

FEMALE CARE LEAVERS' PERSPECTIVES ON PREPARATION FOR LIFE AFTER CARE IN ZIMBABWE

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ABSTRACT

Background: It is difficult for female care leavers to adapt to life aftercare. The trajectory from institutional care to independent living is a complex process for female care leavers. Most of them fight to adjust to independent living once they are out of care. They struggle to exercise self-sufficiency and self-reliance, and they are seldom contributing members of society. The study, thus, focused on extracting the female care leavers' perspectives on preparation for life aftercare.

Methods: A constructivist grounded theory approach was employed for this study. In-depth interviews were used on a sample of six female care leavers purposively sampled. The sample size was determined by saturation in the generation of the findings. The findings were analysed in three stages namely case-by-case analysis, inter-case analysis, and theoretical analysis which eventually led to the formulation of the care leaving theory.

Results: The study revealed that the preparation of female care leavers for life aftercare was incomplete, and had a bias towards productive preparation.

Conclusion and Recommendations: Female care leavers are not being adequately prepared for life aftercare, and their views of the process vary from individual to individual. There is a lack of definition, consistency, and consideration in preparing female care leavers for life aftercare. The findings suggest that preparation be well defined and communicated to female care leavers, and that institutions of care mobilize resources to build the capacities of care givers in guidance and counselling. They should up with realistic in-house policies to better prepare care leavers to gradually age out of care. Further research should be carried out to find out the perspectives of relevant stakeholders on the same matter.

1. Introduction

This study is prefaced on the acknowledgment of the fact that family is the natural environment for the growth, well-being, and protection of children until they become responsible adults for community development. In cases where a child does not have adequate or any parental care or the child is at risk of being denied a nurturing environment, from a children rights perspective, the state has the responsibility to protect this child by ensuring appropriate alternative care. Institutional or residential care, although regarded as the least preferred form of care in Zimbabwe and internationally, is one of the alternative care methods prevalent in Zimbabwe. In Zimbabwe, children growing up in institutional care are expected to age out or graduate out of care when they reach the majority age which is 18 years.

Upon leaving care, care leavers are expected to be ‘self-reliant’, ‘self-sufficient’, and to become ‘contributing members of society’. However, experience in the community development arena has revealed that young women growing up in institutional care, when they age out of care, experience a plethora of socio-economic and psychological challenges, and usually present as beneficiaries for most donor-driven community projects and initiatives. This could suggest that they are not being prepared well enough for life aftercare. Moreover, the formation of the Zimbabwe Care Leavers Network (ZiCLAN) is a clear indication of the care experienced young people’s cry for attention. There is no documentation regarding the views of female care leavers on preparation for life aftercare, hence, the time is ripe for this mystery to be unveiled. It is, therefore, against this background that a qualitative constructivist grounded theory approach was considered to have an insight into the perspectives of care leavers regarding preparation for life beyond care in Zimbabwe. The study sought to explore and generate information that is grounded in the findings from participants, young female care leavers in Zimbabwe.

2. Background

For a long time, Zimbabwe has been sensitive to the plight of children by recognising the need for care for OVC and putting in place mechanisms for their protection and care (Muzingili, Mutale, & Gombarume, 2015). For this study, the Zimbabwe Orphan Care Policy is one of the most significant. This particular policy was developed in 1999 in response to the orphan crisis created by HIV and AIDS then, leaving many children vulnerable and orphaned. The policy laid the foundation on which other successive programmes directed toward child protection have been anchored. The major pronouncement of this policy is the six-tier system in child care which defines the safety nets of care as: the nuclear family, extended family, community, foster

care, adoption, and institutional care (Powell et.al., 2004). This policy thus stresses that children should well be protected within the context of their families and communities and can only be taken into care as a last resort. In Zimbabwe children have been traditionally cared for within the community with the nuclear and extended family expected to take a leading role. However, in the current environment increasing numbers of children are unable to grow up within their own families and are thus being placed in alternative care as per the 6-tier approach of the National Orphan Care Policy. The policy through the six-tier system recognises institutional care as the sixth and last option of alternative care for a child in need of care.

Although regarded and recognized as the last resort for child care, the Zimbabwe National HIV and AIDS Estimates, revealed that 5000 children were living in institutions by 2009, (ZDHS, 2010). Although the National Orphan Care Policy foresees institutionalization should be the last resort, children are still growing up in care in Zimbabwe. Every year a proportion of young people Leave care in Zimbabwe. These young people are also referred to as care leavers or lately as care experienced persons. The term care leaver, therefore, pertains to young people who have reached an age at which the State is withdrawing 'parental support' in order to allow them to move toward independence (Ward, 2008). Young people have few choices as to how and when they leave care.

The Government of Zimbabwe went on to include the provision of an alternative care for children in its Constitution which led to the development the National Residential Child Care Standards (NCRCS) as a guide to those offering such services. These Standards are also guided by the Children's Act (Chapter 5:06) and the National Orphan Care Policy (1999) as well as the United Nations Guidelines for the Alternative Care of Children (2009). The state has a statutory mandate for the care and protection of children including those who are unable to live with their biological families, hence the need for the state to continuously review the NRCCS. These Standards are derived from the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of Children (ACRWC).

All residential childcare facilities are required to comply with these standards (Musavengana, 2014), and of particular interest to this study is standard which articulates that upon leaving care, 'children shall be continuously prepared for independent living and empowered to cope with and adapt to life and challenges outside the residential child care facility. They should be supported in becoming self-reliant, self-sufficient and contributing members of society.' The development of young people into self-reliant and self-sufficient individuals is crucial not only

for their transition into independence, but also as a fulfilment of their rights, and also for the sustainable development of their communities and the nation at large. Yet, upon release from residential care institutions, female care leavers face a plethora of problems. The problems they face suggest that many may have not been prepared in such a way that enables them to make the smooth transition from care to independent living. They are at risk of lifelong poverty, poor health, and chronic social exclusion. It is, therefore, against this background that a study was carried out to determine female care leavers' views of preparation for life aftercare in Zimbabwe.

3. Review of Related Literature

To understand female care leavers' views on preparedness for life aftercare, a comprehensive review of qualitative evidence on preparedness was undertaken. The reviewed studies highlight the policy and practice space around the globe. Almost all the evidence highlights the young people's limited preparation for life aftercare. Care leavers in most countries have reported that they do not feel sufficiently prepared for living independently and have experienced multiple problems in transitioning from care to independence including financial and accommodation insecurities (Jackson & Cameron, 2012; Ofsted, 2012), with many young people feeling that they had left care too early (Coy, 2009; Ofsted, 2012). In contrast to the gradual transition to independence experienced by the majority of non-care-experienced young people, leaving care is frequently experienced as an abrupt and sudden leap into an uncertain future (Munro & Stein, 2008; Stein, 2012), prompting calls for leaving care to be a more prolonged and incremental process, that recognizes the needs of those who may lack any alternative support networks to assist them in their journey towards independence (Stein, 2012, 2019).

Studies point to challenges being faced by care leavers and that complicate their transition process (Stein and Slumnescu 2012; Dewar and Goodmen 2014). The studies show many challenges including departure from the institution determined based on the date of birth, rather the readiness of the young person; lack of family support; limited or insufficient financial support; unemployment; accommodation instability; insufficiently developed life skills; inadequate and insufficient education; low self-esteem; emotional "scars" caused by the trauma of abuse and neglect during childhood. In some research (Stein and Slumnescu 2012) focus is given to the characteristics of youth leaving the system of formal care, which make them especially vulnerable: they often have a lower level of education (they did not complete high school); they are more often unemployed, and when they are employed, more likely to have

lower incomes; more likely to live below the poverty line; more likely to become parents at an early age; more likely to have had experience with the criminal justice system; more likely to have experience of homelessness; more likely to live in unstable housing conditions; often depend on the support of social protection system; more likely to have mental health problems; more likely not to have health insurance, and under an increased risk of drug abuse. In line with this study, all of the above could be due to the preparation rendered or omitted, for life aftercare.

Some studies (Ontario Association of Children's Aid Societies in 2009, Stein 2005) show that unlike their peers, who can rely on family support in the process of becoming independent and making important decisions, and who have the opportunity to learn from their own “mistakes and failures”, young people who came out of the formal care usually do not have that option. They usually have just one chance to successfully adapt to the new accommodation, the new job and the new environment, which makes the process of transition accelerated and shortened. The aforementioned indicates that youth leaving the system of social care represent one of the most vulnerable social groups, as revealed by the female care leavers during the study, proving that preparation for life aftercare is of paramount importance.

The reviewed studies also revealed that for care-leavers, preparation occurred informally as part of their daily activities as also noted by Bond (2020). While the experiential nature of preparation was recognized, there was evidence of the demand for an organized preparation program providing the youth with employment, life, and communal skills among others. There was also the issue of the ad hoc character of aftercare provision owing to the lack of strong policy in all the countries studied. In addition to the studies indicating the challenges and negative outcomes for youth leaving formal care, there are studies that show examples of successful transition and identify the circumstances that contributed to such an outcome. Factors affecting the successful integration into the social environment are the completion of education during alternative care and support in continuing education; the permanence of accommodation; increased access and availability of financial assistance; continued supportive relationship with an adult made during the stay in the alternative care facility; support in finding employment; individualized support during the transition and after the transition process (Tweddle 2005; Osterling and Hines 2006).

In my opinion, there is a great link between preparedness and aftercare experiences. Those who are adequately and appropriately prepared are the ones who are most likely to succeed in most aspects of life including education, social networks and relationships, and employment. On the

other hand, those who face many challenges and struggle to make it in life aftercare might not have been adequately and properly prepared whilst in institutions. Since preparation programs vary from country to country and from institution to institution, this study was contextually carried out to explore female care leavers' views of preparation for life aftercare in Zimbabwe.

4. Research Methodology

Six female care leavers were purposively identified in Harare as research participants, and they participated in this constructivist grounded theory (CGT) study. The selection criteria were that the participants were young females who have grown up in a care institution until at the verge of aging out of the care system, thus they were at least 18 years of age. Participants were also supposed to be young females who grew up in a care institution in Zimbabwe, and were in Harare at the time of the interviews. Lastly, they were supposed to be females who left care within five years of participating in this study to allow them to have experienced life after care. Recruitment of participants was done by the researcher using a list of female care leavers provided by the Zimbabwe Care Leavers Network (ZiCLAN). Six female care leavers met the sampling criteria and agreed to participate in the study

Data collection tools that recognized the agency of female care leavers in the co-construction of data with the researcher were considered as ensured interaction with the participants in the co-construction of findings. In-depth interviews and direct observation were, therefore, chosen for generation of the findings. According to Charmaz (2006) in-depth qualitative interviewing fits grounded theory particularly well. This technique was thus chosen as it allowed female care leavers to express their hidden actions, thoughts, and feelings about their views concerning preparation for life aftercare. Direct observation of the participants also helped the researcher to read through and assess participants' actions and non-verbal communications. Prior to data collection, the researcher explained the background and purpose of the study to the participants who were then asked to sign informed consents.

The interviews were audio-recorded and the recordings were transcribed. The transcriptions were kept in a password protected folder to ensure confidentiality of the participants' information. Coding, the analysis of data in CGT, was done in three phases. Coding is the process of assigning an interpretive label to concepts, ideas, constructs or themes that arise from the data (Saldana, 2014). The process involved the researcher familiarising with the data, generating initial codes and sorting into themes, and reviewing and defining themes. Case by case analysis was done to generate codes, which led to identification of themes during the inter-case analysis phase.

In this study methodological rigor was promoted. Lincoln and Guba (1985) term this trustworthiness, which refers to the degree to which a reader can have confidence in the integrity, value, and worthwhileness of a qualitative study. They identified four spheres of trustworthiness as credibility, dependability, confirmability, and transferability which form the basis for methodological rigor in qualitative research. Measures to ensure all the spheres included prolonging engagement with female care leavers, peer reviewing, and member checking for credibility. It also included reporting the entire research process in the form of a thesis for dependability. Triangulation of data collection methods, keeping an audit trail of the study, and researcher reflexivity increased the degree to which the findings of the study could be confirmed by other researchers. Transferability was ensured by clearly articulating the study background context on leaving care.

Ethical behaviour represents a set of moral principles, rules, or standards governing a person or a profession. In Alderson's words (1995), to be ethical is to "do well and avoid evil" (p.13). Silverman (2000, p. 201) reminds researchers that they should always remember that while they are doing their research, they are in actual fact entering the private spaces of their participants. Understandably, this raised several ethical issues that were addressed during the research, and will continue to be addressed after the research had been conducted. Ethical considerations were therefore addressed by securing ethical clearance from the university, and another one from the Department of Social Development and Disability Affairs, so the study was approved. The research was conducted on the basis of voluntary participation, no one was forced to participate in this study. Informed consent was sought prior to related research activities. Female Care Leavers were informed of the purpose, nature, data collection methods, and extent of the research prior to commencement. Informed consent was obtained in writing. Privacy, confidentiality, and anonymity of care leavers' information was maintained. Pseudonyms replaced real names of people and places to disguise identification. No participants were put in situations that could physically or psychologically harm them as a result of their participation in this study. Moreover, secondary sources used for this study have been fully acknowledged.

5. Results and Discussion

5.1 Incomplete preparations for life aftercare

a) Insufficient preparation

The female care leavers expressed that the time and age at which they are let go is normally at a time they still need more guidance. Having them move out and start their own lives at 18-24

years is but partly inconsistent with societal norms. Even if a child from a conventional home is to be independent and start to live on her own, it's normally with more supervision and follow-ups. Despite the incessant talk on independence, the young women felt that they would be still too young to successfully go through the separation and complete detachment from parental support. Often their career options would be still in infancy if not at conception and all of a sudden, they are supposed to live their own lives. At 21, the female care leavers felt that as a person, one would be still in need of time to mature and still in need of more guidance. One of the female care leavers revealed the unpreparedness to stay alone when she narrated that:

hmm, not really haa, I also needed more time obviously, you will be adapting almost getting it hey but it really needed to be well done to really get there okay even though they said I'm going to stay alone they were not supposed to just take me and leave me, taking me to a relative means they were conscious I could not stay alone yet.

The participants also blamed the system for not sufficiently training them for independence. They expressed the need for more time for career development. Unfortunately, the system is not accommodative and would impersonally relate to how each is progressing. They had other wishes to which the home was not accommodative or could not offer such assistance because some would have come out of the required age. The female care leavers' perspectives of insufficient preparation prior to leaving care syncs with the evidence from other studies around the globe. They are a confirmation of Jackson and Cameron's (2012) assertion that care leavers in most countries have reported that they do not feel sufficiently prepared for living independently, and have experienced multiple problems in their trajectories including financial and accommodation insecurities. This study clearly is an indication of the fact that if not sufficiently prepared, female care leavers face a plethora of problems when they age out of care.

b) Lack of Mentorship

As part of insufficient preparation, the girls reported lack of mentorship. One of the participants wished for a mentor who could have guided her in her career path and believed it would have helped her as she transverse life after care. She said,

yahh, I think when I came back from abroad if I had someone to mentor me, to direct me umm. I wanted to do nursing but because they will be saying we have already send you to school you can't go back to school again... So, it ended there. Yahh, coz that's

the field I wanted to venture into ... something to do with humanitarian work is what I wanted. It didn't go according to my wish

She also became a mother, soon enough before she could successfully launch her career. Research has shown that mentored young people can have positive gains in many aspects of their lives, including social, emotional, behavioural and academic domains (Spencer, 2012). Yet, participants in this study reported lack of mentorship during the preparation period. Their foster mothers could have played that role. Research has shown that youth mentoring programmes can be successful in enhancing emotional and psychological well-being among young people, with studies reporting outcomes including greater life satisfaction, hopefulness and reduced anxiety and depression (Barry, Clarke, Morreale, & Field, 2018). Clearly, if they have been mentored, female care leavers would have reported improved social relationships and skills in contrary to the abusive and short-lived relationships reported by some of them.

c) Inconsistences on start-up packs

The start-ups were mentioned, but were done inconsistently and their use was not monitored. One participant revealed that:

Usually, the protocol says when a person is exiting care like so she is helped with a start-up kit including pots, blankets, a stove, and some other stuff that one can use make but for me there wasn't anything like that, even being connected to contacts for employment, for me there was nothing like that.

Some participants felt that they were victims of this discriminatory tradition. It was also learnt that the start-up kits were conditional and were to be withheld if a young woman eloped or get married. As a result, some ended up deceiving the system, by not revealing that they would have gotten married. This was said to be unfair since the vulnerability in life still existed with or without marriage. This indicates that there are some reservations around how the startup is given, yet the capacity of the state to facilitate the transition of care-leavers into productive adult living is dependent on national policy and legislation that addresses the unique needs of this population. As stated by Pinkerton and Van Breda (2019, p. 88), "social policy provides the necessary scaffolding and strategic direction to enable appropriate and cost-effective service delivery during the transition from out-of-home care towards adulthood. Services without enabling policy are vulnerable to lack of coherence and direction, fragmentation and under-resourcing." In relation to female care leavers' perspective regarding inconsistencies on start-up packs, there might be lack of adherence to regulations by care givers in handling the

issue of starter packs for those aging out of care. Care givers, thus, have a great role to play in the preparation of these young women.

d) Lack of definitive transitory preparations

Even at the point of transition, it was found that there are no definitive preparations for the transition. In normal lives, often separations with the families are celebrated accompanied with guidance and counselling and even escorts to the new life. Unfortunately, for these young women, they felt that they lacked this active transitory preparation. Some reported not having been involved in any activities in preparation for life aftercare. As noted by (Munro & Stein, 2008; Stein, 2012), this experience is in contrary to the gradual transition to independence experienced by the majority of non-care-experienced young people. Leaving care is, therefore, frequently experienced as an abrupt and sudden leap into an uncertain future without giving the female care leavers enough time absorb the reality of living on their own. It rather feels like they will be chased away Bond (2020) revealed that for care-leavers, preparation occurred informally as part of their daily activities. However, the study reveals female care leavers' demand for an organized preparation program well informing them about their leaving care, and providing them with employment, life, and communal skills among others

Despite, having been send to universities by care institutions, some care leavers still felt that they were not involved in any activities in preparation for life after care and were not prepared to start their own lives. This points to the need for the definitive activities denoting the transition, activities such as ceremonies and/or workshops to intensively prepare them for transition. Similarly, others also felt that they were not involved in any activities in preparation for life aftercare because the real life out of the care is somehow different and they were not sufficiently oriented to its realities. How can a young woman who had been sent to school all the way to university does not see any way she was involved in any activities in preparation for life after care?

5.2 Bias towards productive preparations

All the participants reported having acquired some sort of academic qualification and for most of them tertiary qualifications. This was, however, found to have not been matched with same efforts in other socio-emotional developments. When asked about preparations for life after care, all the participants were quick to point to their productive preparations, pointing to their academic and career development. More was preparatory for their productive than reproductive and community roles in the community.

a) Higher education

For the sake of the academic development and professional development, it was learnt that the institutions could wait to allow those smoothly progressing to continue with their education. One of the female care leavers had this to say:

As for me, I want to be independent I don't want a life of being ruled. I just want to make things work because if my home has not noticed me I wouldn't be here. They pushed me to do A Level such that in many years to come or two years I would say no, have I not gone to school what would have become of me? I thank them that at least I have something right now.

The struggling ones, they were exited once they turn 18. This clearly shows how institutions value education, and consider it as a benchmark for letting go. Yet, with their attained education, female care leavers still felt insufficiency. As noted by one of the participants that even those who did not grow up in care were also struggling to secure stable employment which they believed would ensure self-sufficiency and self-reliance. Basing preparation on the basis of formal education alone is therefore void and misleading. This is because all the participants were literate, and have attained at least ordinary level, yet they still cried, a clear indication that there is more to preparation other than formal education. For example, proper reunification and stronger social networks proved to be essential aspects of preparation for life aftercare as was indicated by almost all participants' quest for real relatives and real families.

b) Skills development

Noted was also the effort to allow and encourage professional skills development including vocational skills development for those with less academic prowess. One participant felt that she was groomed a leader, an attribute instrumental in her productive roles in the society, with entrepreneurship and leadership skills. Another one acknowledged the tailoring course she did, though she decried that they only got to do the elementary parts of the courses. Another one reported having been trained in business principles. Thus, the girls felt that they were partly prepared for the productive part, at least for them to launch their career pathways. However, the social side did not receive more attention and most of them felt they could not fit well in the society. They quested the understanding for the family and society norms, culture and expectations. As indicated by Stein (2006), the female care leavers needed opportunities to acquire basic skills for running a household, basic skills for independent housing, rational and effective money/budget management, communication and social skills, healthy life styles, prevention of risky behaviours, preparation for employment and labour relations, learning foreign languages and computer skills, taking a driver's licence. Such skills help them to

develop resiliency which was defined by van Breda (2018, p. 4) as the “multilevel processes care-leavers engage in to achieve better-than-expected outcomes in the face or wake of adversity”. The absence of these skills is therefore noted in the literature as problematic and stressful for care leavers.

6. Study Limitations

The study used a small sample, and was carried out in one city in Zimbabwe. This was a qualitative study, and the use of a small, purposively selected sample was ideal and appropriate. Yet, this does mean that the findings are applicable only to this particular study. Replicating this study in more cities, with other purposefully selected samples, may address this limitation.

7. Conclusions and Recommendations

Female care leavers’ perspectives on preparation for leaving care differ from one individual to another. However, views from the majority point to a greater link between the challenges they face in life aftercare to incomplete preparation for independent life. Hence, if they are adequately prepared and mentored prior to leaving care, and if start-up packs are consistently and fairly given, the challenges they face in life will be minimal. The preparation is also viewed as an unclear process lacking a definition and communication. Moreover, overemphasis of productive preparations overlooked the participants’ need for social, emotional, and psychosocial preparation as they need the most in life aftercare.

For Policy, policy makers particularly government officials should ensure that child sensitive social policies that protect children are put in place. The National Residential Care Standards on preparation for leaving care should be fully implemented as it is on paper. A policy should also be put in place that young people are released from care based on their preparedness for independent life as outlined by the standard four on leaving care, and not based on the attainment of the age of majority. In practice, it should be ensured that the capacities of care givers are developed well-enough to be able to professionally mentor, and provide proper guidance and counselling to these young people. Leaving care should thus not be rushed, but a gradual process fully defined and well communicated by social workers and caregivers to these young adults way before they age out of care. Non-governmental organisations should also consider mobilising resources for institutions so that they can support these females to attain useful vocational skills. Further research should be considered by both senior researchers and up-coming academics to explore the perspectives of male care leavers, care givers, social workers, and policy makers on the same matter. This will enable a harmonised review and reform of existing policies on preparation for life beyond care.

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