have not benefited from the reintegration programme since most of them unfortunately have no relatives who are capable of taking care of them. The attitude of the community towards disabled children in terms of accepting their capacities and limitations as part of the community is worrying as it further hinders the process of reintegration (JACH, 2002).

According to the nationwide assessment report on CCFs, MCDSS (2017:47), “reintegration was not entirely welcomed by some children in care as some of the children expressed concern about being taken back to their families”. The Report further revealed that one of the worst fears expressed by children was the possibility of being reintegrated with their families without a guarantee about the parents’/guardians’ ability to provide adequately for them and meet all school requirements (MCDSS 2017). Reintegration was not always successful, as evidenced from the 31 CCFs that reported that a total of 141 children returned to their former CCFs after reintegration out of 2016 children. The reasons for their return included lack of care from their guardians, death of guardian and failing to fit in with the family (MCDSS, 2017:48)

2.6. The Identified Research Gap

Studies reviewed provide some valuable insight into experiences of child care facilities with child community reintegration. On the other hand, it is evident that there are still some significant research gaps when it comes to documenting experiences of CCFs with child community reintegration in Zambia. Although a few studies have been conducted in Zambia such as the CRS study on factors related to the placement into and reintegration of children from catholic affiliated residential care facilities in Zambia and the MCDSS nationwide assessment of

child care facilities in Zambia. The study by CRS found that established that when a child enters care, a family's connectedness through visitation was extremely important for a successful reintegration process. The study further established that reintegration planning was not standard practice in CCFs, with few caregivers stating that they had discussed reintegration plans with facility staff, (Januario *et al.*, 2016:1). On the other hand, the nationwide assessment on CCFs established that despite the fact that many CCFs allowed families (parents or guardians) to visit the children in their care, only a few received visitors (MCDSS, 2017:45). The related studies identified were limited in scope and were inconclusive especially with regard to capturing experiences of child care facilities with child community reintegration. To this end, it was important that this study was conducted to hear the experiences of child care facilities with child community reintegration.

2.7. Summary

This chapter discussed literature related to the current study on the experiences of child care facilities with child community reintegration in Lusaka District of Zambia. The literature discussed has shown experiences of child care facilities in Zambia and other countries with implementing child community reintegration and the common alternative care options available during reintegration as well as successes and challenges faced by child care facilities in the process of reintegrating children back into the community.

CHAPTER THREE

METHODOLOGY

3.1. Overview

This chapter presents the methods used in the study. it includes the research paradigm; research design; data collection methods and techniques; data processing and analysis; and data quality assurance. The chapter ends with ethical considerations.

3.2. Research Paradigm

The study adopted a social constructivism worldview advanced by Berger and Luckmann's (1967) social construction of reality. The assumption of this worldview was that individuals seek understanding of the world in which they live and work as they develop subjective meanings of their experiences towards certain phenomena. These meanings are varied and multiple thereby leading the researcher to investigate the complex views as opposed to few ideas. The researcher operating on this worldview constructs the truth based so much on participants' views of the situation being studied (Crotty, 1998). This provides a concrete platform for participants to construct the meaning of a situation through experiences in a general and more open-ended method of questioning. The social constructivism worldview guided me to develop general and open-ended questions so as to carefully listen to participants' experiences by using interviews. It

was from this viewpoint that the experiences of child care facilities as a unit of analysis were appreciated in this study.

3.3. Research Design

The study used a qualitative approach employing a phenomenological design (Creswell, 1997). This research approach was most appropriated because the researcher was interested in developing a better understanding of the experiences of child care facilities with the reintegration of children into the community. The interpretive phenomenological research design therefore enabled the researcher to tap into experiences of child care facilities with regard to child community reintegration. It utilized an interpretive phenomenological research design with the intention of conducting a direct exploration, analysis, and interpretation of a particular phenomenon emphasizing the richness, breath, and depth investigation as interpreted by participants in detail (Creswell, 2009). Further, Heidegger (1962) refers to interpretive phenomenology research design as one which seeks to uncover the subjective understanding which individual human agents ascribe to their social situation. He further maintains that reality is only found in the minds of the social actor (participant) hence interpretive phenomenology or hermeneutic was adopted for the study.

Phenomenological research is a design of inquiry coming from philosophy and psychology in which the researcher describes the experiences of individuals about a phenomenon as described by participants (Creswell, 2014). Padgett (2017) argues that a phenomenological study is interested in the “essence” or common themes of participant’s experiences and further looks at the situations and conditions surrounding those experiences. This description culminates in the essence of the experiences for several individuals who have all experienced the phenomenon.

3.4. Positionality

The subjectivity of the researcher and participant is often seen as problematic in research study (Simons, 2014) and it is often in this context that the subject of positionality is discussed. Positionality is about the researcher’s stance in relation to the participants and the context of the research (Coghlan and Brydon-Miller, 2014). It is concerned with the relationship between the researcher and the participant, the power dynamics involved and how these shape the research including the reporting of results (Merriam and Tisdell, 2015).

In this research, positionality was perceived, as asserted by Coghlan and Brydon-Miller (2014), to be multidimensional, and dynamic, changing from one instance to another. The solution, at least in the context of this research, seems to be in the researcher's ability to be critically self-aware, consistently reflecting on one's own experiences, identity and power in relation to research participants. This understanding informed my stance in this research including my interview approach, to the extent that I would question those parts of the research participants' experiences that I found familiar to my own rather than take them for granted. One key example in terms of my awareness of positionality was how I handled the aspect of my position at the Social Workers' Association of Zambia to minimize its influence on the participant's responses.

3.5. Sample Size

The study population comprised all the 28 officially registered child care facilities in Lusaka District. From these facilities, the study targeted child care facilities currently implementing child community reintegration. The unit of analysis for this study were Child care facilities in Lusaka, Zambia. The research participants were drawn from 6 purposively selected child care facilities. A sample size of six (6) CCFs was considered appropriate to ensure that the volume of data to be collected was manageable.

The sample size was sufficient enough as it allowed the researcher to do an in-depth investigation of their experiences. Researchers Malterud *et al.* (2016) and Marshall *et al.* (2013) support the notion of having small sample sizes in qualitative studies. According to Padgett (2017:70.) "phenomenological studies aim for depth, sample sizes of 6 to 10 participants are common, but the numbers may be somewhat larger if resources permit. The smaller the sample size, the more intense and deeper are the data being collected." Furthermore, Cohen *et al.*, (2018) explains that in a qualitative study, a small sample sizes suffices. In qualitative research and non-probability sampling, there were no clear rules on the size of the sample. The sample size was informed by 'fitness for purpose', and it varies from one to many (Marshall and Rossman, 2016).

3.6. Sampling Techniques

Sampling techniques are classified into non-probability and probability. However, this study applied non-probability sampling techniques with the intention of selecting individual

participants for the sample that does not give all the individuals in the population equal chances of being selected (Msabila and Nalaila, 2013). Sampling was multilevel, beginning with larger units, that is child care facilities and then proceeding to selected individuals at these locations, in this case facility managers and directors. Purposive sampling was used as the researcher wished to target only specific child care facilities relevant to the research topic.

3.6.1. Purposive Sampling

The study employed purposive sampling which involves purposely handpicking individuals from the population based on the researcher's knowledge and judgment (Msabila and Nalaila, 2013). The study used typical sampling among other types of purposive sampling because the study sample involved child care facilities that were implementing the child community reintegration programme. Cohen *et al.*, (2018), states that purposive sampling involves researchers handpicking the cases to be included in the sample on the basis of their judgment of their typicality or possession of the particular characteristics being sought. The power of purposive sampling lies in selecting information rich in cases for in-depth analysis related to the central issues being studied (Orodho and Kombo, 2002). Order purposive sampling typical and homogenous techniques were employed. The child care facilities were selected because they had already reintegrated a number of children back into the community; as the purpose of the study was to investigate their experiences with child community reintegration. From each selected child care facility, one person who was either the facility director or manager was purposively selected to participate in the study bringing the number of research participants to six (6). The participants included directors or managers responsible for the planning and implementation of child community reintegration programs and services. These participants were able to provide informed perspectives on the experiences of child care facilities with child community reintegration practices.

Padgett (2017) notes that qualitative studies tend to rely heavily on people who are articulate and introspective enough to provide rich descriptions of their experiences. purposive sampling ensures that those people who are unsuitable for the sampling study are already eliminated, so only the most suitable candidates remain. The study used purposive sampling technique to carefully choose participants that were directly involved in planning and implementing the reintegration programme.

3.6. Research Instruments

Kasonde-Ng'andu (2013) defines research instruments as tools that researchers use in collecting the necessary data. In view of this, the researcher used interview guide. An in-depth interview which was conducted to explore issues, person biographies and experiences that are meaningful to, or valued by, participants, what they knew about the topic how they look at particular issues, their attitudes, opinions and emotions Newby (2010). Questions on the interview guide were asked orally Kombo and Tromp (2006).

The study typically collected data using interview guides which were orally administered on a one-on-one basis on participants experiencing the phenomenon under study. The interview guides consisted of key questions and sub-questions relating to the research topic. Interviews were conducted with the selected individual Child Care Facility directors or managers responsible for the planning and implementation of child community reintegration. Given the exploratory nature of the study, requiring collection of huge data set, the interview data was tape-recorded for ease of storage and reference. Therefore, semi-structured interviews afforded the researcher flexibility to ask probing questions so as to better understand experiences of participants in detail in regard with the child community reintegration.

3.7. Data Collection Procedure

Kasonde-Ng'andu (2013), contends that data collection is the generation of specific information aimed at proving and refuting some facts on how a researcher collects data and with what instruments. The interview guide was used to collect data through in-depth one-to-one interviews with selected research participants. This approach to data collection provides an opportunity for participants to share their experiences (Patton, 2002; Bryman, 2012). The field notes were taken and interviews tape-recorded using an audio recording device to capture exact words of participants. According to Patton (1990) recording enables the researcher to capture exact words of the participants.

3.8. Data Processing and Analysis

Given the limited time and resources available for the study, the tape-recorded interview data was immediately transcribed into text before commencing with data analysis. The researcher also

took field notes during the interview process as they provided an important context to the interpretation of audio-taped data and helped remind the researcher of situational factors that may be important during data analysis. The field note taking was used as tape recording only could not entirely be relied on. These field notes though not formal, were still maintained and secured in a similar manner as the audio recordings and transcripts, as they contained sensitive information and were relevant to the study.

For this study, data was analyzed by research questions and further analysis was done thematically, using constant comparison techniques of transcribed data. The data processing and analysis involved listening to the taped interview, transcribing as well as comparing with field notes in order to generate descriptive categories; construct categories; and central categories (Lofland *et al.*, 1984). Davidson (2009) argues that data transcription is an important and necessary component to qualitative research as it helps the researcher adhere to the standard protocol that qualitative research, including credibility, context, and transferability. In this study, transcription was also used in order to safeguard interview data in case of loss/damage of tape-recorded data as well as to facilitate easy cross-checking of interview data.

Descriptive Categories/Codes: based on constant comparison of transcribed data, the direct common responses by research participants to each research question or data codes were recorded. The research questions and direct responses by participants to each question constituted the descriptive categories.

- **Construct Categories/Codes:** Based on descriptive categories, major underlying themes or broad organizing concepts were generated for each research question and descriptive categories.
- **Central Categories/Codes:** Based on construct categories or generated major underlying themes, core categories were identified relating to the key research questions. The identified core categories were the basis for discussing or explaining the experiences of Child care facilities with child community reintegration practices.

3.9. Data Quality Assurance (DQA)

In order to ensure rigor and trustworthiness, the researcher used Lincoln and Guba's (1985) criteria applicable to qualitative methods which they proposed as credibility, transferability,

dependability, and confirmability connoting the trustworthiness of a naturalistic inquiry. In this study therefore, *credibility* was ensured through the correct research plan from the beginning to the end which was interpretive phenomenological design that coincides with the study title; hence assurance of data quality. *Transferability* ensured through contextualizing with other studies in which similar information was found and new information was added to the body of knowledge hence, data quality assurance. *Conformability* was employed through the use of “bracketing” or “Epoche” taking the information as it came from participants through verbatim reporting (Guba and Lincoln, 1994). Member check also known as informant feedback or respondent validation was used to help improve the accuracy of data. Member check was a technique used for exploring the credibility of results (Guba and Lincoln, 1989). This involved making follow up calls with research participants to confirm certain statements made, checking for accuracy and resonance with participant’s experiences.

The researcher also used peer debriefing through obtaining feedback from peers and research supervisor as a form of rigor.

3.10. Ethical Considerations

Cohen *et al.* (2000) explained that ethical issues are matters which are highly sensitive to the rights of others. In this regard, the following ethical issues were upheld in the study.

3.10.1. Ethical Approval

Before the study was conducted, ethical approval was obtained from the University of Zambia (UNZA), School of Humanities & Social Science Research Ethics Committee. Also, the informed consent agreement was obtained from research participants by requesting them to sign the informed consent form; and providing them verbal information about the aims, objectives, and research process. In addition, participants were given participant’s information sheet that explained the study to allow them to make informed decisions. Participants were not coerced. The purpose of the study was clearly explained to research participants in order to obtain informed consent. Research participants were also informed that their participation in the study was voluntary and that they could withdraw from the study at any time without penalties.

According to Padgett (2009: 81) “Because most qualitative research involved active, face to face engagement, informed consent was an ‘ongoing and negotiated’ process.”

3.10.2. Confidentiality and Anonymity

Every effort was made to safeguard the privacy and comfort of the research participants. The descriptions of their experiences were not stored with any identifying labels, and codes were used to replace names.

3.10.3. Security/Safety of Data

Effort was made to ensure that data was used appropriately for the intended purpose only; and in the best interests of the research participants. Tape recorded data was password protected on a computer whilst field notes were secured under lock and key in my drawers to ensure that unauthorized people did not have access. Any hard copy of material did not have identifying information and kept in locked files.

3.11. Summary

Chapter three has presented the Research methods and techniques used in the study, with specific reference to Lusaka District. It has also stated the research design, the target population, sample size, sampling techniques, the instruments used for data collection, data collection procedure, data analysis and interpretation. Furthermore, ethical considerations were taken seriously in which the researcher assured the participants about the procedure, relevant and purpose of the study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1. Overview

The main purpose of this study was to investigate the experiences of child care facilities in Zambia, with child community reintegration.

This study sought to answer the following research questions:

- i. What are the child community reintegration models used by the child care facilities in Zambia?
- ii. What are the successes of child care facilities in Zambia with child community reintegration?
- iii. What are the challenges encountered by the child care facilities in Zambia in the reintegration of children into communities?

This chapter presents the major findings of the study, based on the research questions as well as broken down by common themes. The findings are based on interviews conducted with 6 key informants of selected CCFs in Lusaka district including 4 females and 2 males. The Child care facilities selected included only those implementing child community reintegration as the purpose of the study was to understand their experiences with the reintegration process. Research participants were able to provide informed perspectives on their experiences with child community reintegration.

4.2. What are the Child Community Reintegration Models used by Child Care Facilities?

The study established that the widely used community reintegration models by CCFs included extended family or kinship care, biological family, resettlement (under group or independent living) within the community.

Child community reintegration offers a for permanent solution for children without appropriate care as it enables them to return their pre-institutionalization life. It gives them an opportunity to return to a familiar environment which includes school, home, recreational, and community activities. Thus, government encourages all child care facilities to work towards re-integration from day one that a child is institutionalized. For example, Jane said that *“We constantly tell the children that the CCF is a transit point and not a destination.”* The main idea is to keep children in the community as much as possible. Asked which of the child community reintegration models were commonly used by CCFs

4.2.1. Extended Family or Kinship Care

Study participants stated that extended family or kinship care was the most used reintegration model in Zambia. Participants however, recognized that issues stemming mostly from lack of economic capacity limited the care that extended family members are able to provide. Isaac said that:

Most of the that we have reintegrated here, have returned to their relatives. Sometimes reintegration is initiated by relatives, they would come to the facility and say, now we are ready to take in our child.

As much as study participants stated that kinship care was the most commonly used child community reintegration model, they on the other hand felt that it had to be implemented with moderation and sensitivity. For example, if the child’s reason for separation was due to abuse, reintegration could not take place with the same the same extended family environment. The study revealed that CCFs usually captured such detailed information from the child overtime during counselling sessions, Emily explained that:

The questions usually asked to the child include the following; where is your father? Where is your mother? Do you know where any of your

father or mother's relatives are? Any grandmother or aunt from either side surviving?

Participants of the study confirmed that in order to popularize reintegration of children through kinship care or extended family model, most CCFs embarked on extensive community awareness campaigns on the importance of children knowing other relatives from the extended family other than limiting them to the nuclear family alone. It was felt that doing so would enhance the connectedness of the children to the extended family members thereby easing the process of reintegration in an event that there was need for children to be reintegrated under kinship care. Jane said that:

We worked with Community Development Assistants, and Community leaders to conduct awareness raising meetings with community members on the importance of allowing children to connect with their extended families.

However, the common experience was that reintegration involved a rigorous process and that takes 3 to 12 months depending on the case or the situation of a particular child earmarked for reintegration. It was revealed that the process involved an assessment to ascertain whether conditions in the prospective family for reintegration were favorable and in the best interest of the child. Joyce said that:

We carry out an assessment and a report with our observations and recommendations based on the situation in the family as to whether it is conducive for the child to be reintegrated or not. In some cases, we conduct a joint assessment exercises with the Department of Social Welfare, who are also responsible for preparing a permanent discharge form for a child deemed ready for reintegration.

The study participants indicated that child community reintegration was actually more sustainable under kinship care or extended family set up as children were reintegrated in a familiar environment as compared to other alternative care options such as adoption. It was very easy for reintegrated children and their families to rebuild relationships and eventually reattach with relatives whom they once lived with.

4.2.2. Biological Parents

The other widely used reintegration model was biological parents. The reintegration goal for most CCFs interviewed was to reintegrate the child with the nuclear family or extended family where the child had spent most of his/her time. It was felt that reintegrating children in such family environments, made it easier to build relationships with the children as opposed to taking a child to completely new environments. Reintegrating children within new environments was inimical to the whole process of attachment. It was generally noted that during family tracing, that was when family assessment was done to ascertain whether the family conditions at the time that the child was separating with the family had improved or not as well as determine factors that could have led to the separation. Isaac added that:

After family assessment, we then design interventions that would help bring the child and family back together.

All the participants interviewed indicated that reintegration with biological or nuclear family was the second most desirable models as it was easier to enhance the reconnection and attachment between the child and family. Asked which type of child community reintegration model was second widely used by the CCF, Brother Ishmael pointed out that a number of children from the facility had been reintegrated with their biological (nuclear) families and only a few had been reintegrated with extended families. Joyce agreed that:

Yes I can say that most of the children have gone back to their biological families and a few have been reintegrated with extended families because most of the cases that we receive from the Department of Social Welfare (DSW) as well as Child Protection Unit (CPU) are mainly of lost children or maybe the mother came visiting in the city and then the child goes missing from home.

Rose expressed the view that, “Even few weeks old babies were eligible for re-integration, depending on the circumstances surrounding the child.” Children of all ages therefore needed to be prepared psychologically for re-integration, through development of relationships or attachment with relatives who are ready to take them back.

4.2.3. Independent Living

Three out of six participants indicated that they also reintegrate children above the age of 18 years back into the larger community through a model called resettlement or independent living depending on which CCF it is. Under this model, the study revealed that the target was mainly over age children some of whom could have completed tertiary education or trades school. The findings further revealed that some of the young people were resettled into the community through independent living whilst others were reintegrated under what was referred to as group living. Peter recounted that:

We actually have one girl who is ready for independent living and she will be leaving the facility tomorrow. She has opted to settle in Lusaka though she is originally from Eastern Province.

The study revealed that, the process of reintegration begins a moment the child is received in the CCF. Another participant added that his facility considered reintegration as a final product as well as a process which begins before admitting the child as they have to go to the street twice a week and monitor the children while engaging them in dialogue commencing the reintegration process. Jane explained that:

We have a child we are trying to connect and reintegrate through a community-based reintegration model using the church. The child has a baptism card from the catholic church and the catholic church has through its members shown willingness to take in this particular child. This approach is not provided for in the alternative care and reintegration guidelines but it is something that we have innovated in collaboration with community members over a period of time. For the catholic church, when one has a baptism card, that is key and that on its own helps facilitate connection for the child.

The study revealed that religious ethic was the bedrock for community care. It was important to introduce the child with the local church as part of reintegration. The study noted that immediately the congregation got the baptism card, they know that child is their own. The Parish

Council immediately arranges with youth leaders or any focal point person working with this particular age group to help integrate the child into church activities. Joyce reiterated that:

Once that is done you will be rest assured that this child will get help and will quickly and smoothly reintegrate, so that has been our approach. In our CCF we encourage that children be connected to the church. When the child is connected to a particular congregation it becomes easier at the point of reintegration as the church quickly embraces such a child. The role of the church in the reintegration guidelines is not clearly defined despite our learning that a child with a catholic baptism card would easily be embraced by a catholic church or any grouping within the church.

The study revealed that independent living was the third widely used reintegration model after biological parents. This involves resettlement of young people right into the community as there is usually no relative and no biological parents. It was established that this was so mainly for children who came into the CCF due to having completely no parental care. Emily said that:

As you may be aware, our target group in this facility, are children who have completely lost parental care as well as those at risk of losing parental care. For those who are at risk of losing parental care, they have actually where to go and in terms of reintegration the model would be very easy to be kinship. For cases where they have completely lost parental care and there is no identified or known care giver or parent or relative, then we reintegrate in the community.

The findings further revealed that resettlement mainly applied to young adults who had completed college, university or skills training. The study revealed that for most CCFs, this was the commonly used reintegration model. It was learnt that young people that opted for resettlement were asked to prepare a resettlement plan in which they listed down their needs and resettlement budget. Emily added that:

There is what we call money gift allowance, this is money a sponsor gives to any specific child and it varies from one sponsor to another depending on each one's ability. We keep this money for each child until such a time

that they are ready for resettlement. When leaving the facility, we give each young person a resettlement package where you find that some young people go away with K50,000 whilst others go away with K100,000.00 or more depending on what was saved. The amounts differ depending on how generous each sponsor is. For children that had no sponsors, there is a threshold and standard package that we give. Once they tabulate their plan in terms of what they need, if they plan to rent a house or get a job, we help them open bank accounts. We also make follow ups.

One of the Research Participants indicated that they had resettled 41 young people between 2018 and 2019, majority of them were reintegrated under kingship care whilst others were resettled under independent living. Peter narrated that:

We have a child who was recently resettled from this facility. He is now staying alone we are only helping him with funds for house rentals as he is trying to find his feet in society.

4.3. What are the Successes of Child Care Facilities in Zambia with Child Community Reintegration?

4.3.1. Intervention/policy guidelines

The study revealed that the re-integration programme has scored a number of successes. The development and subsequent launch of the alternative care and reintegration guidelines by the Ministry of Community Development and Social Services to guide the process of handling the return of more children from child care facilities to their birth families. The study participants revealed that the alternative care and reintegration guidelines was a great development as it provided guidelines and a structured way to follow through the reintegration processes. It was felt that reintegration was now being done in a more structured manner than before. It was learnt that the reintegration policy had also in some way encouraged and enhanced the culture of documentation which really is the right thing to do when it concerns children's records.

The study also revealed that over 400 children have successfully gone through child community reintegration either with their biological family or extended family members between 2018 and 2019 alone. Peter narrated that:

I remember facilitating a successful reintegration a child who picked in Chililabombwe after being dumped at the market. The child ended up in our facility here in Lusaka but after many years, a relative managed to follow the trail of documentation tracing the child with our facility. I consider this as the most successful reintegration because it was initiated by the child's relative who started tracing the child, all the way from Chililabombwe. The couple lives in Mkushi and due to appropriate documentation, the child was located at our facility under reintegrated under kinship care.

The study revealed that despite the fact that the church was visibly missing in the alternative care and reintegration guidelines, it played a very critical role in the reintegration process. Peter added that:

We all know that the church is everywhere and that the church plays a watchdog role in our community apart from taking care of vulnerable people. As a CCF we have worked closely with the youth departments of different churches in our reintegration programmes.

4.3.2. Collaboration & Partnerships

Study findings also revealed that CCFs went out of their way to foster partnerships with the corporate world such as Shoprite, Sundry's Creation, Mika Group of Companies, TEVETA and the Sahara group of Companies with the view of creating linkages for training and employment for young people who may have opted for independent living reintegration model. Two of the Participants interviewed revealed that young people reintegrated according to their potential as some had the opportunity to go to high schools, Universities, technical colleges and vocational training centres. Jane narrated that:

The corporate world is based in the community, that is why I always emphasize issues or problems are found in the community just like solutions to the same problems. For us a CCF, we have how to tap from the private sector by creating linkages for our young people during reintegration. For example, we have Sharon Kupikwa is now working with Sundys Creation after being trained at Chelstone Youth Centre. All this networking and collaboration is part of our exit strategy for reintegration.

It was learnt that CCFs needed to be deliberate in engaging or partnering with the private sector to support resettlement or independent living for young people. Jane added that:

We have partnered with Shoprite, Sandy's Creation, Mika Group of companies and many other companies in Lusaka. You will see that most of these companies have employed some of our beneficiaries who have opted for resettlement or independent living reintegration. This is why I am emphasizing that it is in the community where we have problems and it is also in the community where we have solutions. For us we have learnt how to tap into the private sector and make them accountable by employing our young people. We believe that engaging the corporate world is also part of our sustainable exit strategy.

Study participants indicated that most of the young persons resettled in the community received some form of resettlement packages which contributes to the success of the reintegration process.

Rose reported that:

Immediate 'starter pack' support appears to make child community reintegration successful.

She also added that:

Another girl ready for reintegration through independent living is Zenaida (not real name). She was a victim of child trafficking from Eastern Province. She went through a TEVETA registered trades school and obtained a trades certificate in tailoring. Sahara group of Companies

bought her a brand new sawing machine after graduating she arranged with colleagues to rent a small shop in Chainda Township to start their tailoring business. The CCF is facilitating for her reintegration through independent living which will be completed next week.

Other success stories shared by CCFs were about independent living or resettlement which include that of one young person aged 19 years who now works with Chamba Valley Exotic Hotel in the housekeeping section who once lived on the streets of Lusaka. She was pregnant and had a baby on the street at the age of 13, but unfortunately the baby died. The study revealed that from living on the street, the young lady has a two years contract with the Hotel and had a bank account. She was living independently in N'gombe township and she has since started night school to upgrade herself. The girl had managed to buy a 15x40 metres piece of land in Chongwe District and she has featured on a number of radio and TV programmes as ambassador of her former CCF encouraging other Children living on the street that they could still reclaim their lives. She is currently looking after one of the abandoned children from the CCF.

Similarly, one participant narrated that there was a 16 years old adolescent girl who was kept by the CCF who became pregnant after being raped. The girl went through counselling and agreed to keep her pregnancy. The CCF decided to reintegrate the girl back into the community through independent living together with her baby. Rose added that:

We kept the girl until she gave birth and we then prepared her for reintegration back into the community (Independent living with her baby). We worked with community Development Assistants (CDAs) as well as community leaders to be able to support the reintegration process. Through this, we have learnt that tapping into local resources and support networks within the community such as neighbors and market committees is a critical support system for child community reintegration. The CCF also recommended to the CDA and CWAC members that the adolescent mother be added to the list of social cash transfer beneficiaries.

Additionally, it was revealed how important it was to involve CDAs and zone leaders as they have a lot of information about their community and about the existing social capital in the

community. Existing social capital at community level also contributed to successful reintegration of children back into the community. Community resources would include among others, the church, CDSs, CWACs, CBOs, community members etc. Joyce recounted that:

if the child requires medical services or has health needs, we engaged local health facility to take in the reintegration process from the word go so that we do not have to make follow-ups on whether the child is accessing health services but rely on the local health facility and community health workers/volunteers there-in to make follows and ensure the child's health needs are attended to.

One participant revealed that working in partnership with other stakeholders including community leaders was very key to successful child community re-integration. Isaac recounted that:

In the year 2017 to 2018 our CCF worked in collaboration with the Evangelical fellowship of Zambia and barely 9 months in partnership, we successfully reintegrated 72 children. The partnership brought together limited resources including local resources through engagement of schools, Health facilities, community police, the church and the community welfare assistance committees.

In order to cut down on unnecessary costs, it was revealed that CCFs work in collaboration with District Social Welfare officers in the receiving Districts when it comes to inter-District reunification and reintegration. Peter narrated that:

When the child being reunified through an inter-district process is in the age range of 15-18 years old, we normally put the child on a bus after introducing him or her to all the passengers on board about the child's destination whilst making prior-arrangements with the DSWO of the District where the child is being reunified to receive the child. We sensitize passengers on the bus and community members that the reintegration process is everyone's' responsibility starting with the Driver, conductor, passengers as well as neighbors in the community. The

driver and passengers commit to ensuring that the child disembarks in the District where they are scheduled to disembark.

When it comes to inter-District reunification and reintegration, the study revealed that CCFs Working in close collaboration with the District Social Welfare officers from the Districts where the child was earmarked for reintegration during inter-District reintegration was an important factor that contributed to successful reintegration. This made the reintegration process cost effective as well as helped leverage on the fact that District Social Welfare Officers in the receiving Districts were familiar with the community where the child is to reintegrate.

Participants interviewed indicated that there was a strong professional relationship between CCFs and District Social Welfare Officers. The Department of Social Welfare always supports CCFs with the process of reintegration. It was established that working in close collaboration with District Social Welfare Officer, the local police contributed to the successful child community reintegration. District Social Welfare Officer as Juvenile inspectors and local police officers accompany CCF staff during visit to households for family tracing.

4.3.3. Community Sensitization

The study found that it was important for all stakeholders, local authorities and community leaders to understand why child community reintegration was important and key processes involved. It was learnt that the support of key stakeholders was necessary in facilitating children's return to their families and community in providing social protection support when it is necessary.

The study further revealed that some CCFs offered parenting trainings and sensitisation to identified families/parents after tracing. This is to prepare them for an eventual reunification and reintegration process. Emily said that:

We also facilitate training and community sensitization on parenting skills for identified families. This is critical as it prepares them for reintegration as well as equip them for smooth reattachment process.

4.3.4. Spirituality and Religion

Research participants revealed that investing more time in working with religious organizations was essential for making the child community reintegration model more sustainable as religious groupings such as the churches are situated right in the community where children were being re-integrated. It was learnt that investing in children's spiritual wellbeing resulted in positive outcomes in the process of attachment reintegration. It was revealed that the Church and or faith-based organizations had a lot of resources which could enhance the reintegration programme, there is need to engage the church from the beginning even through the Ministry of Religious affairs and national guidance. Spiritual component provides a complete package for the children being prepared for reintegration. Jane explained that:

The spiritual component is missing in the whole reintegration pathway, in fact even when children are in CCFs, it is practically difficult to put all of them on a bus to attend religious services as they all come from different denominations and religious groupings. The CCF however, manages to attend to each child's spiritual needs.

The study established that working in collaboration with churches or religious groupings during the process of family tracing and reunification was a critical factor in enhancing successful reintegration. It was found that once a child is reintegrated, the church played its role with providing spiritual support as well as enhancing social reintegration with the wider community. She further added that:

There is need to recognize and strengthen the role of the church in reintegration as the church is everywhere and can play a watchdog role on the child care reform agenda. The church should therefore be included under the reintegration pathway.

4.3.5. Technology

The study revealed that most CCFs interviewed indicated that they have taken advantage of technology to do post reintegration follow ups. Follow ups were made through phone calls to

neighbors, local church and school within the community where the child has been reintegrated. Emily said that:

We have successfully done post reintegration follow-ups through making phone calls to families and reintegrated children. The use of phone calls has really helped us reach out to as many children as possible despite limited financial resources.

The use of technology for post reintegration follow up contributed to enhancing easy reattachment and reintegration. It was learnt that phone calls were made through neighbors, the local church, community leaders child's relatives and the child himself or herself. Participants further revealed that the use of mobile phones for post reintegration follow-ups helped cut down on post reintegration follow-up costs as well as enhanced the process of family reattachment. CCF staff did not have to meet the child through follow up visits as that had potential to disrupt the reattachment. It was noted that the more CCF staff visit reintegrated child, the more the child is reminded about the good life in the facility thereby disrupting his or her bonding with family. Rose narrated that:

Once the child has been reintegrated, we avoid keeping physical contact with them to allow them to unlearn the CCF attachment and smoothly develop the attachment with their family. In case of follow ups we mostly do that through phone calls through reliable neighbors, school and some CWAC member. We normally follow up regarding school attendance and performance as well as their general behavior. Sometimes we contact parents asking how the child was fairing and fitting in and we sometimes even ask parents if we could talk to the child in privacy depending of course on case by case.

4.3.6. Empowerment

Participants interviewed revealed that most CCFs had started implementing community-based child care projects, which significantly contribute towards reintegration. It was found that under

this approach unlike residential care, children received support within their families and communities. Isaac added that:

We identify children who are at risk of separation in the community, assess their needs and where we can provide their needed support within the community. For children whose needs cannot be met by our CCF, we refer them to other service providers. We do all this under our Family Strengthening Programme.

The study also revealed that some CCFs were running empowerment programmes for households targeted for reintegration. Some of the empowerment programmes highlighted include family preservation which involves food nutrition, skills training such as carpentry, block making, tailoring and doormat making. An assessment is usually done for the target family after the child has already been reintegrated and depending on the identified need and capacity, the family is provided with the needed empowerment support. It was also found that families targeted for reintegration were also linked to different entrepreneurship programmes such as village banking. Jane recounted that:

We recommended that the adolescent mother be added on the list of those receiving social cash transfers, we also encouraged CDAs link the adolescent mother to existing village banking groups in the community. There is a lot going in the communities and a lot of resources that if tapped into would prevent children from being placed into facilities.

4.3.7. Child Participation

Participants revealed that the use of “Play therapy” through the use local stuff and craft was very critical in some CCFs to keep children busy and enhance their concentration levels. Play therapy is a method of therapy that uses play to uncover and deal with psychological issues. The therapy was used with children in order to held them open up and share more about themselves and their family background. It made children loosen up and open up to share their stories which were very critical in facilitating reintegration. The study further revealed that setting up exit strategies for each child in the CCF anticipating child community reintegration contributed to successful reintegration. Peter said that:

The use of play as therapy was very useful as we engaged children on reintegration as well as soliciting for more information regarding their family background.

It was established that children were regularly consulted over a period of time to ensure that their wish for reintegration remained strong and that their concerns were addressed. Joyce narrated that:

In the case of older children, we have in place processes which ensure that children participate in decision making regarding reintegration, following an initial assessment of the family situation.

4.3.8. Culture/Values

Participants in this study stated that they had learnt through the process of reintegration that in most instances, female relatives were more receptive and quicker to embrace children being reintegrated than their male counterparts. Peter added that:

Even when we are doing tracing, reunification and family reintegration, we find it easy to work with women as women are more embracing. In instances, where we have found men and indeed very good men, we still request to talk to women because it is very easy to relate and discuss issues with women. Where we find a man alone, we always ask if they are married and if we could talk to their wives. Even if we find uncle or grandparent, we still ask for a woman figure and we also try to look at how empowered is that woman. For children who have been victims of abuse, we only reintegrate where there is a woman figure and only when we ascertain that it is safe to the child to reintegrate, without the woman figure we cannot leave the child.

4.3.9. Family Contact and Visitations

It was also revealed that facilitating family contact (visits by children to their families and vice versa), contributed immensely to a successful reintegration as otherwise children are at risk of permanent loss of family, identity and community support. Emily reported that:

From day one when children are admitted in the facility, we emphasise the fact that this is a mere transit home and that they will leave the facility to reintegrate with their families someday. We make sure that we facilitate visits by children to their families during school holidays as well as encourage parents/relatives to visit their children in the CCFs. This helps the process of bonding and attachment between the child and the prospective family for reintegration.

4.3.10. Documentation

Study participants also mentioned that they do put in place proper documentation and exit strategy at a time admitting children into the CCF. This led to successful tracing of parents or relatives for child community reintegration. The study revealed that CCFs interviewed were using MCDSS case management forms 1 to 7 as attached in appendix ii. Participants further revealed that, case files and care plans for individual children were maintained for the purpose facilitating tracing and child community reintegration. Isaac narrated that:

For me reintegration is the final product and the process of reintegration begins from the time the child is admitted into the Child Care Facility. Complete documentation for each child is critical for child community reintegration. The case management forms provided by MCDSS are very helpful as they enable us keep useful information regarding a child.

4.3.11. Determinants of Successful Reintegration

Asked how child care facilities determine a successful child community reintegration, participants interviewed indicated that they were able to tell when families live own their own and manage to work on their problems. They further revealed that they were also able to ascertain successful reintegration when the family realized that raising a child was far more than just providing food. It was further mentioned that successful child community reintegrating could be assured when there weren't any or only a few relapses from reintegration. This was when 100% of the reintegrated children remained with their families without returning to CCFs. Rose recounted that:

We can say our reintegration process has been successful, for instance we have reintegrated 65 children this year and out of this number only 5 children have relapsed i.e. 3 boys were readmitted to the CCF whilst the other 2 boys' whereabouts are not known as they are currently not with their families.

It was said that the first indicator of a successful child community reintegration is when the child remains with the family for at least three months after reintegration in the same home where he/she was originally reintegrated. Some exceptions only come when the family relocates or they feel it was in the child's best interest to be placed in another home. It can also be seen from expressions of happiness from the child that the reintegration was a success. Emily narrated that:

How we know that the child is doing well after reintegration is when there is good outcome for reintegrated children including living a happy life and no return to the CCF. That says a lot about the environment and family where the child has been reintegrated whether it is good or not. We start from the CCF to create an environment where the child feels loosened up to the extent that when they are being reintegrated, they go as free individuals as possible and so it is easy to tell when their new environment is toxic.

Participants also gave examples of young people who have opted for resettlement or independent living that it was easy to tell successful community reintegrating when there was evidence that they have managed to fit in the larger society. Jane reported that:

We have cases of young people from CCF living independent lives and working for different corporate entities such as Chamba Valley Exotic Hotel, Sundys' Creation, Shorprite and many other business entities. The case of Margret for instance is that of a success story as she was picked from the street, grew up in a CCF, reformed and reintegrated through independent living and now started night school to upgrade herself on self-sponsorship. She has also managed to buy a 15x40 metres piece of land in Chongwe District.

It was further revealed that one can determine the success of the reintegration process from how healthy or nourished the child looks, their school performance as well as from the stories the child shares. Joyce recounted that:

For children who are old enough to speak, we do take time to talk to them and ask how they are doing.

4.4. What are the Challenges Encountered by Child Care Facilities in Zambia in the Reintegration of Children into Communities?

4.4.1. Resources

Participants of the study revealed that despite the Government through the Ministry of Community Development and Social Services launching and rolling out alternative care and reintegration guidelines, most CCFs faced enormous challenges with the reintegration process. During interviews participants observed that inadequate human and financial resources for purposes of reintegration was the most serious challenge. Jane said that.

Reintegration is a costly venture. As for our CCF, we endeavor to do reintegration in a timely manner. For example, we have a child whose parents have been traced from Mpika district where reintegration was to take place. The lack of resources will affect such reintegration due to logistical issues required to facilitate such reintegration. As the child is getting reunified with the family for example in Mpika from a CCF in Lusaka, our staff and a Juvenile Inspector from the Department of Social Welfare is supposed to accompany the child. That entails both human and financial resources.

The study revealed that CCFs received very negligible or no financial support from the MCDSS despite performing functions that were otherwise supposed to be performed by the Department of Social Welfare. Most of the participants interviewed indicated that they have never received financial support from the department of social welfare to support reintegration programmes. Lack of financial support was therefore a big

hindrance as reintegration was a costly venture requiring thorough and timely step by step actions. Isaac recounted that:

We are not receiving any financial support from the Ministry, though in situations where we encounter cases that are beyond our capacity, we tend to refer such cases to the Department of Social Welfare. The only time we received financial support, if I can recollect, it was some ten years ago and it was a cheque equivalent to USD100. The lack of resources could be one of the reasons why many CCFs involved in reintegration don't make follow ups with reintegrated children and do not hold meetings with prospective families.

Jane added that: *For example, we have a child whose parents have been traced in Mpika and reintegration is supposed to take place but the lack of financial resources is likely to negatively affect the process of reintegration. As the child is getting reunified with the family from our CCF in Lusaka, our staff and a Juvenile Inspector from the Department of Social Welfare is supposed to accompany the child all the way to Mpika District.*

It was revealed that much as the Government has prioritized child community reintegration under its Child Care reform agenda as demonstrated through the development and launch of the Alternative Care and Reintegration Guidelines, there has been lack of political will. Joyce reported that:

Despite the fact that child community reintegration is number one on the government's child care reform agenda, it has not been accompanied with matching financial resources to enable CCFs smoothly.

Participants interviewed revealed that majority of staff in the CCFs are on a monthly stipend /allowance working as volunteers despite the fact that they too have their own families to look after. It was noted that the lack of stable income to support their own families was a source of stress for most Child Care Workers as most of them found it challenging even to pay school fees for their own children. This contributed negatively to effective implementation of child

community reintegration as their morale remained low. The commitment of most staff in the child care facilities to the reintegration programme was affected lack of stable income and many had to engage in other income generating activities outside the CCF for survival.

The study also established that most CCFs faced a challenge with limited time when making follow ups on reintegrated children as most families could not abide by the scheduled calendar for follow ups as agreed with Child Care Facilities. Peter explained that:

Despite planning and agreeing on a calendar for follow up visits with families, most of them tend to come up with excuses of not being available this or that particular week or citing any other reason. This leads to postponements, hence a break in the usual planned schedule of consecutive follow ups visits.

In order to cope with this challenge, Participants revealed that schools were encouraged to provide focused support to reintegrated children to help them fit into the new environment. This was done as a post reintegration measure where local schools helped to monitor how reintegrated children were coping and reported by to CCFs. Emily added that:

We normally call the school, introduce ourselves and ask questions about how the child was fairing. We also encourage teachers to help us help the child fit in and improve their performance in class. We talk to the school without seeing the family and without the family knowing that we have talked to the school.

The study established that it was a requirement for the MCDSS to assign a juvenile inspector to accompany all children from CCFs being reunified and reintegrated, but the government does not have adequate human and financial resources thereby hindering the smooth process of reintegration. Due to limited financial resources CCFs find it challenging to conduct follow ups visits for children who have successfully been reintegrated. Participants indicated that in place of physical visits, most CCFs used phoning as the easiest mode of follow up as part of the initiative. The non-availability of juvenile inspectors from the Department of Social Welfare to accompany CCF Workers during home visits as they at times encountered hostile households/families in the

community was a point of great concern. The advantage of being accompanied by a Juvenile Inspector was that they felt protected by their authority as they were mandated by law to enter any facility or household unlike CCF staff who were not gazetted. Jane narrated that:

The law does not allow staff/social workers from CCFs to accompany children alone on the account of not being gazetted Juvenile inspectors. This requirement derails the whole process of reintegration as it can never be timely since gazetted officers may not be readily available. At every stage in the reintegration process, it is expected that as the social worker from CCF is going into the community, they are required to pass through the department of social welfare to be given a gazetted staff to accompany them. We may not have so many social welfare officers for example are at Lusaka District in comparison with the number of children in CCFs in Lusaka District. SWOs are usually very few at the District and you would find that, others would have gone to attend court as probation officers whilst some would be attending workshops, in the community administering social cash transfers or attending coordination meetings.

A related tracing challenge concerned the movement of children from their towns of origin to where they got admitted into CCFs. Some children would have their families traced in other towns further away from Lusaka, this posed a challenge to the whole process of reintegration. It was challenging CCFs to reintegrate children whose parents or relatives were traced from very far places. The study found that most CCFs' limited resources couldn't cope with such kind of reintegration. Peter narrated that:

We have to facilitate bonding for the child to visit the family and thereafter physically take the child for reunification. We have in the past reintegrated children as far as Mbala.

4.4.2. Economic Stability

Study participants noted that sometimes CCFs would trace the family and try to reintegrate the child but the family may not be ready for reintegration due to unemployment and at times CCFs discover that other siblings within the family maybe at risk of separation as well. Further, study

participants revealed that in some cases where children's families had been identified, it often times proved difficult to convince those families to receive their children back. It was established that most families felt that children's needs were better catered for in a child care facility than in the household. Emily narrated that:

We have had cases where we do the tracing of the family of a given child. But after assessing the family and we find that the child may not be as safe as we wish, we make the child just know the family and allow them to be visiting whenever they feel like. We do not consider reintegrating the child there since the family is not able to sustain the child. For example, parents visit their children in CCFs, they see them sleep on comfortable beds, dress well, eat good food and have their health and educational needs met. It is at that point that most parents feel the situation in the CCF is better than their homes as most of the children in CCFs come from low income or poor households.

It was found that some families were economically unstable which could not guarantee sustained provision of basic needs for the reintegrated children. Whilst other families do not just have interest in getting back their children as they do not even visit their child whilst in the CCF. Relatives who do show interest in visiting the child whilst in the CCF make the reintegration process very difficult. The study also revealed that there were children who never wanted to be reintegrated posing a challenge to CCFs as it is unethical to reintegrate a child who is not interested to be put up for reintegration. High poverty levels in the country also pose a big challenge to the reintegration process. Study further revealed that most of the families whose children had reintegrated were not beneficiaries of Government managed social protection programmes. It was learnt that often times when CCF workers had an opportunity of making follow-ups on reintegrated children, they often found stories of reintegrated children going some days without food. The biggest challenge highlighted was that the government social protection program was not giving people enough and that the program was also narrow that it couldn't cater for everyone in need.

It was revealed that there were also cases of children who had been reintegrated with their families being brought back to child care facilities by their parents on the account that they had

failed to cope with the behavior of the once institutionalized child. It was learnt that most parents come back to the CCF requesting for financial and or material support for the child. In order to cope with such incidences, the study revealed most children whose families were unable to adequately provide daily necessities were put back on the programme but supported within their families and community. Emily narrated that:

For children that have been reintegrated with their families and require financial support, we normally put them back on the programme supporting them within the family. We do not allow families to bring back the child into the facility, we allow the family to continue looking after the child whilst providing education support and in situations where the child has a medical condition, we offer support in that regard as well. As a social worker I do not allow families bringing children back to the facility merely because the situation back home is desperate, unless it is a child protection issue. For example, there was a particular child that we had successfully reintegrated back into kinship care but after some time, we observed that the child went back to the street. Considering the best interest of the child, we readmitted the child back into the CCF.

4.4.3. Intervention /Policy Guidelines

Some of the participants interviewed revealed that they receive children on the move especially foreign children who are victims of trafficking who are usually referred to CCFs as safe spaces. It was noted that CCFs faced a challenge of not having clear guidelines when it comes to reintegration of Children from cross borders. These are children trafficked from other countries into Zambia and they are intercepted by the immigration department. To this, there was no specific reference to Zambian children in this case. Jane said that:

The lack of clear guidelines and system on how to deal with foreign children who are usually victims of trafficking is a huge challenge for most CCFs when it comes to reintegration.

The study found that some of the CCFs confused reintegration with reunification. Isaac said that:

Reunification is a nice word and I call it “dumping” because that has been my experience when working with many organizations and attending different meetings that many people who are supposed to be pioneers of reintegration where merely dumping children.

4.4.4. Culture/Values

The study findings also revealed that most families who had their children successfully reintegrated had a tendency of calling on the CCF for educational and nutritional support. All participants interviewed indicated that most of the CCFs had a challenge with human and financial resources to be able to provide such services at family level. Isaac added that:

There is no law that empowers CCFs to summon for extended family members of the child to engage them in dialogue over their children’s education and developmental needs. Most parents had wrong expectations about their children as they expected 10 year olds to behave like 20-year-old and if their expectations were not met, children were harshly blamed.

The research further established that it was difficult to facilitate reintegration of children with mental or physical disabilities as most of them were found to have no relatives willing to accept them for reintegration. Participants explained that community members usually exhibited a negative attitude towards children with mental or physical disabilities. It was said that despite the many trainings on disability and how to look after children with special needs, the lack of acceptance of such children was very clear. The negative community attitude made worse the prospects of successfully reintegrating children with disabilities. It was clear for the participants interviewed that children with disabilities needed dedicated care givers in the family to support and take proper care for the special needs of the children after reintegration. In order to deal with this challenge, most CCFs embarked on awareness raising interventions on the rights of children with disabilities, targeting community members, churches and community leaders. Rose explained that:

Once a child with disabilities is reintegrated, you later discover that he/she remains alone at home which is not safe and there is usually no one committed to bathing and or feeding them let alone provide them with a wheel chair in case they need one...

We have in the recent past tried to reintegrate a mentally challenged girl but faced resistance from her family of origin. This has generally been the case when it came to reintegrating children with disabilities as most families including biological families tend not to accept such children back into the family. We have faced a lot of difficulties reintegrating children with special needs into nuclear/kinship care. It is also uncommon for children with disabilities to be adopted.

The research established that there was generally a lack of parenting skills in the community and this kind of took a toll on the process of child community reintegration. Peter said that:

Most parents and or relatives whose children have been separated and in turn institutionalized lack parenting skills. This has a net negative effect on the reintegration process.

4.4.5. Resettlement

Some CCFs indicated that there are some challenges relating to the resettlement/independent living reintegration model. This contributed to the back and forth in the reintegration process. She further said that:

Sometimes when we reintegrate young people into the community particularly through resettlement, we have witnessed a number of them getting back to CCFs after blowing off their resettlement package. They usually switch of their phones and only resurface seeking help from the CCF once they become stranded.

In regard with resettled young people that had squandered their resettlement allowances, most CCFs responded that they referred of such cases either to their peers who had stabilized and were successfully reintegrated or other service providers. Joyce narrated that:

Children that grow up in CCFs are always encouraged to look out for one another and support each other. We also offer post resettlement counselling to young people who misuse their resettlement package. We also ensure that we create linkages and connections to business opportunities, employment and financial support depending on case by case of each young person on resettlement.

4.4.6. Psychological

The study further found that addressing psychological issues among reintegrated children was a challenge due to the post reintegration follow up mechanism most CCFs have adopted. Jane narrated that:

We have adopted a most cost effective post reintegration follow up mechanism using phone calls and text messages to find out how reintegrated children were fairing. Much as this mechanism is cost effective, we feel we are losing out in terms of effectively addressing psychological issues among reintegrated children as it is practically difficult to handle such challenges through phone calls.

4.4.7. Attachment

The study established that most care givers (mothers) in CCFs tended to build strong bonds or attachment with children they provide care to, and oftentimes such attachments tend to prove difficult to break as they involve a lot of emotions. It was learnt that such attachments negatively affect children leaving CCFs and at the same time retards the reintegration process. It was affirmed by all the participants interviewed that breaking such attachments during the process of child community reintegration was a big challenge. Participants admitted that may have done all things right over a period of time to facilitate visitations by parents and the child during holidays but since the child may have spent so many years from time of admission into the CCF, the only family they knew about were in the facility and the only environment they best understood got

familiar with was the CCF. The study revealed that the whole process of reintegration was subjected to a back and forth and even children that had successfully been reintegrated would oftentimes call the CCF requesting to visit. Study participants felt that this really derailed the whole process of detachment and attachment to their families. Emily narrated that:

In most instances, we have seen Care givers trying to hold on to the child being reintegrated and as a result that tends to affect the child as well as affect the attachment process with their relatives. As a CCF, we often times encourage/remind mothers or caregivers that this is just but a job and that their success in their job is to have as many children as possible be reintegrated as institutional care was only but a measure of the last resort.

In order to cope with this challenge, the study revealed that most CCFs tend to avoid direct contact with the child after reunification as doing so would sometimes cause relapses as the child may run away from home because he/she misses friends and the bond they developed with Care Givers in the CCF. It was learnt that post reintegration follow-ups were mainly done virtually, by phone either through the child's teacher in school inquiring about his/her school performance of attendance. Some CCFs reported that they structure their physical follow-ups after two years post reintegration as they felt that extensive follow ups sometimes create a dependence syndrome and as well as jeopardize chances for successful reintegration. It was established that virtual post reintegration follow-ups help the child to detach from the CCF and enhanced the attachment process with the family.

The study further revealed that children who had lived long in the CCF were deeply attached to the facility and the child care workers therein. Participants interviewed indicated that this attachment posed a huge challenge to the reintegration process. It was learnt that such children tend to take very long to detach from child care facilities thereby hindering the reintegration process. It was also revealed that distance was also a barrier to both reunification and reintegration processes in cases where relatives to the child on reintegration were traced in far flung Districts. Distance was also a major factor when it involved facilitating visitations between the child and his/her relatives as well as when the child was being reunified with the parents

especially if the CCF was in a different town for the child's relatives or parents. Jane narrated that:

There are times when we have reintegrated from CCF located in Lusaka with parents based in Mpika. Distance really becomes a drain on our meager resources if we have to accompany a child for reunification as well as when making follow-ups as part of the reintegration process. Often times, we do not even make physical follow-ups for fear of disrupting the child's attachment process with family. We normally rely on making follow phone calls with the school, parents or any significant community member.

The study noted that in order to cope with this challenge, CCFs normally conduct home assessments prior to child community reintegration to ascertain whether it was necessary and suitable to reintegrate the child. They also facilitate visits between the child and relatives as a way of re-establishing attachment. Isaac said that:

We normally conduct extensive home assessments before reunification to ensure that we have done a good job. We make sure to facilitate visits of families to the CCF as well as children to families. For instance, we currently have 52 children in the facility and 27 of these are out on holiday with their families. We also normally have five to six meetings (Family conferencing) with the families prior to reunification. Due to a lot of awareness about reintegration, we have seen that a number of request for reintegration come from children themselves.

4.5. Summary

The study therefore concluded that child community reintegration was a critical process for child care facilities and that the most common reintegration option or model was kinship care or extended family system. It was also clear that reintegration guidelines helped in structuring and guiding the reintegration process. Key challenges highlighted during child community reintegration included; lack of resources, incomplete documentation about the children in CCFs, unwillingness for children to reintegrate and for parents and or guardian to accept reintegrated children. Achievements scored by CCFs with child community reintegration was attributed to

qualified human resources, empowerment programmes for families receiving reintegrated children as well as the number of children and young people successfully reintegrated into the community.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1. Overview

The previous chapter presented findings of the study. This chapter discusses the findings in the context of the research questions which were further analyzed by emerging themes. Study findings are further discussed in light of attachment theory, MCDSS reintegration framework and reviewed literature. The purpose of the study was to investigate the experiences of child care facilities in Zambia, with child community reintegration. The discussion is in accordance with the emerging themes from main research questions as listed below:

- i. What are the child community reintegration models used by the child care facilities in Zambia?
- ii. What are the successes of child care facilities in Zambia with child community reintegration?
- iii. What are the challenges encountered by the child care facilities in Zambia in the reintegration of children into communities?

Study findings agree with Dunn and Williams (2008) who contend that CCFs were supposed to operate as mere transit homes.

This study found that among the key reasons cited for child community reintegration were:

- (i) Government policy guides that keeping of child in child care facilities should be a measure of the last resort as children were better off growing in families.
- (ii) To ensure that children are not separated from families if community based care is possible;
- (iii) The expense of residential care compared to community based support

5.2. What are the Child Community Reintegration Models used by the Child Care Facilities in Zambia?

The findings of the study indicate that all the CCFs that participated in the study follow the Government of Zambia policy of reintegrating children back into the community, as outlined in the Alternative Care and Reintegration Guidelines (MCDSS, 2017). Also, they abide with Article 3 of the UN Guidelines for alternative Care of Children (UN, 2010). The study participants were asked to justify the need for child community reintegration and all the six participants pointed out that it was government policy to reintegrate children back into the community. The Zambia's Alternative Care and Reintegration Guidelines (MCDSS, 2017) state that institutional care should be viewed as a measure of the last resort and that child community reintegration is the most desirable permanent solution for children in CCFs. It should be sought as a priority, even if the family of origin does not seem 'ideal' or their way of life was deemed different from that of the majority of the population. Study participants demonstrated appreciation of the reintegration process making reference to the UN Guidelines for the Alternative Care of Children which stresses the importance of children growing up in a stable family environment. They believed that it was their responsibility as CCFs to support efforts aimed at keeping children in their families or returning them to the care of their families in an event that they were been placed in alternative care.

The widely used community reintegration models by participating CCFs include biological family, extended family or kinship care and resettlement (under group or independent living) within the community. The models highlighted above are among the recommended reintegration models in the Alternative Care and Reintegration Guidelines for Zambia. However, Januario *et al.* (2016: 28) is in agreement with the study findings that the much needed child community

reintegration option in Zambia “is the kinship care notwithstanding the fact that issues stemming mostly from poverty limited the care that extended family members were able to provide”. Muguwe *et al.* (2011) and Lavin *et al.* (2013) further agrees that with the findings by stating that the dominant child community reintegration options used by most child care facilities include extended family or kinship care. Study findings established that it was important to reintegrate the child with biological parents or extended family where the child had spent most of his/her time. Attachment theory has implications on the findings of the study as reintegrating children with biological parents or extended family plays well with the process of reattachment. Biological parents or extended family environments makes it easier for relationship building with reintegrated children. Completely new environments disrupt the whole process of reattachment and makes it very difficult and sometimes almost impossible for reintegration.

The study revealed that biological parents, extended family or kinship care, resettlement or independent living were the main child community reintegration options. Contrary to Munthali (2019: 17-18) and Muguwe *et al.* (2011:144) who have included foster care and adoption as options for child community reintegration, the study established that the two were not part of the reintegration models but alternative care services or options.

The study also revealed that some children had been reintegrated with biological parents despite being the least used option. Muguwe *et al.* (2011) agrees with the finding that biological parents despite being one of the six tier safety nets system under the child community reintegration it was not a common option. Most CCFs reintegrated children with their extended families as that is where children had spent most of their time and as such relationships were quite easier to rebuild whilst complete new and strange environments would make it very difficult for children to reconnect with the new relationships. Study findings established that independent living was widely used for reintegrating young people above the age of 18 years who had completed college and were ready to be linked to the corporate world for employment.

The study discussion is in line with the attachment theory in the sense that CCFs needed to reintegrate children with biological parents, extended family or community where the child had spent most of his/her time. Proponents of attachment theory argue that children who do not have

a primary care figure, such as those raised in CCFs, may fail to develop the sense of trust needed to form an attachment (Bowlby, 1969). When caregivers respond quickly and consistently, children learn that they can depend on the people who are responsible for their care, which is the essential foundation for attachment. It is therefore essential for CCFs to use such models as they reinforce the process of attachment.

The findings further confirmed the MCDSS reintegration framework which provides for kinship care, biological parents and independent living as reintegration models/options.

5.3. What are the Successes of Child Care Facilities in Zambia with Child Community Reintegration?

This study revealed that a number of children had successfully gone through child community reintegration. It was learnt that there were a number of factors that contributed to successful reintegration of children back into the community. The successes with child community reintegration highlighted include the following; development of the alternative care and reintegration guidelines; empowerment support services to families reintegrating children; creation of linkages with private businesses for employment opportunities for your people in CCFs and strong collaboration between local churches and CCFs in the process of child community reintegration. Other successes with child community reintegration include fostering creation of a bond between children identified for reintegration and their families through exchange visits, orientation of guardians on parenting skills and child rights as well as conducting post reintegration follow-ups through use of phone calls.

The CCFs in study revealed that they participated in the development of the alternative care and reintegration guidelines which were spearheaded by the Ministry of Community Development and Social Services. The Alternative Care and Reintegration Guidelines are meant to guide the process of handling the return of children from CCFs to their birth families. The guidelines provide a structured way of following through the reintegration process. The national Residential Child Care Standards for CCFs in Zimbabwe and UN Guidelines for Alternative Care provide a framework that help CCFs to implement child community reintegration in a more structured

manner, (Muguwe, 2011; McMillan et al, 2014). The Alternative Care and Reintegration Guidelines are therefore one of the success of the child community reintegration programme.

The study revealed that over 400 children from the CCFs under study had successfully being reintegrated either with their extended family or biological family between 2018 and 2019. In Rwanda and Ethiopia for example, most child care facilities were closed after a successful reintegration of children back into the community (Kuer, 2015 and Lavin *et al.*, 2013). Hope and Homes for Children (2017) argues that in Rwanda since 2011, nearly 2,000 children and youth from 15 child care facilities were reunited with their families, placed with extended or alternative families, or moved into independent or community living. In Malawi, the number of child care facilities dropped by 21% between 2014 and 2017. The reduction in the number of children in CCFs between 2014 and 2017 was attributed to the Reintegration Programme (MHRC, 2017). Findings of this study therefore shows progression in the number of children and young person's successfully being reintegrated back into the community.

The study revealed that complete documentation and existence of exit strategies for each child in the CCF was one of the successes of Child Community Reintegration as it led to successful tracing of parents or relatives for children under reintegration. Studies in Malawi and Rwanda argued that incomplete personal information on children and inadequate reintegration planning by Child care facilities made it difficult in locating children's relatives (Limhani, 2016: 17; Kuer, 2015: 52; Muntali, et al., 2016:23 and Lavin *et al.*, 2013: 36). This was not the case amongst CCFs that participated in this study. CCFs under this study used the MCDSS forms 1 to 7 (Child Intake Form - Child in Need of Care, Child Case Record, Child Assessment, Review and Planning for children, Screening and Planning for Reintegration, Reintegration Assessment, Review and Planning, and Reintegration Agreement. CCFs adequately filled in intake/admission forms for each child and prepared individualized child reintegration plans.

There are some young persons who may not have anyone to return to or may choose to start an independent life. This study revealed that some CCFs facilitated resettlement or independent living for such youths by providing them with a resettlement package. The reintegration study in Malawi agrees with findings of this study stating that the monitoring of the reintegrated children in early 2017 in Malawi, found that only 0.9% of the reintegrated children reported that they

were living independently after being reintegrated (Munthali, 2019). Three out of six CCFs successfully reintegrated 47 youths through the independent living model linking some to work under Shoprite, Sandy's Creation, Mika Group of companies and Pep stores in Lusaka. It is therefore important that CCFs network with the corporate world in order to foster employment opportunities for the youths identified for resettlement. CCFs should therefore learn how to tap into the private sector and make them accountable through their corporate social responsibility by giving back to the community through offering employment opportunities to youths from Facilities.

Literature reviewed indicated that a number of organizations such as Retrak Ethiopia provided necessary skills and financial resources to enable young people from CCFs reintegrate successfully into the community (JACH, 2002). Findings of this study agree that young people reintegrated successfully according to their potential and skills they may have obtained through high schools, Universities, technical colleges and vocational training centres. The study further revealed that majority of young people from CCFs resettled under independent living or group living were linked to private companies for employment. Therefore, opportunities for skills training for young people in the CCFs form part of sustainable reintegration measures.

The study revealed that some CCFs provided economic support to households targeted for reintegration which includes family preservation such as food nutrition and skills. In Rwanda and Malawi, families as well as foster parents received financial and material assistance in order to adequately provide for the well-being of reintegrated children (Kuehr, 2015 and Munthali, 2019). This study further revealed that assessments of families reintegrating children were always done to ascertain capacity and that some families targeted for reintegration were linked to different entrepreneurship programmes such as village banking as well as the Government run social cash transfers. It can therefore be argued that economic empowerment to strengthen the families' capacity and willingness to accept their children for reintegration is very critical.

The study findings established that most CCFs took advantage of the technological advancements to carry out post reintegration follow ups. It was found that most post reintegration follow-ups were made through phone calls through neighbors, local churches and schools within the community where the child had been reintegrated. JACH (2002:11) further

agrees with the findings arguing that until a reintegrated child or young person proves that they are able to adjust to the local community setting, follow up activities were performed using different mechanisms to support them in their emotional stability. Additionally, literature from Ethiopia indicate that post reintegration follow-ups were done through letters, telephone and other communication means with families and local government authorities. The use of technology i.e. phone calls during post reintegration follow-ups helps to break the attachment between children and facility workers.

The study revealed that CCFs sensitized guardians and community leaders on the importance of children growing up in their own families. Munthali, et al. (2019:26-32) concurs with the study findings arguing that sensitization of guardians and community members made them appreciate why children should be withdrawn from CCFs. Therefore, the involvement of guardians and community leaders in the process of reintegration enhanced their role in monitoring the welfare of the reintegrated children. JACH (2002:7-8) further agrees that local government authorities and community elders have played vital role in assisting children to adjust themselves to the community life. The involvement of guardians and community leaders was therefore one of the successes of child community reintegration.

The study revealed that children in the CCFs and their parents/relatives identified for child community reintegration demonstrated willingness to reintegrate. Munthali, et. al. (2019:34) and JACH (2002:7-8) both argue in agreement with these findings stating that willingness of the child to reintegrate and the guardian's acceptance of reintegration was as a result of a deliberate process of engagement with both the child and their relatives. This process started immediately the child is admitted into the CCF. Therefore, in order to ensure that children were willing to leave the CCF and return to their parents and family, there was need to address factors which could have made the child to leave the family home for CCF. It is also important that CCFs commence the process of reintegration immediately after admitting children into the facility

Contrary to Munthali et al (2019:34) and JACH (2002:7-8) who pointed out that there was resistance from staff in the CCFs as a result of their fear for job insecurity, the study found that

CCF staff were very supportive of the reintegration programme and that they celebrated successful reintegration as their own success.

Study findings also revealed that most CCFs had started implementing community-based child care projects aimed at meeting the needs of children at risk of separation within their families as opposed to institutional care. CCFs identify children at risk of separation in the community, assess their needs and where appropriate, provide needed support within the community and for those whose needs cannot be met by CCFs they are referred to other service providers. Similarly, JACH (2002:2) in Ethiopia, Jerusalem Association of Children's Homes made a strategic shift from institutionalization of children and started working in community-based child care projects. On the other hand, Hope and Homes (2017) contend that the ACTIVE Family Support model in South Africa demonstrates how to strengthen families and help prevent separation through timely and tailored support. They further report that from 2001 to 2011, a total of 4,460 children and youth were supported within their families. In Zimbabwe (Muguwe, et. al, 2011) contends that the child community reintegration introduced community based programmes in the form of satellite centres where orphaned and vulnerable children who reside in the community with their relatives are provided with food supplies on a daily basis with the help of the community. Hence, the value and importance of community-based child care projects cannot be over emphasized as it promotes supporting of children in need of care and their families within the community.

The study revealed that women were in most cases more receptive and quicker to embrace children being reintegrated compared to men. The study further established that it was easy to engage with female family members during the process of family tracing, reunification and reintegration. The woman figure is very critical to the process of reintegration as it assures the safety of the child being reintegrate. This finding was very important and ground breaking as none of the literature reviewed comes out clear on the critical role of women in child community reintegration.

The study found successful reintegration involves preparing the child, family and community for reintegration. It also involves carefully planning for reunification, restoration of trust and rebuilding of relationships through extensive follow up support to the child and family as well as

restoration of trust and rebuilding of relationships by working with the wider community. The reintegration study in Malawi also found that the success of a reintegration process was based on a five step framework involving, a careful/rigorous and participatory assessment and decision making about the suitability of the child and family for reintegration (Munthali, et. al. 2019). The study agrees with Muntahli revealed findings It also involves preparing the child, family and community for reintegration, carefully planning for reunification, restoration of trust and rebuilding of relationships through extensive follow up support to the child and family as well as restoration of trust and rebuilding of relationships through work with the wider community. Additionally, he notes that this is done with a recognition that children (and families) may feel ambivalent about leaving institutional care and living together again.

The study established that CCFs could only determine a successful child community reintegration, when families were able live on their own and manage to work on their problems. On the other hand, MCDSS (2017: 48) established that “there were 31 CCFs that reported children returning to the facility after reintegration”. Kauffman, et al. (2012) contend that reintegration is not successful if majority of the children reintegrate return back to the CCF. Studies by Kauffman, et al. (2012) and MCDSS (2017) agree with findings of this study contending that successful child community reintegration is assured when non or only a few children return to their former CCF after reintegration. The study also established that another good indicator for successful child community reintegration is when the child remains with the family for at least three months after reintegration in the same home where he/she was originally reintegrated. Some exceptions only come when the family relocates or they feel it was in the child’s best interest to be placed in another home. It can also be seen from expressions of happiness from the child that the reintegration was a success.

5.4. What are the Challenges Encountered by the Child Care Facilities in Zambia in the Reintegration of Children into Communities?

The major challenges faced by study participating CCFs include inadequate finance and human resources. It also noted that implementing child community reintegration was a costly venture. Study findings agree with findings in Malawi and Zimbabwe which contend that most CCFs do not provide aftercare support for care leavers and that any support that provided was often of

poor quality due to lack of funding (Lerch, *et al.*, 2013 and Muguwe, *et al.*, 2011). The study further established that for CCFs that received financial support from the MCDSS, they received very negligible amounts despite performing functions that were otherwise supposed to be performed by the Department of Social Welfare.

The study findings concur with Munthali, *et al* (2019:15) who contend that there is shortage of funding to enable the Ministry effectively implement the Reintegration Programme. The study further established that CCFs received little or no funding from Government to facilitate child community reintegration, contrary to findings by (Muguwe, *et al.*, 2011:147) who argued that successful child community reintegration in the developing countries was as result of government budgetary support for reintegration programmes. Study findings therefore established that despite Government's hyped child care reform agenda there has been no matching financial resources to CCFs to accelerate the implementation of the child community reintegration programme.

It was further found that inadequate number of trained human resources in both CCFs and the Department of Social Welfare was a serious challenge for the reintegration programme. Studies in Zimbabwe and Malawi identified similar challenges (Munthali, 2017; Williamson, *et. al.*, 2010). Januario *et al.* (2016) further agrees that lack of full involvement and support by District Social Welfare Officers during post reunification and reintegration follow-ups with the family and child was a huge area of concern. They attributed this problem to the critical shortage of social welfare officers (SWOs) at District level. The study also established that sometimes CCFs could not proceed with family tracing or reunification activities in the absence of the MCDSS assigned juvenile inspectors mandated by the Juveniles Act CAP 53 of the Laws of Zambia to undertake home visits. Lusaka District for example may not have adequate number of juvenile inspectors in comparison with the number of children in CCFs willing to reintegrate. This poses a challenge on the implementation of child community reintegration.

The findings in Ethiopia contend that the discrepancy between the given name to the child during childhood and their given name on the street created a lot of problems during family tracing (JACH, 2002:7). Study findings affirmed that mostly children withdrawn from the streets and placed in CCFs used given names of the street as a survival strategy. Street names were usually

different from given names before family separation and that caused challenges during family tracing.

The findings in Ethiopia further established that most CCFs faced difficulties with reintegrating children with disabilities and that it was uncommon for children with disabilities to be adopted (JACH, 2002). Findings from targeted CCFs under this study confirms the argument by the JACH as it revealed that children with mental and physical disabilities found it difficult to be reintegrated as no family member was willing to take them in.

Contrary to Kauffman *et al.* (2012) and Lerch *et al.* (2013) who reported the lack of a system to monitor the reintegration of children and oversight of institutions by government as a major problem in implementing child community reintegration. This study however established that clear monitoring framework was in place provided for by the reintegration guidelines but the only challenge was lack of adequate juvenile inspectors to conduct post reintegration monitoring. Furthermore, the study agrees that the level of support towards identified needs for reintegrated children and their families was limited.

The study revealed that care givers (mothers) in CCFs tended to build strong bonds or attachment with children they provide care to, and oftentimes such attachments tended to prove difficult to break as they involve a lot of emotions. This study further noted that such attachments negatively affected children leaving care and at the same time contributed to retrogression in the reintegration process making it difficult to break such attachments during the process of child community reintegration. Wedge *et. al.* (2013: 26) agrees with this study findings arguing that while it was important to encourage affection by caregivers to children in CCFs, staff needed to be trained and supervised so that they can stand back from their own attachments and help children reintegrate with biological families. Staff also need support to prepare for and deal with the occasion when they do say goodbye to children. Therefore, study findings were in line with the attachment theory as CCFs caregivers were encouraged to adopt strategies that support attachment of the child with their families during child community reintegration.

The study found that a number young people returned back to the CCF after resettlement following the mismanagement of their resettlement package. The study also revealed cases of children who were brought back to child care facilities by their parents after reintegration on account that they had failed to cope with the behavior of the child. It was also found that most parents came back to the CCF for financial and or material support for the child post reintegration. The study findings agree with Muguwe, et. al. (2011:148) who argues that a number of children run away from their relatives and foster parents after re-integration. She further established that most of the children were running away from abuse by relatives whilst others experienced language differences resulting in communication breakdown. Muguwe, et. al. (2011) also contends that visible tensions and lack of mutual understanding characterize the relationship between many reintegrated children and their extended families or foster parents. The study notes that this posed a major challenge towards successful child community reintegration.

It was noted that CCFs that participated in this study were sensitized and appreciated the idea about child community reintegration, contrary to Limbani (2016:30) and Muguwe, et al. (2011:148) who argued that some child care facilities resist child community reintegration on grounds that employees would be out of employment and concerns for possible negative life outcomes for reintegrated children as the support for children usually cease upon leaving CCFs. The study findings agree to a certain extent with Tolfree (1994:71) and Munthali (2019:11) who contend that some biological parents and extended family members resist reintegration due to the inability to provide adequate care for children, given the high incidence of poverty and vulnerability. Additionally, JACH (2002:7) argue that a few parents resisted to accept their children for many reasons, including one that some parents might have already concluded that the child is already dead.

In addition, the discussion is in agreement with the theory of the study in so far as it highlights the negative implications of the lack of attachment or its disruption in the process of child community reintegration thereof. According to Duncan (2005), the most important tenet of the attachment theory is that an infant need to develop a relationship with at least one primary caregiver for social and emotional development to occur normally, and that further relationships

build on the patterns developed in the first relationships. The study findings agree with that theory as it was revealed that there were a number of reintegrated children that had come back to CCFs as a result of failure to detach from the facility and successfully attach with their families. The study established that a number of families whose children returned to CCFs had failed to cope with the behavior of the child. The implications of the attachment theory in this case CCFs ought to be deliberate in supporting and working with families to promote reattachment behaviors and actions. Enabling family contact, in terms of visits by children to their families and vice versa is one sure way of promoting reattachment.

In some instances, it was revealed that some parents actually went back to the CCFs for financial and or material support for their children post reintegration. On the other hand, study findings show that a number of children run away from abusive relatives whilst others went back to CCFs due to differences in language, resulting in communication breakdown. Wedge, et al. (2013) also agrees with findings of this study stating that strong affection between caregivers and children in CCFs negatively affect the attachment process between children and their biological families.

5.5. Application of Attachment Theory

Theoretically therefore, the study aimed to investigate the experiences of child care facilities in Lusaka District of Zambia with child community reintegration. The study was motivated by the apparent consensus within the reviewed literature that institutional child-care not only tends to result in some forms of deprivation but also exposes children to experiences that have both short and long-term developmental consequences, hence need for special consideration during the reintegration process. The attachment theory was therefore critical to the process of reintegration and child facility social workers can therefore not afford to ignore its influence.

The attachment theory is in conformity with the foregoing discussion in regard with the successful reintegration. The study established that the willingness of children to be reintegrated and that of the parents/guardians to accept their children to return was key to successful reintegration. Bowlby (1969:31) believes that “disruption of the primary relationship could lead to emotional difficulties and antisocial behavior”. Hence efforts to enhance reattachment during the process of child community reintegration was critical. The study findings are in line with the

theory as they demonstrate efforts to promote post reintegration follow-ups using phone calls to neighbors, local church and school within the community where the child had been reintegrated. This was done so as not to disrupt the child's attachment process with their family. According to Bowlby's theory mothering is almost useless, if delayed until after two and a half to three years and, for most children, if delayed till after 12 months. The study findings established that most CCFs encouraged guardians or families to pick up their children from CCFs whenever they are ready even before the end of 3 years. Bowlby (1969), the proponent of attachment theory believes that the relationship between the infant and his mother during the first five years of life was most crucial to socialization.

In addition, the discussion is in agreement with the theory of the study in so far as it highlights the negative implications of the lack of attachment or its disruption in the process of child community reintegration thereof. According to Duncan (2005), the most important tenet of the attachment theory is that an infant need to develop a relationship with at least one primary caregiver for social and emotional development to occur normally, and that further relationships build on the patterns developed in the first relationships. The study findings agree with that theory as it was revealed that there were a number of reintegrated children that had come back to CCFs as a result of failure to detach from the facility and successfully attach with their families. The study established that a number of families whose children returned to CCFs had failed to cope with the behavior of the child. In some instances, it was revealed that some parents actually went back to the CCFs for financial and or material support for their children post reintegration. On the other hand, findings in the study conducted in Zimbabwe agree with the theory arguing that that a number of children run away from abusive relatives whilst others did so due to differences in language, resulting in communication breakdown (Muguwe, 2011).

The theory helps us to understand abuse of children in the relative's homes, children running away from relatives and biological parents after having been reintegrated as well as a breakdown in communication between reintegrated children and their families. This is as a consequence of a faulty attachment. The attachment theory assumes that disruptions of reintegration occurs in the absence of attachment between families and the child. The Attachment theory further explains that in the absence of a good relationship or attachment between the child and their guardian, children establish

and obtain attachment from alternative sources. Alternative attachment sources include care givers and person who have direct contact with the child, this explains the bond that children build with care givers in the CCF. Therefore, attachment theory calls for deliberate efforts for CCFs to facilitate detachment and attachment for children being prepared for reintegration. Some of the interventions undertaken by CCFs include facilitating visitations of Children by family members in the CCF as well as children visiting families during holidays. These interventions and many others are imperative if guardian to child relationship is to be nurtured, established, or restored; future disruptions to parenting (attachment) prevented; and the developmental and emotional needs of children be met within a healthy family environment and belief system.

It should therefore be concluded that decisions concerning children in alternative care, including those in informal care, should have due regard for the children's continuous attachment to their caregivers, with permanency generally being a key goal. The attachment theory provides a better understanding of the possible life outcomes for children after leaving the biological nuclear families and placement in the child care facilities; and after reintegrating back into the community. The appreciation of the theory helped the researcher see value in the findings of this study related to the challenges and successes faced by child care facilities with child community reintegration.

5.6. Summary of the Chapter

This Chapter presented the discussion of the findings of the study discussion in line with experiences of child care facilities in Zambia, with child community reintegration. Amongst the salient issues that the study revealed were that reintegration guidelines played a critical role in child community reintegration and that kinship care/extended family system was the most common child community reintegration option/model used by CCFs. Contrary to reviewed literature, the study actually established that most CCFs opted for the use of phones during post reintegration follow-ups other than physical follow-ups as phone calls proved cheaper as well as enhanced the child-family attachment process.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1. Overview

The previous chapter discussed the findings of the study. This chapter presents the conclusions and recommendations of the study on the Experiences of child care facilities with Child Community Reintegration in Lusaka District, Zambia.

6.2. Conclusion

Arising from the discussion in the previous chapter on the experiences of child care facilities with child community reintegration, it is evident that the research questions have adequately been answered.

The study concluded that the child community reintegration models (options) used by CCFs that participated in the study include extended family or kinship care, biological parents and independent living or resettlement. It was further found that extended family or kinship care was a much needed child community reintegration model/option. Efforts should therefore be invested in strengthening the extended family system as it plays a key role of social safety net for children in need of care. The researcher is of the view that parenting skills should be imparted on parents in the community, emphasizing the value of extended family and encouraging parents link their children to members of the extended family. This will enhance familiarity and bonding between children and their extended family.

The study also concluded that successes of child care facilities with child community reintegration, the study concluded that CCFs successfully collaborated with Community Development Assistants (CDAs), Community leaders and the local churches during child community reintegration. CDAs, Community leaders and the church took up the role of gatekeepers and case managers for reintegrated children. They facilitated smooth reintegration and reattachment between the child and his or her family. Partnership and collaboration with key stakeholders such as the church, community leaders, community development assistants and other child focused organizations was critical to the success of child community reintegration. Collaboration with the private sector such as Hotels helped create employment linkages for young people opting for independent living. The study established that a number of young people were linked to corporate organizations for employment that enhanced the independent living model. The study further appreciates the role played by community leaders, the church and CDAs who provided oversight as well as made follow ups and support for the reunified child to ensure smooth reintegration.

In regard to major challenges encountered by CCFs in the process of reintegrating children back into communities include; inadequate human and financial resources as well as economic instability in most families. The study also concluded that most parents in the community lacked parenting skills which could be one of the reasons why children separated from their families, posing a big challenge for child community reintegration. It was further concluded that CCFs experienced challenges reintegrating disabled and mentally impaired children as no relative was willing to accept them. Inadequate human and financial resources affected the smooth implementation of the reintegration programme. CCFs, found it difficult to effectively conduct family capacity assessments, post reintegration follow-ups and facilitation of child family contacts due to inadequate financial and human resources. The reintegration programme was further affected by lack of parenting skills amongst many parents identified for reintegration a situation which might have led some children to return to the CCF after reunification.

The findings in this study will potentially help the Government of Zambia's efforts to scale up child community reintegration as the most desirable permanent solution for children in residential care.

6.3. Recommendations

In view of the findings above the study makes the following recommendations:

- i. The Government should ensure that family strengthening and economic empowerment interventions targeting relatives of children in CCFs are scaled up.
- ii. The Government with support from development partners should ensure the availability of adequate and sustained funding of the Reintegration Programme.
- iii. CCFs and the MCDSS should actively involve community leaders, churches and other religious groups as gatekeepers as well as critical players in the reintegration process.
- iv. The MCDSS and CCFs should promote the delivery of community-based care for children without appropriate care including those at risk of separation as it is much cheaper compared to residential care and more children would benefit.
- v. CCFs should facilitate visits between children and their families as a prerequisite for reintegration in order to aid the process of bonding and reattachment.
- vi. CCFs and Department of Social Welfare should scale up the use of mobile phones for post-reintegration follow up activities.

6.4. Recommendations for further Research

Further research should be conducted with a greater amount of participants and with children themselves as key informants. It would be ideal for instance to interview children under the independent living reintegration model since some of them are older and could have completed tertiary education. There will be need for the next study to take a strength-based approach in order to focus on what is positively influential in the reintegration process, such as factors that were not identified in this study. Further information may possibly lead to the review of some old pieces of legislation the Juveniles Act CAP 53(no 4 of 1956). Due to the fact that this is a fairly unexplored topic, there could be many ways in which this study can be taken further. Social workers and other professionals may wish to build on this study by exploring factors that lead to positive outcomes for children leaving child care facilities. This recommendation is arising from the knowledge gap which exists in literature.

6.5. Limitations of the Study

This study contained a few limitations, with one being the sample size. Because of the nature of this study and the timeframe, the researcher was able to interview six participants. Findings may have varied if the number of participants was larger. A second limitation was the recruitment process. Participants were recruited through the use of a purposive sampling technique as participants were not randomly selected. Generalization of the findings is therefore limited due to the methodological challenges associated with the use of small sample size and non-randomization in the sampling process. Despite this limitation, the study generated useful information to help with understanding the experiences of child care facilities with child community reintegration.

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APPENDICES

Appendix i: Interview Guide

THE UNIVERSITY OF ZAMBIA

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

POSTGRADUATE STUDIES

DEPARTMENT OF SOCIAL WORK AND SOCIOLOGY

TOPIC: EXPERIENCES OF CHILD CARE FACILITIES WITH CHILD COMMUNITY

REINTEGRATION IN LUSAKA DISTRICT OF ZAMBIA

1. What are the child community reintegration models used by the childcare facility?
 - What are the commonly used community reintegration model(s) by the childcare facility?
 - What is the rationale/reason for use of these community reintegration model(s)?

2. What challenges/problems the Child Care Facility encounters in the reintegration of children in the community?
 - What factors contribute to these challenges?
 - How does the Child Care Facility cope with these challenges?

3. What accomplishments/successes made by the Child Care Facility in the reintegration of children in the community?
 - What factors have contributed to these successes?
 - How does the Child Care Facility determine/assess successes in reintegrating children in the community?

THANK YOU VERY MUCH FOR YOUR RESPONSES

Appendix ii: CCFs - Case Management Forms



Ministry of Community Development and Social Services

Department of Social Welfare

Form 1. Child Intake Form - Child in Need of Care

Please tick the boxes as appropriate			
Referred by:			
Self <input type="checkbox"/> Parent or family member <input type="checkbox"/> Doctor <input type="checkbox"/> School <input type="checkbox"/> NGO <input type="checkbox"/> Health Facility <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Court <input type="checkbox"/> CWAC <input type="checkbox"/> Chief <input type="checkbox"/> CDA <input type="checkbox"/>			
Other <input type="checkbox"/> Specify:			
Name of Referrer:		Date of referral:	
Address of Referrer:		Phone Number:	Email:
Organisation/Agency/Department/Other – please specify:			
Child and Family Details			
Child's Last Name:		Age	DoB
Child's First Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Current Physical Address			
Name of Parent/Guardian/Caregiver		Phone Number	
Address of Parent/Guardian/Caregiver			
Reason for Referral			
1. Welfare Assistance Case: For advice from DSW <input type="checkbox"/> Child or family in need of services or economic support <input type="checkbox"/>			
2. Child Protection Case: Child in danger of harm <input type="checkbox"/> Child is at risk <input type="checkbox"/> Child in need of alternative care <input type="checkbox"/>			
Referral for action for Welfare Assistance Case			
Child and Family in need of Economic Support or other services		Financial Provision <input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Bedding <input type="checkbox"/> Clothing <input type="checkbox"/> School costs <input type="checkbox"/> Refer to CWAC <input type="checkbox"/>	
		Other <input type="checkbox"/> Please specify:	
Risk Assessment for Child Protection Case			
Child has suffered serious harm or is at risk of serious harm <input type="checkbox"/>			
Child with Disabilities: Child with physical disabilities <input type="checkbox"/> Sensory disabilities <input type="checkbox"/> Mental disability <input type="checkbox"/> Learning disabilities or emotional and behavioural disabilities <input type="checkbox"/>			
Parental illness/disability: Terminally ill <input type="checkbox"/> Illness (short term) <input type="checkbox"/> Severe mental illness <input type="checkbox"/> Mild mental illness <input type="checkbox"/>			
Disabled (Mild) <input type="checkbox"/> Disabled (Severe) <input type="checkbox"/>			
Family in acute distress: Homeless Family <input type="checkbox"/> Unsupported single parent <input type="checkbox"/> Death of bread winner/primary carer <input type="checkbox"/>			
Chronic poverty <input type="checkbox"/>			
Family dysfunction: Abusive parent <input type="checkbox"/> Alcohol or drug misusing parents <input type="checkbox"/> Domestic violence <input type="checkbox"/> Inconsistent parenting <input type="checkbox"/> Family breakdown <input type="checkbox"/>			
Child's exhibiting socially unacceptable behaviour: Violence <input type="checkbox"/> Disorderly behaviour <input type="checkbox"/> Offending <input type="checkbox"/> Truancy <input type="checkbox"/> Problematic sexual behaviour <input type="checkbox"/>			
Absent parents: Parents died <input type="checkbox"/> Child on the street <input type="checkbox"/> Parents have migrated <input type="checkbox"/> Parents in prison <input type="checkbox"/> Abandoned Child <input type="checkbox"/> Stranded Child <input type="checkbox"/> Unaccompanied migrant child <input type="checkbox"/> Separated migrant child <input type="checkbox"/> Child-headed household			
Parenting child: Children assuming caring responsibility for chronically ill, addicted, or disabled parents <input type="checkbox"/>			
Initial assessment of Child Protection Services Required			
Child at risk:		Counselling <input type="checkbox"/> Advice information <input type="checkbox"/> Support for parent/care <input type="checkbox"/>	
		Supervision Order <input type="checkbox"/> Refer to CWAC <input type="checkbox"/>	
Child in need of alternative care		Alternative care placement required	
		CCF <input type="checkbox"/> Kinship care <input type="checkbox"/> Foster care <input type="checkbox"/>	
Child has suffered harm or is in danger		Alternative care placement required	
Home visit required <input type="checkbox"/> Police Report required <input type="checkbox"/>		Medical Examination Required <input type="checkbox"/> CCF <input type="checkbox"/> Foster care <input type="checkbox"/> Kinship care <input type="checkbox"/>	
Additional Comments:			

Action				
Suggested immediate action to be taken:				
Signature of person taking the referral :			Date:	
Sharing information and decision making		Date	By whom	
Investigation and follow up to be made by:		Date requested	Police, Health, CDA, CWAC: insert name and phone contacts	
Information Received from Police and Medical Examination				
Findings and decisions of DSWO after investigation				
Decision		Tick	Date	Comment
Advice Given	No further action required	<input type="checkbox"/>		
Welfare Case	Child in is need and is offered or referred for services	<input type="checkbox"/>		
Child Protection Case	Child at risk but can stay at home or with relatives	<input type="checkbox"/>		
Child Protection Case	Emergency Protection place of safety required	<input type="checkbox"/>		
Child Protection Case	Recommendation for placing child in CCF	<input type="checkbox"/>		
Child Protection Case	Recommendation for placing child in Foster Care	<input type="checkbox"/>		
Child Protection Case	Full assessment required	<input type="checkbox"/>		
Child Protection Case	Case Management required	<input type="checkbox"/>		
Allocated for case management to: _____				
Signature of DSWO: _____				



Ministry of Community Development and Social Services

Department of Social Welfare

Form 2: Child Case Record

To be completed on all children when they are admitted into a Child Care Facility or placed in Foster Care. A copy is to be held by the District Social Welfare Office and the CCF

Full names of child	Last Name:		
	First Names:		
Nickname if used			
Date of birth:	Age:	Sex:	Religion:
Name and relationship for last known family carer			
Last known address of child			
Reason for CCF admission or foster care placement (Please tick more than one reason if appropriate)	Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Abandoned <input type="checkbox"/> Both parents deceased <input type="checkbox"/> Relatives not able to care <input type="checkbox"/> Parent's Disability <input type="checkbox"/> Parent's Mental illness <input type="checkbox"/> Parents in prison <input type="checkbox"/> Family breakdown <input type="checkbox"/> Runaway <input type="checkbox"/> Child with Disability <input type="checkbox"/> Access to Education <input type="checkbox"/> Economic reasons <input type="checkbox"/> Single parent carer <input type="checkbox"/> ART adherence issues <input type="checkbox"/> Other reasons – please specify		
Give details of any child protection issues			
Family origin identifiers			
Nationality:			

House No. and Road:	
Township:	
Village:	
District:	
Other Details:	
Tribe:	
Chief's Name:	
Case Management	
Name of DSW Case Manager	
District	
Phone number	
Email address	
Date this CCF or Foster placement began	
Name of child's Caseworker in CCF	
Name of CCF or Foster Parents:	
Physical Address:	
Phone Numbers:	
Copy of Birth Certificate	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Assessment	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Court Report	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Previous care plans	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Committal Order	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Date of Committal Order	
Details of any previous CCF or Foster placements	Date Started Date ended Reason
Information on family contacts and visits to child	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Information on visits to family and relatives by DSW and CCF	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Reintegration plan	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Reviews and care plans	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Health Information	Not Available <input type="checkbox"/> Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>

School		Grade:
School Reports	Not Available <input type="checkbox"/>	Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Exam results	Not Available <input type="checkbox"/>	Hard Copy <input type="checkbox"/> Soft Copy <input type="checkbox"/>
Child's Family Details		
Mother		
Name		
Address		
Phone Number		
Vital Status	Living <input type="checkbox"/> Deceased <input type="checkbox"/>	
Occupation		
Please state how relationship has been verified:		
Father		
Name		
Address		
Phone Number		
Vital Status	Living <input type="checkbox"/> Deceased <input type="checkbox"/>	
Occupation		
Please state how relationship has been verified:		
Other important relatives or guardians		
Relationship to child		
Name		
Address		
Phone Number		
Vital Status	Living <input type="checkbox"/> Deceased <input type="checkbox"/>	
Occupation		
Please state how relationship has been verified:		

Other important relatives or guardians					
Relationship to child					
Name					
Address					
Phone Number					
Vital Status		Living <input type="checkbox"/>		Deceased <input type="checkbox"/>	
Occupation					
Please state how relationship has been verified:					
Details of Siblings					
Name	Age	Sex	Location	Name of Carer	Address/Contact Details
Contact with parents and family					
With whom					
Type of Contact:			Frequency of Contact		
Phone:			Daily <input type="checkbox"/>		Weekly <input type="checkbox"/>
			Quarterly <input type="checkbox"/>		Monthly <input type="checkbox"/>
			Annually <input type="checkbox"/>		Never <input type="checkbox"/>
			Other please specify		

Parents or family visit child:	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Never <input type="checkbox"/> Other please specify:
Home visit by child:	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Never <input type="checkbox"/> Other please specify
Is this contact supervised by the DSW or CCF Case Manager? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Disability and Health Issues relating to the Child	
Does the child have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes' give details of any special requirements:	
Health Details of any chronic medical conditions: Details of any allergies: Details of any regular medication:	
Any other important information about the child and the Family?	
Signature of DSW Case Manager:	
Date:	
Signature of CCF Case Manager	
Date:	

Form 3



Ministry of Community Development and Social Services

Department of Social Welfare

Form 3. Child Assessment

Full Names of Child		Last Name:	
		First Names:	
		Other Names:	
Nickname if used			
Date of Birth:			
Sex:			
Age:			
Details of previous referrals	Date	Referred by	Outcome
ASSESSMENT INFORMATION			
Below please consider each of the section headings and comment to the extent that they are relevant to the present situation. Base your comments on evidence and state whether you have visited the family at home or made other community contacts in the process of this assessment.			
What is the reason for conducting the assessment?			
Safeguarding the child			
Is there evidence that the child has suffered harm or is at risk of suffering harm.			

Is it safe for the child to remain living with the family? Please state the evidence.

If the child was referred to a Health Facility, is there evidence of abuse, neglect or harm; what does their report conclude?

If the child was referred to the police; what does the police report say?

Child's General Health.

General health condition (including information on nutrition, immunizations, hospital checks or accidents):

Information on the child's HIV status, any treatment as well as adherence issues:

Disability

Does the child have a disability? Yes No

If 'yes' give details of any special needs requirements:

Educational attainment and learning.

Provide information relating the child's school attendance, achievements, reports, views of teacher – please contact the school

Personal Development

Information on the child's physical development, motor skills, speech and communication emotional and social development, attachments, fears, attitudes, confidence, happiness:

Child's self-care skills (washing, toileting, dressing etc)

Has the child a stable and affectionate relationship with parents or caregivers? Yes No

Has the child a good relationship with siblings? Yes No

Does the child have age appropriate friendships? Yes No

Behaviour of child

Information on the child's lifestyle, evidence of self-control, reckless, self-harm, substance abuse, anti-social behaviour, offending, problematic sexual behaviour, violence, aggression

Child's attitude to reintegration or other family placement according to age and understanding

Regarding reintegration or other care plan, what course of action does the child favour? Who does the child want to live with? If the parents are deceased who are the family members with whom the child thinks he/she might be able to stay with? What is the child's preference?

About the parents or relatives

Please interview the parents and or relatives at their place of residence. It is important that the parents and/or relatives are visited first if they are alive and can be found. If they are deceased and cannot be found, please fill in the section below about the relatives who may be willing to care for the child.

Name of DSWO or Case worker from the CCF:

Date of visit for the assessment of the child's family:

Parental capacity or relative's capacity to care

If the parents are deceased, please fill in this section with regard to the last care giver.

What is your assessment of the current ability of the parents/relatives to provide basic care: food, shelter, clothes, etc?

Emotional ties: how do the parents demonstrate, love, affection and warmth regarding the child (positive elements)?

In what way if any are they negative about the child?

Sibling Care

If they are living with the parents/relatives how are the siblings being raised?

Guidance and boundary setting

What is the assessed ability of parents/relatives to set boundaries and provide guidance to the child?

Is there any evidence of excessive discipline?

About the family and community environment

Other contacts made in the community, CWAC, Church, School, with dates, on which the assessment is based

Family and Relatives,

How does the family and or the other social relationships including extended family support the child?

Is the family stable? Elaborate.

Any health, mental health, substance abuse, offending issues?

If necessary, can the relatives provide care for the child?

Relevant Housing, Employment, Financial Issues

What is the current position regarding housing, employment and income?

Do the parents or relatives migrate for work?

If the household is poor have they been assessed for cash transfer scheme, or other social protection programmes?

Do they qualify?

Community support

What child care services are available, day care, nursery, church?

What community support is available to parents or relatives?

CONCLUSIONS, DECISIONS & ACTION

Now the assessment is completed you need to record conclusions and decisions. Work with the child or young person and/or parent/carer.

Who was present and participated in the decision making?

What are the challenges that need to be overcome for this child to continue to live with his/her family or a relative?

Will the child be at risk of serious harm if he/she continues to live with the parents or family? If yes, please describe and provide evidence

What do you see as the necessary support services and/or material support that would enable the child to continue to live in the family?

What course of action does the child favour?

What course of action do the parents and/or relatives favour?

Placement: If there are no parents or relatives, or the child has been abused by the family, what form of care is going to be best for the child? Give reasons.

- Kinship
- Foster care
- CCF
- Adoption

What is the Action Plan? Give reasons why you have chosen that course of action and what you want it to achieve

Action	By whom

Child or young person's comment on the assessment and actions identified
Parent or carer's comment on the assessment and actions identified

Signed by Parent/Carer where possible Date.....

Signed by the Child where possible..... Date.....

Name & Signature of authorized social worker making assessment

Name.....

Signature.....

Date.....

Signed by DSWO

Name.....

Signature.....

Date.....



Ministry of Community Development and Social Services

Department of Social Welfare

Form 4: Review and Planning for children

This form should be filled in 6 months after the initial assessment and care plan is made using information collected in Form 3. The review and planning should be conducted every 6 months (unless agreed by all parties that this can be done annually) while the child is in a CCF, in the foster family.

Please use information contained in the Child Information Record and/or the Assessment in the review and planning process.

**Please review the case after 3 months if the child has been abandoned and the mother / parents / relatives are not visiting.*

Name of Child	
Date of last care plan or review meeting	
Date of this meeting	
Does the child/young person have a Form 3 Assessment?	
Does the child have a Committal Order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Caseworker's intervention since admission/care plan/last review, whichever is latest.	
If the child is in a CCF, please state what efforts have been made regarding reintegration with family or finding extended family (kinship care) or a foster family.	

If the child is being fostered please state what efforts have been made regarding reintegration with his/her birth family or finding kinship care, or developing a permanency plan with regard to adoption.

Social worker contact date(s) and visits since assessment/admission/last review with family members

Name of Social Worker	Name of family member contacted	Date

Date(s) of meetings or CCF case reviews regarding the child since assessment or last review

Date	Type of Meeting	Date	Type of Meeting

Review of child's contacts

Has the child/young person had contact with relatives since the last review? Yes No

Name of relative	Relationship to child	Date of contact	Type contact: Visit Home visit Phone	Length of contact

REVIEW AND REVISION OF CARE PLAN**How far have the care plan objectives/review outcomes/action been achieved?** Fully achieved Partially achieved Not achieved**From the last care plan/review, list all goals to be achieved****Person/agency responsible****Specific actions undertaken & services provided. (please supply dates)****List actual outcome(s) & progress made. Give reason services ended or were not provided.**

Please record the opinions of the child and family regarding the progress made to date and what do they want to see achieved in the future?

Is the child still considered to be at risk of serious harm in his/her home and family environment? Please give evidence or reasons

If the review considers that residential care for the child should continue, please state reasons.

After considering the progress made during the period before this review and the opinions of the child and family, please list the objectives to be achieved during the next period.

Please state the views of the child, family and CCF/Foster family regarding objectives for next period.

Future Placement/Care Plan for child with any comment

- Reunification with parent(s)
- Return to parents inmonths
- Placement with relatives/friends
- CCF Foster Placement
- Foster Placement with relatives/friends

Assessment for Adoption

Independent Living

Actions & Services to be provided during next period

Actions & services to be provided	Frequency & length of service	Person/agency responsible	Expected outcome (<i>progress to be achieved by specified date</i>)

Plan for Contact with family & relatives

SUMMARY OF REVIEW DECISIONS

(It is essential to record the reasons for changes to the plan(s) for the child)

THE REVIEW PROCESS					
Those involved in review process					
Name	Relationship to child/young person/Agency	Report received for the review about the child	Consulted about the child and family for the review	Invited to the review meeting	Attended the review meeting
	Child/young person				
	Parents				
	CCF Caseworker				
	Health Professionals				
	Educational Professionals				
	Child/young person				
	Parents				
	CCF Caregiver				
	Health Professionals				
	Educational Professionals Case Manager				
	DSWO				

	Other				
Did the child/young person attend the meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please describe how they were supported to contribute. If no, please explain why:					
Signatures of participants in the review process					
Participants	Name	Signature	Date		
Child/young person					
Parents					
CCF Caseworker					
Health Professionals					
Educational Professionals					
Other					
Case Manager					
DSW					
Please give details if any participant in the review process disagrees with the any of the decisions/recommendations:					



Ministry of Community Development and Social Services

Department of Social Welfare

Form 5: Screening and Planning for Reintegration

This form is to be completed on all children who have been admitted into a Child Care Facility (CCF). The form is to be used for reintegration assessment screening and planning where the DSW and the CCF think it is probable that the child can be reintegrated. The Form will help ascertain which children are in the CCF for welfare reasons, should be reasonably straight forward to reintegrate and which children have been abused, neglected or abandoned and will need a more detailed assessment of the child's and family's situation.

*For children who were admitted into the CCF because of abuse, neglect, abandonment, disability, running away from home or the family is unknown must have the **Form 6** completed before any decisions can be made. A copy is to be filed by the District Social Welfare Office and the CCF.*

Reintegration Screening			
<i>The basic information on the child and family should be available on Form 2. Please consult the information on Form 2 when completing this form. If this child has brothers or sisters living in the CCF please deal with their cases together and link the files</i>			
Name of CCF			
Child's last name		Child's first names	
Nickname if used			
Date of birth:	Age:	Sex	Religion:
Names of any siblings in the CCF			

Screening Assessment Indicators for Reintegration		
1. The child was admitted into the CCF for economic reasons and/or to access education	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. The child has regular contact with parents/family and enjoys good relationships	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. The parents or family address is known or can be traced and they have accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. A carer has been identified among parents and family and the child can be reintegrated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. There are siblings living with parents or relatives who are well cared for and are not being harmed or at risk	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Parents and family (carers) are willing and able to care for child with community and economic support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Child can continue attending CCF school or be supported to go to school near parents/family home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Child is willing to return home with support and education provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Reintegration with support should be straight forward	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments on questions 1 to 9		
10. Child has suffered abuse or neglect while living with the family and may be in danger or at risk if returned home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Child is affected by any of the following: disability, chronic illness, ART adherence issues	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Difficult case or child with challenging behaviour.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Child has been a runaway	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Child has had no contact with parents or relatives for over 1 year.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. does not know his/her parents or relatives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Family whereabouts unknown and tracing required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Child abandoned at young age with no known relatives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments on 10 to 16. Please state whether the child will be in danger or at risk of harm if returned to parents or relatives.		
If the answer is yes for any statements from 10 to 16, then, a more detailed assessment is required using Form 6; Reintegration Assessment, Review and Planning before any plans for reintegration or other decisions are made.		
If the answers are mostly “yes” from 1 to 8 and “no” from 9 to 15 please proceed to Reintegration Plan below.		

Reintegration Plan		
Details of identified parent/family carer		
Please state how relationship has been verified?		
Name		
Relationship to child		
Address		
Phone Number		
Occupation		
Date of visit to parents and/or family for purposes of discussing reintegration		
Name or person making the official visit to parents and/or family		
Outcome of official visit to parents and family for purposes of reintegration		
<p>Are there any concerns about the parents/family having the capacity to care for the child?</p> <p>Parents/family live a distance from the CCF and want the child to remain in the CCF as a boarding school pupil with the child returning home for school holidays and this is in the child's best interests</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
Action	Timeframe	Person Responsible
Child to be reclassified as boarding school pupil and not an alternative care case		
Action		

Child to be reunified		
Action		
Organise education		
Action		
Organise community and economic support		
Action		
Organise and monitor home visits by child		
Action:		
Other actions required; please specify:		
General Comments:		
Date and Signature of DSW Case Manager		
Date and Signature of CCF Case Worker		
Signature of parent family where child is reclassified as boarding school pupil		



Ministry of Community Development and Social Services

Department of Social Welfare

Form 6: Reintegration Assessment, Review and Planning

Name of the Child Care facility:	
Information about the Child	
First name:	
Surname:	
Nickname if used:	
Date of Birth: DD/MM/YYYY	Age:
Place of Birth:	Sex:
NRC No. (If child is 16 – 18 years and has NRC):	
Where did the child live before being placed in the CCF?	
Name of Carer/Parent	
House No. and Road:	
Township:	
Village:	
District:	Constituency:
Ward:	Sub-Centre:
CWAC:	ACC:
Date child placed in current CCF?	
What is/was the stated reason for the child being placed in the CCF?	
Please give details of any previous periods the child has lived in a CCF or of transfers between CCFs:	
Child's Family Details	
Mother's Name	
Vital Status	Living <input type="checkbox"/> Deceased <input type="checkbox"/>
Address	

Phone Number	
Occupation	
Father's Name	
Vital Status	Living <input type="checkbox"/> Deceased <input type="checkbox"/>
Address	
Phone Number	
Occupation	
Details of Siblings: If there are siblings living in the same CCF please group the files together for the purpose of the reintegration assessment	
Name	Age Sex Living with? Address/Contact Details
Other important relatives or guardians	
Relationship to child	
Name	
Address	
Phone Number	
Occupation	
Other important relatives or guardians	
Relationship to child	
Name	

Address		
Phone Number		
Occupation		
Information about visitors to the child		
Does the child receive any visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" give details of who visited the child		
Names	Frequency of visits	Physical Address and Contact No. (Cell Phone)
Does the child visit his or her family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who does the child visit?		
Does the child spend his or her school holidays with his or her family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Assessing the family contact, whom does the Social Worker from the Child Care Facility say the child is attached to? Please give names and specify relationship:		
1		
2		
3		
4		
5		
Any comments:		
Verification of family relationships		
Please state how the family relationships have been verified?		
About the Child		
<i>Please interview the child and consider each of the elements and comment to the extent that they are relevant to the present situation. Base your comments on evidence.</i>		
Child neglect and abuse		
Is there any evidence or allegation that the child has been abused, exploited or neglected while in the care of parents or family? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "yes" please provide details.		
Child's general health. (Ask to see the child's health record)		

Provide a brief outline on the child's general health condition and include details of any chronic health conditions:

Please check the Child's Vaccination Card. Has the child received all scheduled vaccinations according to age?

Provide information on child's HIV status if known as well as information on treatment and adherence issues.

Disability

Does the child have a disability? Yes No

If "yes" please provide details

If the disability requires specialised services, please detail the services required to support the child.

Educational attainment and learning. *Please seek the view of the child's teacher.*

Name of School attended by child:

Class:

Does the child have any educational issues or learning difficulties that may affect reintegration or attending another school?

Physical development and wellbeing

Please comment on any concerns regarding physical development, coordination, speech and communication.

Does the child possess appropriate self-care skills according to age (washing, toileting, dressing)?

Social and emotional development

Provide a brief outline with regard to the child's attitudes, confidence, happiness, worries, interpersonal skills, self-awareness, self-confidence.

Attachments; has the child stable and affectionate relationship with parents, caregivers; good relationships with siblings? Are there age appropriate friendships?

Lifestyle and behaviour of child

Provide information on the child's lifestyle and any behavioural issues that are of concern.

Child's attitude to reintegration or other family placement according to age and understanding

Provide a detailed description on the views of the child regarding reintegration or other care plan.

If the parents are deceased, who are the family members with whom the child thinks he/she might be able to stay with?

What course of action does the child favour with regard to reintegration? Where does the child want to live?

About the parents or relatives

Please interview the parents and or relatives at their place of residence. It is important that the parents are visited first if they are alive and can be found. If they are deceased and cannot be found, relatives should be traced and visited

Name(s) of worker(s) and date(s) of the visit(s) and to whom, for the assessment of the child's family should be recorded below.

Relationship between Parents/Family and Children

What contact do parents and family members have with the child?

Are the parents living together or separated? Does the relationship appear stable and secure?

Family and social relationships including extended family: are there any issues with regard to marital problems, family breakdown, step parents, new spouses or relationships etc.

Care of siblings: if they are living with the parents/relatives how are the siblings being raised? Does their care appear to be good?

Parental capacity or relative's capacity to care for the child

The presumption will be that if the parents are alive they can be supported to look after their child. If both parents are deceased it will be necessary to trace the relatives of the child and if they express willingness to care; assess them.

Provide a detailed description of the visit and the assessment of the child's birth family or relatives taking note of:

The current ability of the parents/relatives to provide basic care and meet the basic needs of the child: e.g. food, shelter, clothes, etc?

Emotional ties: how do the parents/relatives demonstrate, love, affection and warmth regarding the child? Bring out both the positive and negative emotions that have been displayed or observed.

The ability of parents/relatives to set boundaries and provide guidance to the child?

Their parenting skills; is there any evidence of excessive discipline?

The impact of wider family and environmental factors on parenting capacity and children

Who is living in the household? What have been the significant changes in family/household composition?

Is there any record of family or domestic violence?

The stability of the family – are they settled in an area or itinerant? Do they have a fixed permanent address?

Source and stability of income; (if the family is assessed as being poor, indicate if they benefit from or have been assessed for any social protection programme.)

Are there any housing or accommodation issues? Is there sufficient space to accommodate the child?

Are there employment or financial issues that might impact on the ability to provide for the child?

With regard to parents and family members, are there any health, mental health, substance abuse, offending issues that would affect the return of the child?

Where does the family think the child should live?

What course of action do the parents and/or relatives favour about where the child should live? (and why)

Other contacts made in the community

Date	Contact with:	What is their view of the opportunities and any problems for reintegration

Community support

What community support is available to parents or relatives?

What community structures, programmes or services are available to support the family in taking care of the child?

Child's Continuing education

What community services are available the child could benefit from e.g: day care, nursery, primary school, secondary school, college, university, skills training centre.

CONCLUSIONS, DECISIONS & ACTION

Now the assessment is completed you need to record conclusions and decisions. Work with the child or young person and/or parent/carer, and the Person in Charge of the CCF and take account of their ideas, solutions and goals.

Provide information on how the child's and family circumstances changed since the child was placed in care?

Have the objectives of the CCF placement been met?

What are the views of the CCF?

Child protection

Is the child at risk of serious harm if he/she returns to live with the parents or family? If yes please describe and provide evidence.

If there is evidence of serious harm or risk of serious harm and the need for continued care, give reasons for the type of placement that would be most appropriate

CCF

Kinship Care

<input type="checkbox"/> Foster Care <input type="checkbox"/> Independent living <input type="checkbox"/> Adoption	
Return to family	
If there are no child protection issues, what are the challenges that need to be overcome for this child to return to his/her parents or to a relative?	
What do you see as the necessary services and or material support that would facilitate the child to return his/her parents or to a relative?	
Support required and recommendations	
What is recommended regarding reintegration - give reasons why you have chosen a course of action and what you want it to achieve. Please consider the views of the child and family.	
In relation to the plan for reintegration what preparation and assistance will the child and family require?	
What support is the CCF willing to provide to assist the reintegration of the child?	
Action	By whom and by what date
Comments	

Name & Signature of DSWO/CCF staff making the Assessment

Name.....
Signature.....
Date.....

Signature of CCF Caseworker involved

Name.....
Signature.....
Date.....

Name of DSWO:

Signature for the DSWO: Date:

Part 2

Communicating the plan and decisions

To be completed when the plan is finalized and discussed with the family

Child or young person's comment on the assessment and actions identified

Parent or carer's comment on the assessment and actions identified

Signed by Parent/Carer.....

Date.....

Signed by Person in Charge of CCF

Date.....

Signed by the child where appropriate.....

Date.....



Ministry of Community Development and Social Services

Department of Social Welfare

Form 7: Reintegration Agreement

Reintegration is the placement back with parents or with relatives of a child who has been living in a CCF or with foster parents. Reintegration should have been planned in the reintegration assessment, review and planning process or through the care plan and case review.

The completion of this form ensures proof of reintegration and confirmation of commitment by family the community, the child (where applicable) and SWO.

Child's Surname			
Child's First Name			
Child's Nickname			
Date of birth	Age	Sex	
<i>Is being reunited with</i>			
Name:			
Relationship to child:			
Name:			
Relationship to child:			
Physical Address (House No. Road and Area/township/Village and District)			
Phone Numbers			
Name and Title of local			

leader Contact details and physical address	
--	--

Plan for “Follow up” support and contact with child, family & relatives

Actions & services to be provided	Frequency & length of service	Person/agency responsible	Expected outcome <i>(progress to be achieved by specified date)</i>

Agreements

We the undersigned agree that _____
is a child of this family or is related to this family.

Name & signature of parent/relative:

Date:

Name & Signature of Community Development Assistant or any Community Worker:

.....

Date:

Name of the Child:

Signature of child (where applicable):

Date:

Name and signature of Department of Social Welfare or Social Worker: that he/she agrees with the decision to reintegrate:

.....

Date:

Name and signature of Community Leader, neighbour or CWAC member that they have witnessed the reunification and will report any significant problems to DSW:

.....

Date:

Appendix iii: Coding Frame



Appendix iv: Information Sheet

This informed consent form is for the CCF Directors or Managers responsible for the planning and implementation of child community reintegration programs and services in Lusaka District. I am inviting you to participate in the academic research, “Experiences of Child care facilities with child community reintegration in Lusaka district of Zambia”

[Name of Principle Investigator] ... Joachim Cuthbert Mumba

[Name of Organization]

[Name of Sponsor]

[Research title] **“EXPERIENCES OF CHILD CARE FACILITIES WITH CHILD COMMUNITY REINTEGRATION IN LUSAKA DISTRICT OF ZAMBIA”**

Who Am I?

My name is Joachim Cuthbert Mumba, I am a Master of Social Work student at the University of Zambia. In partial fulfillment for the award of the Master of Social Work Degree, I am required to undertake a research. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you should feel free to ask them.

You are invited to participate in this study because you have been identified as one of the persons with experiences with child community reintegration. However, it is important to understand the rationale for undertaking this study before making a decision to participate. Kindly read through the information provided below. Whatever decision you make will be respected.

Purpose of the study

This research is about experiences of child care facilities with child community reintegration in Lusaka District, Zambia. I believe that you have over the years gained enormous experience with child community reintegration and that the launch of the alternative care and reintegration guidelines has added a new dimension to your experience. This study seeks to understand the common child community reintegration models, challenges and successes encountered by the child care facilities in the process of child community reintegration from your experience.

Do I have to participate?

Participation is voluntary. If you decide to take part, I will give the information sheet which you will keep. I will also request you to consent by way of signing a form. Kindly note, that you have

the right to withdraw from the study anytime without giving any reasons. You are also free not to answer certain questions and can stop the interview any time you feel like.

Interview process

If you decide to participate in this study, I will have a one-on-one interview with you where I will ask questions. With your permission, I intend to audio-record and transcribe the interview. The interview will take about 30-45 minutes and you will decide where and when you would like us to have the interview.

Risks

There is a risk that you some personal or confidential information by chance or that you may feel uncomfortable responding to some of the questions I will ask you. However, I do not wish for this to happen. If you feel some of the questions in the interview are too personal or makes you feel uncomfortable, you are free not to answer.

Benefits

There will be no direct benefits to you, but your participation is likely to contribute to documenting new perspective on Zambia's experience with child community integration as well as closing the information gap on such experiences. Study findings will potentially be of use for policy makers and professionals in the child protection field.

Reimbursements

Please not that no incentives will be given to you for participating in this study. However, your willingness to spare some time to participate in this study will highly be appreciated.

Confidentiality and anonymity

Everything that will be discussed during the interview will be kept strictly confidential and not obliged to provide your name. All your identifiers will be sufficiently removed from the transcripts. This will ensure that you are protected from being identified. The interview will not be discussed with other people, except for my supervisor who may see the anonymous transcripts. The reason for my supervisor seeing the transcripts is to ensure quality of data being collected.

Findings

Findings of this study will form part of the dissertation and it is hoped that it will contribute to an understanding on the experiences of child care facilities with child community reintegration and help better understand of the state of child community reintegration in Zambia. The findings will potentially be a basis for designing best practices to ensure good outcomes for the reintegrated children.

For any further information, you may contact my supervisor:

Dr. Benson Chisanga

Mobile: +260 977834632

Email: benson.chisanga@unza.zm

Thank you

Appendix v: Certificate of Consent

Research Topic: *Experiences of Child care Facilities with Child Community Reintegration in Lusaka District of Zambia*

Research Supervisor: Dr. Benson Chisanga

Kindly tick the appropriate response

1. I confirm that I have read and understood the subject information sheet for the above study and have had the opportunity to ask questions which have been answered fully.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2. The Researcher has given to me the information sheet and has explained to me the purpose of the study in writing.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

3. I understand that my participation in the study is voluntary

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4. I understand that I am free to withdraw from the study at any time without giving any reasons.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5. I agree that the researcher can audio –record the interview.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

6. I understand that the information will be confidential and that all personal information will be removed to protect my identity.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

7. I agree to take part in the above study.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Participant Signature

Date

Name of Researcher

Signature

Date

Appendix vi: Ethics Clearance



THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

Great East Road | P.O. Box 32379 | Lusaka 10101 | Tel: +260-211-290 258/291 777
Fax: +260-1-290 258/253 952 | Email: director@drqs.unza.zm | Website: www.unza.zm

APPROVAL

2nd December 2019

REF NO. HSSREC-2019-NOV-012

Mr Joachim Mumba
P. O. BOX KL 77
LUSAKA.

Dear Mr Mumba

RE: "EXPERIENCES OF CHILDCARE FACILITIES WITH CHILD COMMUNITY REINTEGRATION IN LUSAKA. ZAMBIA."

Reference is made to your protocol dated 12 November 2019. HSSREC resolved to approve this study and your participation as Principal Investigator for a period of one year.

REVIEW TYPE	FAST TRACK	APPROVAL NO. HSSREC-2019- NOV-012
Approval and Expiry Date	Approval Date: 2 nd December 2019	1 st December
Protocol Version and Date	Version - Nil.	1 st December
Information Sheet, Consent Forms and Dates	<ul style="list-style-type: none">English, Nyanja, Bemba.	1 st December
Consent form ID and Date	Version - Nil	1 st December
Recruitment Materials	Nil	1 st December
Other Study Documents	Questionnaire.	1 st December
Number of participants approved for study	600	1 st December

Excellence in Teaching, Research and Community Service

Specific conditions will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered to, the approval may be suspended. Should the study be suspended, study sponsors and other regulatory authorities will be informed.

Conditions of Approval

- No participant may be involved in any study procedure prior to the study approval or after the expiration date.
- All unanticipated or Serious Adverse Events (SAEs) must be reported to HSSREC within 5 days.
- All protocol modifications must be approved by HSSREC prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address.
- All protocol deviations must be reported to HSSREC within 5 working days.
- All recruitment materials must be approved by HSSREC prior to being used.
- Principal investigators are responsible for initiating Continuing Review proceedings. HSSREC will only approve a study for a period of 12 months.
- It is the responsibility of the PI to renew his/her ethics approval through a renewal application to HSSREC.
- Where the PI desires to extend the study after expiry of the study period, documents for study extension must be received by HSSREC at least 30 days before the expiry date. This is for the purpose of facilitating the review process. Documents received within 30 days after expiry will be labelled "late submissions" and will incur a penalty fee of K500.00. No study shall be renewed whose documents are submitted for renewal 30 days after expiry of the certificate.
- Every 6 (six) months a progress report form supplied by The University of Zambia Humanities and Social Sciences Research Ethics Committee as an IRB must be filled in and submitted to us. There is a penalty of K500.00 for failure to submit the report.
- When closing a project, the PI is responsible for notifying, in writing or using the Research Ethics and Management Online (REMO), both HSSREC and the National Health Research Authority (NHRA) when ethics certification is no longer required for a project.
- In order to close an approved study, a Closing Report must be submitted in writing or through the REMO system. A Closing Report should be filed when data collection has ended and the study team will no longer be using human participants or animals or secondary data or have any direct or indirect contact with the research participants or animals for the study.
- Filing a closing report (rather than just letting your approval lapse) is important as it assists HSSREC in efficiently tracking and reporting on projects. Note that some funding agencies and sponsors require a notice of closure from the IRB which had approved the study and can only be generated after the Closing Report has been filed.
- A reprint of this letter shall be done at a fee.
- All protocol modifications must be approved by HSSREC by way of an application for an amendment prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s

or site address or methodology and methods. Many modifications entail minimal risk adjustments to a protocol and/or consent form and can be made on an Expedited basis (via the IRB Chair). Some examples are: format changes, correcting spelling errors, adding key personnel, minor changes to questionnaires, recruiting and changes, and so forth. Other, more substantive changes, especially those that may alter the risk-benefit ratio, may require Full Board review. In all cases, except where noted above regarding subject safety, any changes to any protocol document or procedure must first be approved by HSSREC before they can be implemented.

Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

On behalf of HSSREC, we would like to wish you all the success as you carry out your study.

However, as a legal requirement, you will need to have final study clearance and approval to conduct research from the National Health Research Authority (NHRA). You may call Tell: +260211 250309 | or Email: znhrasec@gmail.com | for inquiries. These offices are at Paediatric Centre of Excellence in the University Teaching Hospital (UTH) premises, Lusaka, Zambia.

Yours faithfully,
HSSREC IRB



Dr. J. L. I. Ziwa
VICE CHAIRPERSON

cc Acting Director - DRGS
 Assistant Director- Research
 Acting Senior Administrative Officer - Research

Appendix vii: Permission Letter



**THE UNIVERSITY OF ZAMBIA
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES
DEPARTMENT OF SOCIAL WORK AND SOCIOLOGY**

Telephone: +260211290020
Fax: 260-1-290020
Email: sds.hod@unza.zm

P.O. Box 32379
Lusaka, Zambia

9th December, 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: REQUEST FOR INFORMATION ON RESEARCH TOPIC

Kindly refer to the subject above.

I write to ask for permission to allow my fourth year student (Joachim C. Mumba whose computer number is: 2017014171) to visit your institution. He is pursuing Masters of Social Work degree. The purpose of his visit is to come and request for information pertaining to his research topic: **'Experiences of Child Care Facilities with Child Community Reintegration in Lusaka, Zambia.'**

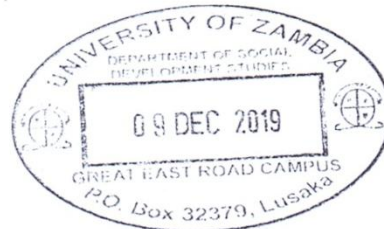
The student has a mandate to conduct research as part of his partial fulfillment of Masters of Social Work. In his regard, you have been identified as the key informants concerning his research topic.

Your assistance will be highly appreciated.

Yours Faithfully,


Patrick Chanda

Acting Head, Department of Social Work and Sociology
Email: patrick.chanda@unza.zm



Appendix viii: Permission Letter

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



REPUBLIC OF ZAMBIA

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL WELFARE

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

In reply please quote:

No:

8th December 2019

The National Director
SOS Children's Villages in Zambia
LUSAKA

Ref: Field Research Study – Student of Masters of Social Work Degree at the University of Zambia

Reference is made to the above captioned matter.

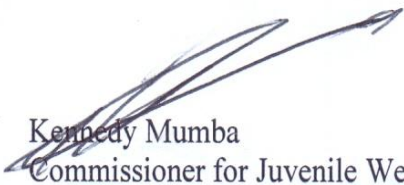
The bearer of this letter, Joachim Cuthbert Mumba is a student of the masters of social work degree at the University of Zambia Great East Road Campus. In partial fulfillment for the award of the Masters of Social Work Degree, Joachim is required to undertake a study on any social work related subject and he is in this case undertaking a study on the experiences of childcare facilities with community reintegration of children from residential care in Lusaka, Zambia.

Your institution was selected owing the rich experience it has gained on the subject matter over the years as the study seeks to understand the common reintegration models/options most dominant with your institution as well as the challenges and successes encountered by the childcare facility in the process of child community reintegration.

Please note that the student envisions to only directors or managers responsible for the planning and implementation of child community reintegration programs and services in your facility. The study hopes to use a semi-structured interview guide as data collection technique through in-depth one-to-one interview with one study participant from your institution. The interview is expected to take about 30-45 minutes and you will decide where and when you would like us the student to talk to you preferably within the Month of December 2019.

Findings of this study will form part of his dissertation and it is hoped that they will potentially contribute to the understanding on lived experiences of childcare facilities with the reintegration of children back into the community. Findings will also potentially form a basis for designing evidence based policies informed by best practices that will ensure better outcomes for reintegrated children.

For any further information, you may contact his academic supervisor: Dr. Benson Chisanga on cell number: +260 977834632 and email: benson.chisanga@unza.zm. You may also wish to contact the student on +260965844875 and email: joachimumba@yahoo.co.uk.



Kennedy Mumba
Commissioner for Juvenile Welfare
Ministry of Community Development and Social Services

Appendix ix: Research Timeframe

S/N	ACTIVITY	TIME/DURATION											
		2019											
		Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
1.	Identifying research topic and focus area and check with supervisor to make sure topic is appropriate	■	■	■									
2.	Review & document related Literature			■	■	■	■	■	■	■			
3.	Develop research questions						■	■	■	■			
3.	Write the first draft research proposal					■	■	■					
4.	Get feedback on the draft research proposal from Supervisor									■			
5.	Write final research proposal									■			
6.	Develop research Instruments									■			
7.	Submission for ethical clearance									■			
8.	Data collection exercise									■	■		
9.	Data Analysis and interpretation of findings										■	■	
10	Write the first draft study report										■	■	
11	Get feedback on the draft research report from Supervisor										■	■	
12	Write final research report/thesis											■	
13	Submission for Examination											■	

Appendix x: Research Budget Estimates

<i>S/N</i>	<i>ACTIVITY</i>	<i>COST (ZMK)</i>
<i>1</i>	Printing - Interview guides - Informed consent forms - Proposal - Research Report	<i>2,000.00</i>
<i>2</i>	<i>Binding of copies of Research Proposal</i>	<i>300.00</i>
<i>3</i>	<i>Binding of copies of Research dissertation</i>	<i>1,400.00</i>
<i>4.</i>	<i>Purchase recording device batteries and memory card</i>	<i>1,900.00</i>
<i>5</i>	<i>Miscellaneous stationary</i>	<i>500</i>
<i>6</i>	<i>Transport costs</i>	<i>1,500</i>
<i>7</i>	<i>Contingency</i>	<i>1,000</i>
<i>TOTAL AMOUNT</i>		<i>8,600</i>