

**EXPLORING COMMUNITY PERCEPTION ON PLACING THE MOST  
VULNERABLE CHILDREN IN CHILDREN'S HOMES: THE CASE OF MERU  
DISTRICT COUNCIL**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK  
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**CERTIFICATION**

The undersigned certifies that he has read and here by recommends for acceptance by the Open University of Tanzania a dissertation entitled, Exploring Community's Perception on Placing the Most Vulnerable in Children's Homes: The Case of Meru District Council. In partial fulfillment of the requirements for the award of Degree of Master of Social Work (MSW).

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I **Restituta Philip Mvungi** declare that, the work presented in this dissertation is original. It has never been presented to any other University or Institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirement for the Degree of Master of Social Work.

.....

**Signature**

.....

**Date**

## **DEDICATION**

This work is dedicated to my husband, Wazaeli Sospeter Mrema, our cherished son, Victor Wazaeli, and our beloved daughter, Evelyn Wazaeli. Their tireless support, substantial contributions, and unwavering encouragement have been invaluable throughout the completion of this project.

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## **ABSTRACT**

This study aimed to explore the community perceptions on placing the most vulnerable children in children's homes in Meru District Council. The study was guided by three specific objectives: to assess the views of the most vulnerable children placed in children's homes, to investigate the perceptions of parents regarding this practice, and to explore the opinions of social workers on placing vulnerable children in children's homes. The study was grounded in Émile Durkheim's system theory and employed an interpretivist philosophy, a qualitative approach, and an explorative design.

A total of 118 participants were involved, including 72 Most Vulnerable Children (MVCs), 10 social workers, and 36 community members. Data were collected through individual interviews and focus group discussions, and thematic analysis was used to analyze the data. The findings revealed that the most vulnerable children believe they are placed in children's homes primarily to receive support, especially for their educational needs. Parents' perceptions varied; some opposed placing children in orphanages, while others viewed it as necessary due to economic hardships. Social workers generally felt that children's homes are essential for safeguarding the lives of disadvantaged children.

The study recommends that the government enhance social welfare policies and enforcement to prevent child neglect. Implementing supportive programs that empower families economically and socially could reduce the need for institutionalization. Additionally, social workers should prioritize family reunification and preservation through policies promoting regular family visits and strong connections with children in care. Continuous training in trauma-informed care and family mediation can also enhance social workers' effectiveness in addressing complex needs.

## TABLE OF CONTENTS

<b>CERTIFICATION .....</b>	<b>i</b>
<b>COPYRIGHT.....</b>	<b>ii</b>
<b>DECLARATION .....</b>	<b>iii</b>
<b>DEDICATION .....</b>	<b>iv</b>
<b>ACKNOWLEDGEMENTS.....</b>	<b>v</b>
<b>ABSTRACT .....</b>	<b>vi</b>
<b>TABLE OF CONTENTS.....</b>	<b>vii</b>
<b>LIST OF TABLES .....</b>	<b>xiii</b>
<b>LIST OF FIGURES .....</b>	<b>xiv</b>
<b>LIST OF ABBRIVIATIONS AND ACRONYMS .....</b>	<b>xv</b>
<b>CHAPTER ONE .....</b>	<b>1</b>
<b>INTRODUCTION .....</b>	<b>1</b>
1.1 Introduction.....	1
1.2 Background to the Study.....	1
1.3 Statement of the Research Problem.....	8
1.4 Research Objectives .....	10
1.4.1 General Objective.....	10



1.4.2	Specific Objectives .....	11
1.5	Research Questions .....	11
1.6	Significance of the Study .....	11
<b>CHAPTER TWO .....</b>		<b>13</b>
<b>LITERATURE REVIEW.....</b>		<b>13</b>
2.1	Overview .....	13
2.2	Conceptual Definitions of the Key Terms .....	13
2.2.1	Community Perception .....	13
2.2.2	Most Vulnerable Children .....	14
2.2.3	Children's Homes .....	14
2.3	Theoretical Literature Review.....	15
2.3.1	Systems Theory .....	15
2.3.2	Relevance of the Theory to this Study.....	16
2.4	Empirical Literature Review .....	17
2.4.1	Views of the Most Vulnerable Children in Children's Homes .....	17
2.4.2	Perceptions community members on Placing the Most Vulnerable Children in Children's Homes.....	19

2.4.3	Opinions of Social Workers on Placing the Most Vulnerable Children in Children's Homes.....	21
2.5	Conceptual Framework.....	24
2.6	Research Gap .....	24
<b>CHAPTER THREE .....</b>		<b>27</b>
<b>RESEARCH METHODOLOGY .....</b>		<b>27</b>
3.1	Introduction.....	27
3.2	Research Philosophy .....	27
3.3	Research Design.....	28
3.4	Research Approach.....	28
3.5	Area of the Study.....	29
3.6	Population of the Study .....	31
3.7	Sample Size and Sampling Procedures.....	32
3.7.1	Sample Size.....	32
3.7.2	Sampling Procedure.....	33
3.7.2.1.	Purposive Sampling.....	33
3.7.2.2	Random Sampling .....	33
3.7.2.3	Inclusion and Exclusion criteria.....	34

3.8	Data Collection Tools .....	35
3.8.1	Primary Data Source.....	35
3.8.1.1	Interview .....	35
3.8.1.2	Focus Group Discussion .....	36
3.8.2	Secondary data source/ Documentary .....	36
3.9	Data Analysis and Presentation.....	36
3.9.1	Data Analysis .....	37
3.9.2	Data Presentation.....	37
3.10	Qualitative Data Rigor.....	38
3.10.1	Dependability .....	38
3.10.2	Conformability .....	38
3.10.3	Transferability .....	39
3.10.4	Research Credibility .....	39
3.11	Research Ethical Consideration .....	40
3.11.1	Clearance Letter from the Open University of Tanzania / District Council .....	40
3.11.2	Informed Consent .....	40
3.11.3	Assent .....	41

3.11.4	Voluntary Participation.....	41
3.11.5	Anonymity and Confidentiality.....	42
3.11.6	Do not Harm Principle.....	42
<b>CHAPTER FOUR.....</b>		<b>44</b>
<b>DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSIONS</b> .....		<b>44</b>
4.1	Introduction.....	44
4.1.1	Demographic Information of the study participants.....	44
4.2	Age Distribution of the study Participants.....	45
4.2.1	Sex Distribution among the Study Participants .....	45
4.2.2	Education Level.....	47
4.2.3	Residential Location of the Study Participants .....	47
4.3	Views of the Most Vulnerable Children Placed in Children's Homes.....	48
4.3.1	Factors Leading to the Placement of Vulnerable Children in Children's Homes .....	48
4.3.2	Views of Children Placed into the Children's Homes.....	50
4.3.3	Perceptions of Parents on Placing the Most Vulnerable Children in Children's Homes .....	52

4.3.4	Opinions of Social Workers on Placing the Most Vulnerable Children in Children's Homes.....	55
4.4	Conclusion .....	58
<b>CHAPTER FIVE .....</b>		<b>60</b>
<b>SUMMARY, CONCLUSION AND RECOMMENDATIONS .....</b>		<b>60</b>
5.1	Introduction.....	60
5.2	Summary .....	60
5.3	Conclusion .....	62
5.4	Recommendation.....	63
5.4.1	To the Government.....	64
5.4.2	To Social Workers.....	64
5.4.3	To Parents .....	64
5.4.4	To Non-Governmental Organizations (NGOs).....	65
5.4.5	Recommendation for Further Studies.....	65
<b>REFERENCES .....</b>		<b>66</b>
<b>APPENDIX I.....</b>		<b>69</b>

## LIST OF TABLES

Table 3.1: List of Orphanages per Council in Arusha Region .....	30
Table 3.2: Meru District Council: Population Distribution by Sex, Place of Residence, Sex Ratio, Number of Households and Average Household Size .....	31
Table 4.1: Age Distribution of the Study Participants .....	45
Table 4.2: Sex Distribution for the Study Participants .....	46
Table 4.3: Marital Status for the study Participants .....	46
Table 4.4: Education level of Participants .....	47

## **LIST OF FIGURES**

Figure 2.1: Showing the Relationship between Independent and Dependent Variable... 24

## LIST OF ABBRIVIATIONS AND ACRONYMS

AIDS	-	Acquired Immunodeficiency Syndrome
CP	-	Child Protection
CR	-	Care Reform
DI	-	Deinstitutionalization
DSW	-	Department of Social Welfare
EU	-	European Union
FGD	-	Focus Group Discussion
HIV	-	Human Immunodeficiency Virus
LCA	-	The Law of the Child Act
MVC	-	Most Vulnerable Children
SW	-	Social Worker
UN	-	United Nations
UNCRC	-	United Nations Convention on the Rights of the Child
UNICEF	-	United Nations International Children's Emergency Fund
URT	-	United Republic of Tanzania
VAC	-	Violence Against Children



## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Introduction**

The purpose of this study was to explore the community perceptions on placing the most vulnerable children into children's homes in Meru District Council. Institutionalized care has been a widely used social welfare intervention to address violence against children (VAC), but it carries various potential effects. Despite global recognition of the adverse impacts, many communities still view institutionalization as beneficial. This study aimed to assess the views of the most vulnerable children being placed in these homes, investigate perceptions of parents regarding this practice, and explore the opinions of social workers involved in the care of these children. Through this investigation, the study sought to provide a comprehensive understanding of the community's perspectives on institutionalized care and its implications for child welfare in Meru District Council.

#### **1.2 Background to the Study**

Institutionalized care for children has a long history dating back to ancient civilizations. In ancient Greece and Rome, orphaned or abandoned children were often placed in state-run institutions or taken in as servants by wealthy families (Browne, 2009). During the Middle Ages in Europe, the Catholic Church played a significant role in caring for abandoned and orphaned children by establishing orphanages and monasteries to provide shelter and basic education (Gunnar & Van IJzendoorn, 2017). The Industrial Revolution (18th–19th century) marked a significant expansion of institutionalized care,

particularly in Western Europe and North America, due to rising urbanization, poverty, and child labor. Governments and charitable organizations established large-scale orphanages to care for children whose parents had died from diseases such as tuberculosis or who had been abandoned due to economic hardships (Dozier et al., 2019). However, by the mid-20th century, studies began highlighting the negative effects of institutional care on children's emotional and psychological development, leading to a shift towards foster care and family-based alternatives (Bowlby, 2021). In the late 20th and early 21st centuries, deinstitutionalization efforts gained momentum globally, with many countries closing large-scale orphanages in favor of family-based and community care models (Williamson & Greenberg, 2010). Despite these efforts, institutional care remains prevalent in many developing regions, including sub-Saharan Africa, where poverty and social crises continue to push children into orphanages (Csáky, 2019).

Institutionalized care for children has been one of the social welfare interventions used to address violence against children worldwide. However, Placing children in institutionalized care has a long history of diverse potential effects on them. Globally, it is estimated that up to 8 million children live in children's homes, with over 80% of these children having at least one living parent (ReThink Orphanages, 2018). Many communities in Europe, Australia, and the United States believe that orphanages do not provide a better environment for child development. Research over decades has shown that growing up in institutional care has severe effects on children. The United Nations

International Children's Emergency Fund (2021) revealed that the negative consequences of institutionalization include higher levels of apathy, restlessness, disobedience, hyperactivity, anxiety, depression, attention-seeking, sleep disorders, eating disorders, and stereotypical behaviors in children under three. These children also show lower levels of social maturity, attentiveness, concentration, and communication, leaving them unprepared for life outside the institution. Despite some residential care homes' best efforts, acquiring life skills necessary for successful, independent living is more challenging in such environments. Children from orphanages are more likely to face unemployment, engage in prostitution, acquire a criminal record, or become victims of trafficking. Additionally, children from orphanages are more likely to have their own children placed in institutions, thus perpetuating the cycle. The poor community often overlooks the negative outcomes for these children, focusing instead on the perceived benefits. (UNICEF, 2021)

The Opening Doors for Europe's Children (2018) found that hundreds of thousands of children are still growing up in institutions across Europe. More than 80% of these so-called 'orphans' have at least one living parent who could provide the care they need with appropriate support. In Eastern Europe and Central Asia, children with disabilities are nearly 17 times more likely to be institutionalized than other children. Many European community members have negative perceptions of institutionalization due to its adverse impacts. Children in institutions experience segregation from society and

lack a normal, socially integrated life. Institutions generally produce poor outcomes for children and have negative lasting consequences into adulthood.

The Kenyan government has shown commitment to moving away from institutional care towards family and community-based care by developing the National Care Reform Strategy for 2022-2032, in collaboration with other partners under the leadership of the National Council for Children Services. Despite this effort, challenges such as inadequate funding, lack of trained personnel, and insufficient infrastructure hinder effective implementation (Republic of Kenya, 2020). Societal attitudes favoring institutional care and resistance from some stakeholders further complicate the transition. Continuous monitoring and evaluation are needed to ensure that reforms achieve the desired outcomes. Addressing these challenges requires a multi-faceted approach involving the government, non-state actors, and the community to ensure the success of the care reform strategy (Republic of Kenya, 2020).

Deinstitutionalization (DI) has secured a place on the European Union (EU) political agenda. Over the past 15 years, significant progress has been made, but the momentum must continue. In Romania, over 90,000 children have been moved from children's homes, with only about 8,000 children remaining, as part of the government's 2022 strategy to eliminate all institutions for children. The Bulgarian government has committed to a national strategy for the deinstitutionalization of all children in the coming years. Many other EU states have pledged to ensure that children under three are

never placed in institutions, as very young children are most harmed by this type of care (The Opening Doors for Europe's Children, 2023).

Due to the increasing negative perceptions of institutionalization in European and Asian communities, hundreds of large-scale institutions for children have been closed and replaced with family-based alternatives. In Moldova, the number of children living in children's homes has dropped by more than half, with over 5,000 children placed into family-based care (UNICEF, 2018). In the Former Yugoslav Republic of Macedonia, the number of children in children's homes decreased by 28 percent from 2005 to 2012, while the number of foster families increased by 60 percent during the same period. In Serbia, the number of children in children's homes decreased from 2,672 to 743 over the last 15 years, with the number of children in foster care rising from 1,173 to 5,320 over the same period. In Georgia, a decision to accelerate child care reform in 2010 resulted in the transformation and closure of 16 large institutions for children over five years (UNICEF, 2018).

It is evident that most African communities have a positive perception of institutionalization, often prioritizing it over extended-family-based care (Struble, 2018). With approximately 140 million orphans worldwide, Africa's 52 million account for more than 30 percent of the global orphan population living in children's homes (Struble, 2018). In sub-Saharan Africa, around 20 percent of the population under 18 is considered orphaned in institutional care. Many orphans turn to extended family

members for support, but these relatives, often grandparents and women, typically earn 31 percent less than the average household income (Struble, 2018).

Rwandan community members have started to recognize the negative impacts of institutionalization and are developing a negative perception of it. Consequently, a reform process began in 2012, driven partly by demands from children through the National Children's Summit. Key processes to the success of the reform included collecting baseline data in 2011, which showed 3,323 children and adolescents in 33 institutions and helped monitor progress over time. In 2012, the Child Care Reform Strategy was developed and approved by the Rwandan Cabinet, outlining a vision for a family-based care system in Rwanda. The reform was supported by the 2003 Constitution of Rwanda, the 2011 National Integrated Child Rights Policy, and the Child Protection Laws of Rwanda. These national legal and policy frameworks emphasize the importance of families and the right of children to grow up in family settings (Nsabimana et al., 2019).

In Kenya, community members have a negative perception of institutionalization due to its adverse impacts, leading to advocacy for a new Law of the Child Act in 2022, which expands legal protections for child welfare in Kenya. This law has strengthened care reform by providing a 10-year transitional period aligned with the National Care Reform Strategy for 2022-2032. Kenya is a key player in the global care reform movement, with the government prioritizing this agenda and receiving strong support from both state and non-state actors. Article 45 of the Kenyan Constitution recognizes the family as the

natural and fundamental unit of society and the basis of social order, thus deserving state recognition and protection, marking a significant milestone for Kenya and the region.

In Tanzania, institutionalization of children persists despite efforts towards deinstitutionalization. Currently, Tanzania has 431 institutions caring for orphans and the most vulnerable children, with Dar es Salaam, Mwanza, and Arusha being the leading regions (Department of Social Welfare, 2023). Although the government has put in place regulatory measures such as the Foster Care Placement Regulations (2012), the Adoption of a Child Regulations (2011), and the National Guidelines on Children's Reintegration with Families (2019), challenges remain. Many children continue to be placed in institutional care due to poverty, family breakdown, and limited awareness about alternative care options. Additionally, inadequate funding, lack of trained personnel, and social stigma against deinstitutionalization efforts have slowed down the transition process. This persistence of institutional care in Tanzania, despite global and regional efforts to reduce it, raises concerns about the long-term well-being of children in these facilities. Therefore, it is crucial to examine the effectiveness of existing interventions and explore sustainable alternatives that promote family-based care.

Tanzania also reflects this shift in perception, with 24,067 most vulnerable children cared for in at least 140 children's homes across the country, including 11,925 boys and 12,142 girls (Majaliwa, 2021). The Ministry of Community Development, Gender, Women, and Special Groups coordinates services for children in these homes in collaboration with various stakeholders. Services provided include health insurance,

with at least 900 children from Dar es Salaam, Mbeya, Kilimanjaro, and Arusha receiving health insurance identity cards. Currently, Tanzania has 431 institutions caring for orphans and the most vulnerable children, with Dar es Salaam, Mwanza, and Arusha being the leading regions (Department of Social Welfare, 2023).

Tanzania is among the United Nations member states that have ratified and reaffirmed the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. In response to the potential negative effects of institutionalization, Tanzania has implemented several measures, including the Foster Care Placement Regulations in 2012, the Adoption of a Child Regulations in 2011, the National Guidelines on Children's Reintegration with Families in 2019, and the Fit Persons Regulations in 2019, as part of its deinstitutionalization efforts.

### **1.3 Statement of the Research Problem**

Every child has to grow up in a nurturing family environment that provides love, security, and stability. The United Nations Convention on the Rights of the Child (UNCRC) affirms that children have the right to be raised in a family setting where their emotional, psychological, and developmental needs are met (UNCRC, 1989). Research indicates that children raised in family-based care experience better emotional well-being, stronger social relationships, and improved long-term developmental outcomes compared to those raised in institutional settings (Williamson & Greenberg, 2010). Families play a fundamental role in fostering a child's identity, resilience, and social integration, which are critical for their overall well-being (Browne, 2009). Recognizing



the importance of family-based care, international child welfare frameworks emphasize kinship care, foster care, and adoption as preferable alternatives to institutionalization (Better Care Network, 2017). Policies such as the Guidelines for the Alternative Care of Children (UNICEF & UNHCR, 2010) further advocate for deinstitutionalization and the strengthening of community-based support systems to ensure children grow up in stable, nurturing environments.

However, in Tanzania, a significant number of children continue to live in institutional care settings rather than in family environments. According to the United Republic of Tanzania (2019), approximately 24,067 children reside in children's homes across the country, with 11,925 boys and 12,142 girls. These children often end up in institutional care due to factors such as family breakdown, abuse, neglect, failed foster placements, and limited alternative care options (Lugalla & Mbwambo, 2020). While residential care facilities provide basic necessities, they frequently fail to offer the emotional, psychological, and social support that a family environment provides. Studies suggest that children in institutional care experience challenges related to attachment disorders, emotional regulation difficulties, and social integration problems, which can have long-term negative effects on their mental health and future opportunities (Mugambila, 2021; Csáky, 2009). Recognizing these challenges, the Tanzanian government has implemented several policy initiatives, including the Foster Care Placement Regulations (2012), the National Guidelines on Children's Reintegration with Families (2019), and the Fit Persons Regulations (2019), to promote family-based care and reduce reliance on

institutional placements. However, despite these efforts, issues such as family dysfunction, poverty, and the limited capacity of the foster care system continue to force many children into institutional settings, raising concerns about the effectiveness of existing policies (Majaliwa, 2021).

Given the persistent reliance on residential care and the limited understanding of community attitudes toward child placement, it is crucial to explore how local communities perceive and respond to this issue. While existing studies have focused on policy frameworks and institutional care structures, there is a gap in understanding how community beliefs, cultural practices, and social dynamics influence decisions about child placement (Morantz et al., 2013). Understanding community perceptions is essential for designing effective interventions that align with cultural, social, and economic realities, as community involvement plays a key role in the success of child protection initiatives (Delap, 2013). Therefore, this study was necessary to examine community perspectives on the placement of vulnerable children in children's homes within Meru District Council.

## **1.4 Research Objectives**

### **1.4.1 General Objective**

The general objective of this study is to explore community's perceptions of placing the most vulnerable children into children's homes in Meru district council.

### **1.4.2 Specific Objectives**

1. To assess the views of the most vulnerable children placed in children's homes.
2. To investigate the perceptions of community members on placing the most vulnerable children in children's homes.
3. To explore the views of social workers regarding the placement of the most vulnerable children in children's homes.

### **1.5 Research Questions**

1. What are the views of the most vulnerable children placed in children's homes?
2. How do community members perceive the placement of the most vulnerable children in children's homes?
3. What are the opinions of social workers regarding the placement of the most vulnerable children in children's homes?

### **1.6 Significance of the Study**

This study will contribute to the body of knowledge by exploring community perceptions regarding the placement of the most vulnerable children in children's homes. It will assess the views of these children and the perceptions of their parents about such placements. Policymakers use scientific data to develop, strengthen, and monitor national policies and reforms. The findings from this study will help policymakers review and amend existing policies to better address the immediate needs of communities in caring for and supporting the most vulnerable children in Tanzania.

Additionally, the results of this study have significant implications for policymakers in child welfare and social services. A comprehensive understanding of community perceptions can inform the development and refinement of policies related to the placement of vulnerable children. By understanding the factors that shape community views, policymakers can design interventions that align with community values and concerns, leading to more effective and sustainable solutions. This study serves as a valuable resource for policy development, aiming to bridge the gap between theoretical frameworks and the lived experiences of communities affected by child welfare policies.

Moreover, this study paves the way for future research into community perceptions and their impact on the well-being of vulnerable children. Researchers can build on the insights gained, examining specific contextual factors, exploring variations across different communities, and investigating the long-term effects of community perceptions on outcomes for children in institutional care. This research thus serves as a foundation for further studies, fostering an ongoing dialogue about the placement of vulnerable children in children's homes and its broader societal implications.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Overview**

This chapter covers the conceptual definitions of key terms related to the study, including community perception, most vulnerable children, children's homes, theoretical literature review, and empirical literature review. It also addresses the research gap identified in other studies.

#### **2.2 Conceptual Definitions of the Key Terms**

This section gives the meaning of four major concepts that have been used in this study namely; community, perception, most vulnerable children, and children's homes.

##### **2.2.1 Community Perception**

Community perception refers to the collective awareness, beliefs, attitudes, and interpretations shared by members of a specific community regarding a particular issue, event, or phenomenon (Calatrava, 2022). Johnson (2019) described community perception as the systematic study and analysis of how individuals within a community perceive and interpret social phenomena, events, policies, or interventions. In this study, community perception specifically relates to the shared understanding and viewpoints of residents within the Meru District Council concerning the practice of placing the most vulnerable children in children's homes.

### **2.2.2 Most Vulnerable Children**

Most vulnerable children are those at higher risk of harm, neglect, or marginalization due to factors such as poverty, orphanhood, disability, or other circumstances that make them particularly susceptible to adverse conditions (UNICEF, 2018). Additionally, the term refers to children in need of care and protection, including those in conflict or at risk of conflicting with the law and those with disabilities (URT, 2019). In this study, "most vulnerable children" pertains to individuals within Meru District Council who face significant risks, including but not limited to orphans, those from economically disadvantaged backgrounds, and those with special needs.

### **2.2.3 Children's Homes**

Children's homes are residential facilities designed to provide care, support, and a living environment for children who cannot live with their biological families, often due to factors such as abandonment, abuse, or the lack of appropriate family structures (Smith & Johnson, 2020). Additionally, a children's home is defined as an institution, other than an approved school or retention home, where five or more vulnerable children or children in need of care and protection are received, cared for, and maintained, either gratuitously or for payment, by someone who is not a relative or guardian of the child (URT, 2021). In this study, children's homes refer to specific institutions within the Meru District Council that provide residential placements for children, addressing their physical, emotional, and developmental needs.

## **2.3 Theoretical Literature Review**

This section has outlined systems theory as the theoretical framework guiding this study and its relevance to the work. It has addressed how systems theory applies to understanding the views of the most vulnerable children placed in children's homes, the perceptions of parents regarding such placements, and the opinions of social workers about the increasing trend of placing vulnerable children in these homes.

### **2.3.1 Systems Theory**

The study of community's perceptions regarding the placement of the most vulnerable children in children's homes was guided by systems theory, drawing on the foundational work of sociologists like Émile Durkheim and Max Weber. Systems theory, which is rooted in von Bertalanffy's biological systems theory and Bronfenbrenner's ecological perspective, provides a framework for analyzing complex human interactions within social environments (Friedman & Allen, 2009). It emphasizes the importance of understanding the numerous factors that influence behavior and life, including family, community, and broader societal structures (Teater, 2010). According to systems theory, changes in one part of a system can directly or indirectly affect the entire system, highlighting the interconnectedness of various social structures (Bertalanffy, 1972).

Bronfenbrenner's ecological systems theory further outlines the social structures surrounding an individual, including micro-systems, meso-systems, exo-systems, and macro-systems (Bronfenbrenner, 1979). As systems theory has evolved, complex systems theory has emerged, focusing on understanding the complexity of individuals'

lives and its implications for resilience (Connolly & Harms, 2019). However, the theory's reliance on the assumption that any level of influence can significantly impact the entire system presents challenges, especially in addressing cultural triggers and adapting to sudden changes (Hutchinson & Oltedal, 2014).

The emphasis of systems theory on interconnectedness and the influence of various social structures provides a comprehensive framework for understanding community perceptions of placing vulnerable children in children's homes. By examining how factors at different levels of social systems interact and affect individual behavior and decisions, this theoretical approach offers insights into the complexities of community attitudes and responses to the care of vulnerable children. Additionally, systems theory's recognition of the dynamic nature of social environments and its implications for resilience underscores the importance of employing multifaceted approaches to support vulnerable children within their communities (Payne, 2018).

### **2.3.2 Relevance of the Theory to this Study**

This study was guided by Bowlby's attachment theory, which helped in understanding how the absence of primary caregivers affects children's emotional and psychological development. The theory enabled the study to examine how separation from biological parents impacts children's well-being in institutional care settings. Additionally, it provided a framework for analyzing how social relationships within children's homes contribute to or hinder children's development. Findings from the study aligned with attachment theory by demonstrating that while material needs are met in institutional



settings, emotional bonds and stable caregiver relationships remain crucial for children's well-being. The study also highlighted the need for alternative care models that prioritize family-based support over institutional placement.

## **2.4 Empirical Literature Review**

This section has reviewed recent studies on the views of the most vulnerable children placed in children's homes, the perceptions of parents regarding such placements, and the opinions of social workers on placing the most vulnerable children in these facilities.

### **2.4.1 Views of the Most Vulnerable Children in Children's Homes**

The children's care agenda encompasses three key components: first, enhancing families' ability to care for their children; second, preventing family separation in at-risk groups; and third, providing suitable and appropriate alternative care for the millions of children separated from their biological parents. Factors such as poverty, social deprivation, poor parenting skills, child illness and disability, natural and human-made disasters, and child abuse and neglect contribute to the increasing number of vulnerable children placed in institutions known as children's homes (Shawar & Shifman, 2023).

Research on this topic remains limited. In South Africa, a qualitative study involving 32 children in residential care revealed a range of personal experiences and the complexity of studying the impact of lockdowns in this context. Children's emotions varied from well-being to anger and frustration, with mixed feelings about safety in the home versus reduced contact with their biological families and concerns about their health (Haffajee

& Levine, 2020). In Spain, children in residential care constitute 52% of the child protection system, with 55% in Catalonia (DGAIA, 2020). The impact of the COVID-19 lockdown on their well-being is not well understood. A UNICEF Spain survey (2020) indicated that children in care experienced worsened conditions for socializing, particularly when they were unable to go outside, unlike other children.

Furthermore, non-participant observations at six institutions revealed that orphaned children suffered from anxiety and fear, despite receiving basic necessities. Some children were found sitting alone or crying, indicating that psychological challenges were not adequately addressed. Bowlby's attachment theory suggests that providing material needs does not alleviate anxiety from separation from primary caregivers.

The study by Murray et al. (2019), found that orphaned children experience more anxiety, depression, and trauma compared to non-orphaned children, likely due to the absence of parental love. Social interactions supported by a social support network serve as a protective factor, especially for children removed from their families and placed in out-of-home care (Delgado, Carvalho, & Correia, 2019). In Portugal, there is a trend towards favoring residential care over foster care, as outlined by the legal framework (Law for the Protection of Children and Youth in Danger, No. 142/2015, September 1st). Foster care involves placing a child with a qualified person or family, integrating them into the family environment, and providing appropriate care and education. Residential care, on the other hand, involves placing a child in a facility with the necessary

equipment and qualified staff to meet their needs and ensure their well-being (Carvalho & Delgado, 2020).

Studies in Tanzania highlight similar concerns. Research by Christopher & Mosha (2021) found that children in institutional care frequently experienced stigma, discrimination, and emotional distress due to separation from their families. Additionally, Makuu (2019) observed that many orphaned and vulnerable children in Tanzania suffered from psychological challenges such as anxiety and depression, exacerbated by bullying and physical punishment within institutional settings.

#### **2.4.2 Perceptions community members on Placing the Most Vulnerable Children in Children's Homes**

Poverty is the primary driver of child institutionalization in Ghana. Parents who struggle to afford necessities such as food, clothing, or education often feel they have no choice but to send their children to children's homes, where they can access essential services like food, shelter, education, and healthcare (UNICEF, 2018). Although children's homes are intended to support orphans, research shows that over 80% of children in orphanages, including those in Ghana, actually have living parents.

In summary, the placement of children in institutions results from multiple factors, including poverty, parental mental health issues, disability, or parental death due to illness. Cultural factors can also play a role, particularly in societies where children born out of wedlock to young mothers face significant challenges. In some communities, young mothers, abandoned by their families and partners, may struggle to support their

children and may seek placement in children's homes for assistance. Some Community members in Kenya, during a situational analysis, expressed that having their children in institutions provided peace of mind, acknowledging the support and services available there and fearing they could not meet their children's needs if they were brought back home.

The history of children's homes is not well documented, but traditionally, providing care to vulnerable children, including the abandoned and orphaned, has been a family responsibility among many tribes in Tanzania. However, socio-economic changes, such as industrialization, urbanization, poverty, family conflicts, and HIV/AIDS, have led to the gradual failure of traditional care systems (URT, 2018). The AIDS pandemic and other causes of death have overwhelmed families, especially when orphaned children are cared for by very elderly grandparents or older siblings. The use of residential care for vulnerable children in Tanzania began with European missionaries, who viewed it as a religious duty and a way to serve others (URT, 2018).

In 2019, a situational analysis of residential childcare institutions was conducted in Kenya due to a lack of data on children in residential care. This analysis followed the Kenyan government's commitment to shift from institutional care to family-based solutions. The analysis found varied responses from parents and guardians. Many were resistant to having their children return home, believing that the children were better behaved and protected from negative influences while in residential care. Stakeholders also noted challenges in reintegrating children into the community after completing their

education. In Tanzania, the Law of the Child Act (2009) outlines parental duties and responsibilities, including protecting children from neglect, providing care and maintenance, and ensuring competent care in the parent's absence. It also stipulates that if biological parents are deceased, parental responsibility may be assigned to a relative or custodian through court order or traditional arrangement. This suggests that many family and community members may neglect their responsibilities towards vulnerable children due to economic hardship or lack of awareness. Therefore, exploring community perceptions is crucial for guiding effective support for the most vulnerable children.

#### **2.4.3 Opinions of Social Workers on Placing the Most Vulnerable Children in Children's Homes**

The primary responsibilities of social workers include ensuring the safety of young people, protecting their rights, and regularly reviewing and updating their care plans. These duties are governed by regulations and government policies, representing the minimum standards required. Effective supervision of social workers by their line managers is crucial to maintaining high standards of care for children and supporting social workers in their roles. Supervisors have clear professional and statutory obligations to the young people in residential care. It is important for all young people to have regular access to an external advocate outside the Centre, to whom they can express any concerns or difficulties regarding their care (Benaton, 2023). Currently, there is limited research on how those who care for young people in residential settings experience their roles and manage the challenges associated with their responsibilities.

Past research has often overlooked the workforce, hindering the sector's ability to develop and address staff needs (Haggman-Laitila et al., 2019; Parry et al., 2021). Participants in a qualitative study of residential care staff reported that they continue in their roles due to the job's rewarding nature, rather than financial incentives. One participant noted, "I absolutely adore my job; it could be easier, but it's the reward at the end that makes me happier than I've ever been" (Lucy et al., 2022).

Studies have highlighted that relationships between children and residential care staff are crucial for the children's social development and relationship-building skills. However, while previous research has focused on social workers' feelings about working with vulnerable children, it has not examined their opinions on placing the most vulnerable children in children's homes. Further studies are needed to explore social workers' perspectives on this issue, as their insights could inform interventions for vulnerable children and children's homes.

Benaton (2023) emphasized that social workers operate within a dysfunctional system where a one-size-fits-all approach is ineffective. Recruitment and retention challenges in social care negatively impact practitioners' ability to perform their roles effectively, leading to the child's voice often being lost and practitioners experiencing significant stress. Social workers discussed their roles, including responsibilities such as child in care reviews, Personal Educational Plans (PEPs), and working with various professionals and parents. They highlighted the diverse routes available to young people

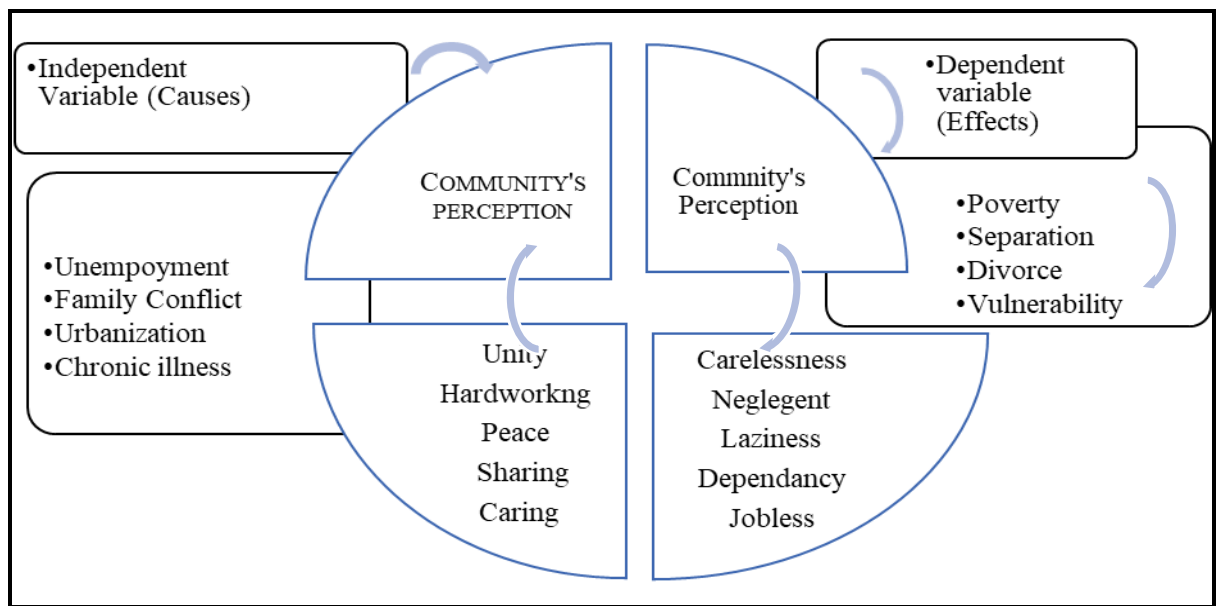
for expressing their views, including online forums and digital technology (Benaton, 2023).

Parry et al. (2021) found that social workers often shield their career choice from negative societal perceptions by minimizing aspects of their personal lives. One participant remarked, "I don't tell people that I'm a social worker because they often react negatively, saying, 'Oh, so you're the ones who take children away from their families.' It's frustrating" (Parry et al., 2021). Another social worker described the need to balance their passion for their work with the responsibility to ensure effective care planning and manage complex cases, emphasizing the importance of acting in the child's best interest (Benaton, 2023).

In Tanzania, the Children's Homes Regulations (URT, 2012) assign social workers the role of overseeing the day-to-day care and welfare of children and supervising care staff. Key responsibilities include child protection, which is based on principles such as the right of all children to be protected from harm, regardless of their background, and prioritizing the child's best interests (URT, 2012). Despite negative societal views of social work leading some practitioners to conceal aspects of their work, effective supervision and self-care can mitigate these challenges. Community sensitization is needed to foster support, particularly for those in need. Social workers, as experts in caring for marginalized populations, including vulnerable children, orphans, individuals with disabilities, and the elderly, are well-positioned to lead this crucial work.

## 2.5 Conceptual Framework.

Waldt (2020) defines a conceptual framework as a mental image or abstraction of a phenomenon. It is also described as a collection of coherent ideas or concepts organized to facilitate communication (Lindgreen et al., 2021; Grady et al., 2023). The conceptual framework for this research study is illustrated in Figure 1. It depicts the relationship between independent and dependent variables and how these variables relate to the community's perception of placing the most vulnerable children in children's homes.



**Figure 2.1: Showing the Relationship between Independent and Dependent Variable**

**Source. Researchers Own Construct (2024)**

## 2.6 Research Gap

Existing studies have examined the factors leading to child placement in residential care (Shawar & Shifman, 2023) and the impact of external factors like lockdowns on their



well-being (Haffajee & Levine, 2020; UNICEF Spain, 2020). However, these studies often overlook the voices of the children themselves. They focus primarily on challenges such as psychological issues arising from stigma and punishment (Christopher & Mosha, 2021) and difficulties with social integration (Delgado et al., 2019), emphasizing observations by adults and external factors rather than the direct experiences and perspectives of the vulnerable children in children's homes.

Furthermore, while previous research has explored reasons for placing children in residential care, including poverty, cultural norms, and disruptions in traditional caregiving structures (UNICEF, 2018, 2019, 2022; URT, 2019, 2022), a critical gap remains in understanding the perspectives of those directly responsible for raising these children. This study aims to address this gap by using a qualitative approach to explore the views of parents on placing the most vulnerable children in children's homes in Tanzania. Since parents are primarily responsible for child-rearing, their opinions on this placement are of significant value.

Additionally, while existing research has explored the experiences and challenges faced by social workers (Benaton, 2023) and the impact of social worker-child relationships on children in residential care (Lucy et al., 2022), there is a notable gap in understanding social workers' specific opinions regarding the placement of vulnerable children in children's homes. Previous studies, such as Chonvi (2021), have focused on social workers' general feelings about working with vulnerable children but have not addressed their views on placement decisions. This study seeks to fill this gap by employing a

qualitative approach to gather social workers' opinions on the placement of vulnerable children in children's homes.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the applied research philosophy, research design, research approach, study area, study population, sampling procedures, sample size, data collection methods, data processing, analysis and presentation, research trustworthiness, and ethical considerations.

#### **3.2 Research Philosophy**

This refers to a set of fundamental beliefs that guide the design and execution of a research study (Tombs & Pugsley, 2020). The study was guided by the interpretivism philosophy, which emphasizes understanding human behavior and social phenomena by interpreting the meanings people attribute to them (Smith, 2015). Interpretivism was applied in this study to explore the views of the most vulnerable children placed in children's homes, the perceptions of parents regarding the placement of these children, and the opinions of social workers on the placement of vulnerable children. The researcher rejects ethnocentrism, instead focusing on understanding people's actions from the perspectives and meanings of those directly involved, rather than from an outsider's viewpoint.

### **3.3 Research Design**

A research design acts as a blueprint for conducting a study, outlining the overall structure and plan that guides the research process (Creswell, 2013). It includes the methodology, data collection techniques, sampling strategy, and data analysis methods to ensure that the research objectives are achieved systematically and rigorously (Babbie, 2016). This study utilized an exploratory research design, which is particularly useful when seeking to understand and clarify underlying beliefs, causes, feelings, effects, nature, origin, essence, processes, and opinions related to a phenomenon (Creswell, 2013). The exploratory research design was instrumental in collecting the views of the most vulnerable children placed in children's homes, the perceptions of parents regarding these placements, and the opinions of social workers on the placement of vulnerable children.

### **3.4 Research Approach**

According to Creswell (2013), qualitative research is an exploratory approach aimed at understanding and interpreting social phenomena through an in-depth exploration of individuals' perspectives, experiences, and the meanings they attribute to their experiences. Denzin (2018) also emphasized that qualitative research serves as the overarching strategy or plan that guides the researcher in conducting a study. This study employed a qualitative research approach to assess views, investigate perceptions, and explore the opinions of participants. By focusing on the community's perception of placing the most vulnerable children in children's homes, the qualitative approach was

used to capture the detailed experiences and opinions of community members and to uncover the contextual factors influencing their perceptions, thereby providing a more comprehensive understanding of the issue.

### **3.5 Area of the Study**

The study was conducted in Meru District Council, located in Arusha Region, Tanzania, with GPS coordinates of  $-3^{\circ} 18' 18''$  N and  $36^{\circ} 48' 3.6''$  E. It lies at a latitude of  $-3.30500000$  and a longitude of  $36.80100000$ . The district covers a total area of 1,268.2 square kilometers, with forest reserves accounting for approximately 13% (163.7 km<sup>2</sup>). Agricultural activities use about 813.5 km<sup>2</sup> (64.1%), grazing occupies 37.05 km<sup>2</sup> (3%), pasture/fodder covers 15 km<sup>2</sup> (0.001%), and Arusha National Park encompasses 203.7 km<sup>2</sup> (16%). Water bodies account for 5.7 km<sup>2</sup> (0.4%), and the remaining 44.39 km<sup>2</sup> (3.6%) is used for settlement and unspecified land.

Meru District Council is one of the seven councils in Arusha Region, situated in the Arumeru District. It is bordered to the north by Longido District, to the east by Siha and Hai Districts of Kilimanjaro Region, to the south by Simanjiro District of Manyara Region, and to the west by Arusha Rural District and Arusha Urban District. The administrative capital of the district is Usa River. The selection of Meru District Council as the study area was driven by its notably high number of orphanages, making it a significant location for examining community perceptions of placing vulnerable children in institutional care. According to regional data, Arusha Region has over 50 registered orphanages, with Meru District hosting approximately 30% of these institutions.

Comparatively, Kilimanjaro Region has about 35 orphanages, while Manyara Region and Tanga Region have fewer than 20 registered orphanages each. The high prevalence of orphanages in Meru District Council compared to other regions underscores the urgent need for focused research to assess community perspectives and institutional care challenges. Furthermore, Meru District's diverse socio-economic and cultural landscape, combined with proactive community initiatives, provides a rich environment for gathering insights. Despite the lack of similar research in this region, Meru offers a unique opportunity to understand the local context and challenges associated with children's homes.

**Table 3.1: List of Orphanages per Council in Arusha Region**

<b>Council's Name</b>	<b>No of Orphanages</b>	<b>Registered Orphanages</b>	<b>Unregistered orphanages</b>
Monduli District Council	5	5	0
Meru District Council	33	26	7
Arusha District Council	15	13	2
Arusha City Council	29	24	5
Karatu District Council	11	9	2
Longido District Council	0	0	0
Ngorongoro District Council	0	0	0
<b>TOTAL ORPHANAGES</b>	<b>93</b>	<b>74</b>	<b>17</b>

**Source: Arusha Region Social Welfare's Office Annual Report 2023**

### 3.6 Population of the Study

The study population was drawn from Meru District Council, which, according to the 2022 Population and Housing Census Report, has a total population of 331,603 people. This population consists of 160,797 males and 170,806 females. The majority of residents (283,558 people) live in rural areas, comprising 138,093 males and 145,465 females. In contrast, the urban population stands at 48,045 residents, including 22,704 males and 25,341 females. The sex ratio in the district is 94 males for every 100 females.

Additionally, Meru District Council has 91,511 households, with an average household size of 3.6 (National Bureau of Statistics (NBS), 2022). This demographic information provides a clear understanding of the study population, which is essential for sampling and analysis. The study focused on the Most Vulnerable Children, Social Workers and Community Members to ensure a comprehensive approach to examining community perceptions on placing vulnerable children in institutional care.

**Table 3.2: Meru District Council: Population Distribution by Sex, Place of Residence, Sex Ratio, Number of Households and Average Household Size**

Total Population			Rural Population			Urban Population			Sex Ratio	Number of Households	Average Household Size
Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female			
331,603	160,797	170,806	283,558	138,093	145,465	48,045	22,704	25,341	94	91,511	3.6

**Source: NBS, 2022**

### **3.7 Sample Size and Sampling Procedures**

Below are the details regarding the sample size and the sampling procedures adopted for this research.

#### **3.7.1 Sample Size**

In research, a sample refers to a subset of individuals, objects, or items selected from a larger population for measurement (Bhardwaj, 2019). Determining an appropriate sample size is essential for ensuring the reliability and validity of study findings.

This study employed a qualitative research approach, which typically relies on the principle of saturation to determine sample size rather than statistical formulas. However, Yamane's formula (1967, p. 886) was used in this study to guide initial participant selection due to the need for a structured and representative engagement of diverse perspectives within the community.

Thus, the study selected 99 respondents as an initial sample size to ensure adequate representation of the study population. However, the final sample size was adjusted based on the principle of saturation, meaning data collection continued until no new information emerged. This combination of Yamane's formula and the saturation principle ensured that the study-maintained rigor while capturing the depth and richness of qualitative insights.



### **3.7.2 Sampling Procedure**

The study employed purposive sampling, and simple random sampling as described below;

#### **3.7.2.1. Purposive Sampling**

Purposive sampling is a non-probability sampling technique where participants are chosen based on specific characteristics needed for the study (Joseph, 2021). In this approach, units were selected "on purpose" to meet the research criteria. For this study, social workers were purposively selected from Meru District Council due to their role in the care and protection of the most vulnerable children placed in children's homes.

#### **3.7.2.2 Random Sampling**

Simple random sampling is a probability sampling technique where each individual in the population has an equal chance of being selected (Joseph, 2021). While qualitative research typically employs purposive or theoretical sampling, random sampling was strategically integrated into this study to enhance the credibility and diversity of perspectives from the community.

In this study, random sampling was used to select community members willing to participate, ensuring that insights were not solely derived from pre-determined individuals but rather from a broad cross-section of the population. This approach helped minimize researcher bias and allowed for the inclusion of varied lived experiences regarding the institutionalization of vulnerable children. Furthermore, the study focused on 33 children's homes in Meru District Council, from which 8 were randomly selected

for data collection. The use of random selection for children's homes ensured that the study captured representative institutional settings, reducing the risk of selecting only well-known or more active homes, which might have skewed findings. Thus, while the study was qualitative, the strategic incorporation of random sampling contributed to a more balanced, inclusive, and generalizable understanding of community perspectives on institutional child care.

### **3.7.2.3 Inclusion and Exclusion criteria**

#### **Criteria for Inclusion**

Participants who met criteria for inclusion to participate in the study were the following;

- The Most Vulnerable children of age 10 to 17 whose consent /assent were signed by social workers. Children of this age were believed to be aware of the discussions by being able to express their views.
- Both boys and girl's children were equally included in the study to avoid bias
- Social Workers from the children's homes where the Most Vulnerable Children were recruited
- Community members who were randomly selected and willing to participate

### **Criteria for Exclusion**

The most vulnerable children who were below the age of 10 were excluded in the study because they were believed to be young to give out their views

The most vulnerable children from non-selected children's homes were not recruited to participate in the study despite meeting the criteria for participation

## **3.8 Data Collection Tools**

### **3.8.1 Primary Data Source**

Data for this research was collected from primary sources through individual interviews and focus group discussions, using manual tools and a recorder.

#### **3.8.1.1 Interview**

An interview is a method of data collection in which a researcher engages in a structured or semi-structured conversation with an individual or a group of individuals (Rubin, 2011). In this study, individual interviews were conducted with community members, social workers, and the most vulnerable children using semi-structured interviews. Ten social workers were individually interviewed to explore their opinions on placing the most vulnerable children in children's homes. This method facilitated a personalized exploration of opinions, experiences, and underlying beliefs related to the placement of vulnerable children in these homes. An interview guide with questions was prepared for the social workers and was effectively used by the researcher during the interview sessions.

### **3.8.1.2 Focus Group Discussion**

A focus group discussion (FGD) is a qualitative research method that involves a group of individuals discussing a particular topic under the guidance of a moderator (Morgan, 2016). Participants interact with one another, sharing their views, opinions, and experiences in a group setting. FGDs are valuable for exploring shared beliefs and norms, as well as for generating a collective understanding of a specific subject. In this study, which aimed to explore the community's perception of placing the most vulnerable children in children's homes, focus group discussions were conducted with 72 vulnerable children and a diverse group of community members. This method allowed the researcher to observe how opinions were negotiated, shared, and challenged within the group. An interview guide was used by the researcher to lead the discussions with both the children and the community members.

### **3.8.2 Secondary data source/ Documentary**

Secondary data was obtained from the reviewed literature and reports from the Social Welfare Section of Meru District Council, which is mandated by the Law of the Child Act to supervise children's homes.

## **3.9 Data Analysis and Presentation**

Data analysis is the process of examining, cleaning, transforming, and modeling data to uncover useful information, draw conclusions, and support decision-making. In qualitative research, this involves interpreting non-numeric data, such as text, images, or observations, to identify patterns, themes, and meanings within the collected

information. This process also includes choosing appropriate formats, visuals, and narratives to present the findings in a clear and meaningful way, thereby enhancing the understanding of the research outcomes.

### **3.9.1 Data Analysis**

In this study, thematic analysis was used to identify recurring themes in the narratives of the most vulnerable children. This process involved coding and categorizing qualitative data to extract key concepts and patterns. The analysis was conducted using Nvivo software.

### **3.9.2 Data Presentation**

The findings are presented through narrative descriptions and illustrative quotes to provide a detailed account of the children's views and experiences. Additionally, thematic analysis was applied to identify common themes and patterns in the parents' perceptions. Coding relevant segments of interview data helped to extract meaningful insights, and the results are conveyed through a narrative that captures the diverse viewpoints of parents. Visual aids, such as charts, are used to represent the distribution of different perceptions among parents.

In contrast, content analysis was employed to identify patterns in the social workers' opinions. This involved systematically coding and categorizing textual data to uncover prevalent themes. The results are presented in a detailed narrative outlining the social

workers' opinions, with visual aids like tables used to highlight key patterns. The data are presented using tables and bar graphs.

### **3.10 Qualitative Data Rigor**

In qualitative research, the concepts of validity and reliability are replaced by the notion of trustworthiness, which includes the following dimensions: dependability, confirmability, credibility, and transferability. Therefore, the trustworthiness of this study was assessed using these dimensions:

#### **3.10.1 Dependability**

In qualitative research, dependability refers to the stability of findings over time (Korstjens and Moser, 2018). It reflects the ability to obtain the same results if the research is conducted again. To address the issue of dependability in this study, the researcher employed peer scrutiny to enhance the trustworthiness of the findings. Specifically, the researcher had another researcher of the same level review and respond to the field findings and interpretations to verify the study's dependability. Based on the feedback provided by the peer researcher, the researcher ensured that the study met the important qualitative research criterion of dependability, indicating that it would yield the same results if repeated by another researcher.

#### **3.10.2 Conformability**

Research confirmability refers to the degree to which the study findings are corroborated or accepted by others (Kebir, 2019). It involves evaluating whether the research findings

and analysis align with those of other similar studies. The criterion of confirmability emphasizes the importance of transparency in the explanation given during the analysis process. To meet this criterion, the researcher ensured that the interpretation of the study findings during data analysis was based solely on the presented data, rather than on personal viewpoints.

### **3.10.3 Transferability**

Transferability in social science research is defined as the extent to which qualitative results can be applied to other contexts or settings (Korstjens and Moser, 2018). It indicates the ability of study findings to be generalized and adapted to different situations. To meet this criterion, the researcher presented the study findings using clear, straightforward, yet detailed approaches to effectively convey information related to the research problem.

### **3.10.4 Research Credibility**

Research credibility pertains to how well the collected data aligns with and accurately represents reality (Stahil and King, 2020). To enhance credibility in both data collection and analysis, the researcher employed methodological triangulation, using various data collection tools such as observation, interviews, focus group discussions, and documentary reviews. To further ensure the credibility of the collected data, the researcher sought feedback from her supervisors, who reviewed and commented on the reliability of the data. Their recommendations provided additional assurance of the study's credibility.

### **3.11 Research Ethical Consideration**

Kumar (2011) defines ethics as the systematic consideration of the moral consequences of decisions made. In research, ethics are crucial for upholding the rights and dignity of participants. Ethical practices aim to ensure accuracy and protect participants' rights, while helping to prevent common errors. Throughout the study, the researcher adhered to ethical principles by maintaining confidentiality, securing informed consent, obtaining assent, ensuring anonymity, guaranteeing voluntary participation, and following the principle of "do no harm."

#### **3.11.1 Clearance Letter from the Open University of Tanzania / District Council**

In accordance with ethical principles, the researcher sought formal clearance before commencing data collection. This involved applying for research clearance from the Office of the Vice Chancellor (VC) of the Open University of Tanzania. The clearance was necessary for the introduction to the District Executive Director (DED) of the District Council.

#### **3.11.2 Informed Consent**

Informed consent is the voluntary agreement of an individual or their authorized representative, who has the legal capacity to consent and makes the decision freely without undue influence or coercion, to participate in research (Granja et al., 2021). The individual must be well-informed about the nature of the research, including any anticipated risks, potential benefits, and the requirements of the study, to make an informed decision (Bos, 2021). This information should cover risks, benefits, the



purpose of the study, and the type of data that will be collected. Prior to conducting the study, the researcher obtained permission from participants by introducing herself and explaining the purpose of the research.

### **3.11.3 Assent**

Assent' is a term used to express the willingness to participate in research by persons who are, by definition, too young to give informed consent but who are old enough to understand the proposed research in general, its expected risks and possible benefits and the activities expected of them as subjects. (Cotrim et al, 2021). Martins 2021, added that, assent by itself is not sufficient. If assent is given, informed consent must still be obtained from the subject's parents or guardian. Based on this study which involved children who are residing in the institutions, assent was obtained from social workers from the children's homes which participated in the study allowing children to participate in assessing their views on their placement into the children's homes.

### **3.11.4 Voluntary Participation**

Voluntary participation in research means that individuals choose to take part in studies of their own free will, without any form of coercion or pressure (Ting, 2019). This principle is rooted in informed consent, where participants receive sufficient information about the study, have the capacity to make decisions, and are free to decide whether or not to participate. Ensuring voluntary participation respects individuals' autonomy in making their own choices about involvement in research. All participants in this study

chose to participate willingly, having been fully informed about the nature of the research, including the anticipated risks and potential benefits.

### **3.11.5 Anonymity and Confidentiality**

Confidentiality and anonymity are key ethical principles in research that ensure participants' personal data is kept private, thereby fostering informed consent. Research organizations mandate these principles to maintain credibility and integrity in the research process (Kwang and Hwang, 2023). In this study, anonymity and confidentiality were upheld by assigning unique numbers to participants instead of using their real names. The data collection, analysis, and reporting were conducted with strict privacy measures. Additionally, the researcher safeguarded the confidentiality of records and data by not discussing individual or group interview concerns in a way that could reveal participants' identities. Information provided by social workers was not shared with management or other staff members.

### **3.11.6 Do not Harm Principle**

Traditionally, research ethics have been guided by well-established reports and declarations, such as the Belmont Report and the Declaration of Helsinki (Favaretto, 2020). At the core of these documents are three fundamental principles: respect for persons, beneficence, and justice. These principles include related interpretations and practices, such as acknowledging participants' autonomy, obtaining informed consent, minimizing harm, conducting risk-benefit assessments, ensuring fairness in the distribution and dissemination of research outcomes, and fair selection of participants.

The study exploring the community's perceptions of placing the most vulnerable children into children's homes adhered to these three fundamental principles of respect for persons, beneficence, and justice.

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSIONS**

#### **4.1 Introduction**

This chapter presents the findings of the research conducted to explore the community's perceptions of placing the most vulnerable children into children's homes in Meru District Council. It includes data analysis, presentation, interpretation, and discussion of the study's findings. The findings are organized according to the research-specific objectives and the emerging issues and themes identified from the data. The study aims to address the following three specific objectives:

- i. To assess the views of the most vulnerable children placed in children's homes;
- ii. To investigate perceptions of parents on placing the most vulnerable children in children's homes;
- iii. To explore the opinions of social workers on placing the most vulnerable children in children's homes.

##### **4.1.1 Demographic Information of the study participants**

The demographic information for the participants in the study, titled "Community Perception on Placing the Most Vulnerable Children in Children's Homes," is characterized by the following variables: age, sex, marital status, education level, and residential location.

## 4.2 Age Distribution of the study Participants

The study participants ranged in age from 10 to 65 years. Children aged 10-17 residing in children's homes were included to assess their views. Additionally, community members and social workers aged 18 to 65 participated in the study to examine parents' perceptions of placing the most vulnerable children in children's homes and to explore social workers' opinions on this practice.

**Table 4.1: Age Distribution of the Study Participants**

Age Cohort	Frequencies	Percentage%
10-12	38	32%
13-17	34	29%
18-35	21	18%
36-65	25	21%
Total	118	100%

**Source: Field Data 2024**

### 4.2.1 Sex Distribution among the Study Participants

Thirty percent of boys and thirty-one percent of girls were recruited from eight children's homes, totalling 72 children. Additionally, 10 social workers participated in the study, with 6% being women and 2% men. Among the community members, 16% were male, and 14% were female. The table below summarizes the sex distribution of the study participants.

**Table 4.2: Sex Distribution for the Study Participants**

Category	MVCs		Social Workers		Community Members		Totals	
Sex	Boys	Girls	Male	Female	Male	Female	Male	Female
Frequency	35	37	3	7	19	17	57	61
Percentage	30%	31%	2%	6%	16%	14%	48%	52%

**Source; Field data 2024**

**Table 4.3: Marital Status for the study Participants**

Marital status	Frequency	Percentage
Single	78	66%
Married	28	24%
Separated	5	4%
Divorced	3	3%
Widow	3	2%
Widower	1	1%
Total	118	100%

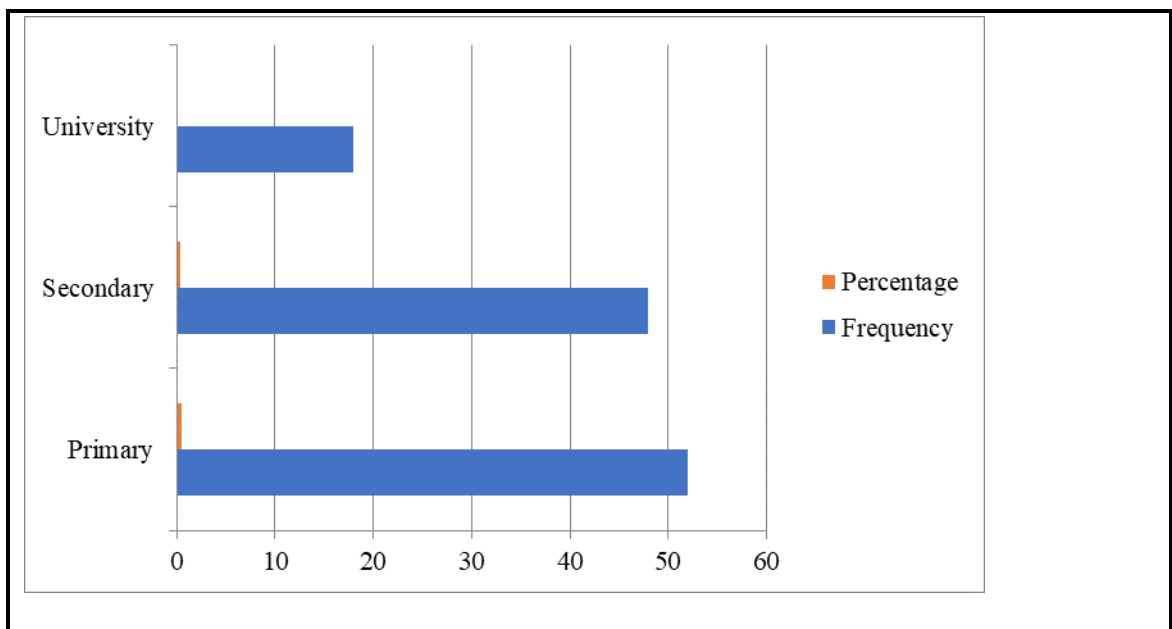
**Source; Field data 2024**

The table above shows that 66% of the participants are single, reflecting the focus on the Most Vulnerable Children, who are primarily under 18 years of age. Married participants make up 24% of the group, including social workers and community members. Additionally, 4% of the community members are separated, while 2% are widows, and 1% is a widower.

#### 4.2.2 Education Level

The education levels of the study participants ranged from primary school to university. Among the children in the children's homes, 95% had a primary education, while 5% had a secondary education. All of the social workers interviewed had university degrees, whereas the community members' education levels varied from primary school to university education.

**Table 4.4: Education level of Participants**



#### 4.2.3 Residential Location of the Study Participants

Participants in the study were recruited from six selected wards: Ambureni, Usa River, Maji ya Chai, Kikatiti, Mbuguni, and Ngarenanyuki. These wards were chosen because they host a significant number of children's homes. The Most Vulnerable Children, social workers, and community members involved in the study all came from these

areas. The findings revealed that the children enrolled in these homes are not solely from Meru but also from various regions across Tanzania, both nearby and distant. The children mentioned their places of origin, including Kilimanjaro, Coastal Region, Morogoro, Dar es Salaam, and Dodoma. Additionally, some children hailed from nearby councils such as Longido, Arusha, Ngorongoro, and Monduli. This indicates that children from other communities seek support from the Meru community.

#### **4.3 Views of the Most Vulnerable Children Placed in Children's Homes**

The first specific objective of the study was to assess the views of the most vulnerable children placed in children's homes. Focus Group Discussions (FGDs) were conducted with children residing in eight children's homes, using a range of leading questions. A total of 72 children, aged 10 to 17, participated in the study, with each group consisting of nine children. The initial question asked was about the reasons for their placement in the children's homes, giving each child the opportunity to explain why they are there.

##### **4.3.1 Factors Leading to the Placement of Vulnerable Children in Children's Homes**

Among the questions posed to the children were: "When did you arrive at the home? Who brought you here, why did they bring you here, and how long have you been here?" The shortest time the children had spent in the homes was two years, while the longest was seventeen years. The children frequently mentioned their biological mothers as well as grandfathers, grandmothers, uncles, and aunts as the individuals who brought them to the children's homes. Additionally, the children indicated that they were



informed that their placement was for educational purposes. One child responded with the following:

*"My mother told me that I am here to study and receive necessities such as food, shelter, clothing, shoes, and school supplies." (Respondent 01, 2024)*

This finding aligns with UNICEF studies, which reveal that over 80% of children residing in orphanages have at least one living parent. This suggests that parental poverty, rather than parental death or abandonment, is a significant factor contributing to institutionalization (UNICEF, 2019). The study participants identified several reasons for children being placed into homes, including poverty, child neglect, abandonment, orphanhood, violence, separation, divorce, and parents suffering from mental or chronic illnesses. Single parenting, particularly for children born out of wedlock, was also noted, as such children are often abandoned by their fathers.

The study's findings also align with systems theory, which emphasizes the interconnectedness and interdependence of various components within a system. In the context of children in homes, the duration of stay, ranging from two to seventeen years, and the roles of family members in placing children in these homes for educational purposes highlight the complex interactions within the family system and the broader social environment. The involvement of biological mothers, grandparents, uncles, and aunts in these decisions underscores the systemic approach to ensuring children's welfare. This network of relationships and decisions reflects systems theory, illustrating

how individual actions and roles within the family contribute to the overall functioning and well-being of children in institutional care.

#### **4.3.2 Views of Children Placed into the Children's Homes**

Children who had the opportunity to participate in the study appeared healthy and cheerful. They expressed that their needs are fully met at the children's homes, unlike at their own homes where such assurances are lacking. One child shared the following:

*"Here, we get everything we need and on time. If my school bag gets torn, they replace it with a new one. We also have time to play and have plenty of play equipment, such as balls, swings, and slides. We even have a playground. You can't find this at home." (Respondent 02, 2024)*

Although the children reported many positive experiences at the orphanages, they also mentioned missing their parents, especially their mothers and siblings. When asked whether they would prefer to live with their families or stay at the children's homes, they faced a dilemma. They feared that if they chose to live with their families, they might miss out on the opportunities available at the orphanages. As a result, they asked the researcher, "Who will provide for us if we go back home?" The researcher then posed a follow-up question: "If everything, including school fees, were provided at home, where would you choose to live—at home with your family or at the children's homes?" Most of the children indicated that they would choose to stay with their families if they were assured of having all their needs met as they are at the orphanages. Additionally, discussions with some children from better-off homes revealed that some did not want to

return to their families due to previous negative experiences. One girl, who had been living with her grandfather before being placed in the orphanage, said:

*"I never want to go back to that poor family with a house made of grass and poor bedding. I want to stay here." (Respondent 03, 2024)*

The researcher needed to clarify to the older children that Children's Homes are not intended as permanent residences but rather as temporary places. They were informed that eventually, they should return to their families. According to Children's Homes Regulations, Reg. 22 (7), preparation for reintegration and discharge is required. It states, "When a child is approaching 18 years, the Children's Home must prepare the child for independent living, and the Social Welfare Officer must work with the Children's Home to secure accommodation and employment, or placements for further education or vocational training, in consultation with the child." The children were also advised that the homes are temporary and that they should be eager to reunite with their families when conditions improve.

Unlike the study by Christopher & Mosha (2021), which identified issues such as stigma, discrimination, bullying, and physical punishment in care institutions, this study did not find evidence of such negative experiences. The children mainly expressed missing their family members, particularly their mothers and siblings. This difference might be attributed to the increased awareness of child protection among the children, who are taught to report abusive behaviors like bullying and discrimination. Additionally, children now have access to a free phone number (116) to report abuse.

These findings reflect the system theory, which posits that individuals are part of a larger, interconnected system where their well-being is influenced by various factors. The children's satisfaction with their needs being met aligns with the theory's emphasis on the interdependence of system components. The timely provision of necessities, such as school supplies and play facilities, supports the children's holistic development. However, their dilemma in choosing between the homes and their families highlights the complex interaction between individual needs and family dynamics within the broader social system. The children's hesitation to leave the orphanages due to concerns about losing access to resources underscores systemic challenges, including the assurance of needs being met and the psychological impact of their past experiences with poverty and poor living conditions. Their awareness of temporary placement and reintegration regulations emphasizes the system's role in preparing them for independent living, in line with the system theory's focus on adaptation within a larger social context.

#### **4.3.3 Perceptions of Parents on Placing the Most Vulnerable Children in Children's Homes**

Parents from the six selected wards, where the children's homes are located, were interviewed to gather their views on placing the most vulnerable children in these homes. Focus Group Discussions were held with various homogeneous groups of parents, including Community Case Workers (CCWs), motorcycle drivers, taxi drivers, and businessmen. Individual interviews were also conducted with social workers, individual parents, community leaders, and influential figures such as councilors, religious leaders, ward executive officers, and village executive officers.

The results from these discussions revealed that parents' views varied depending on their economic status, level of education, and the nature of relationships among relatives. When asked why relatives are not responsible for caring for the most vulnerable children in their families, one parent responded:

*"It depends on the relationship established before the death of a relative. For example, if the deceased was uncooperative and careless, we wouldn't have a strong connection with their family after they are gone. So, let the homes be there to support the vulnerable children."*  
(Respondent 04, 2024).

One of the influential individuals noted that there are children from impoverished families who would not survive without care from institutions such as children's homes. He recommended having a few such homes dedicated to this purpose. Economic hardship, or poverty, was highlighted as a major factor driving people to place their children in these institutions for care. One parent shared:

*"My three children are overwhelming, especially with the cost of school fees. I can't afford to take care of additional children. The children's homes are very helpful for these children."* (Respondent 05, 2024)

The researcher asked about the effects of children being raised in these homes, including issues such as losing their family attachment. Surprisingly, one educated man responded that:

*"We have no choice; we are going to have a generation raised in institutions rather than in families, simply because of poverty. The system has forced us to do this." (Respondent 06, 2024)*

Child neglect, separation, and divorce among parents are key factors that increase the number of children being placed in institutions," the participant insisted. On the other hand, another participant criticized the government system for not penalizing irresponsible parents, particularly those who neglect their children.

*"We know that the government has laws to punish those who are irresponsible, but they are not enforced seriously, which is why these issues continue to occur." (Respondent 07, 2024)*

The findings from the in-depth interviews with community members align with the Law of the Child Act of 2009, revised in 2019, which stipulates that it is the duty of a parent, guardian, or any other person with custody of a child to provide for the child's needs. Specifically, this duty includes ensuring the child receives food, shelter, clothing, medical care (including immunization), education and guidance, liberty, and the right to play and leisure. The Law also prescribes penalties for non-compliance, stating that a person who violates any provision of this part of the Act may be fined up to five million shillings, imprisoned for up to six months, or both (URT, 2019).

A study on the situation analysis of orphans and vulnerable children in alternative care systems reveals that some children have ended up in orphanage centers due to mistreatment by relatives. Makuu further notes that poverty often leads relatives to send orphans and vulnerable children to these care centers because they are unable to support

them financially (Makuu, 2019). These findings are consistent with system theory, which suggests that individual behaviors are influenced by the broader social systems to which they belong. The varying perspectives of parents, shaped by their economic status, education level, and family dynamics, illustrate the complexity of the social system. Economic hardship and poverty are identified as major factors driving parents to place their children in institutional care. A statement from an educated parent about the inevitability of institutional care due to poverty underscores the systemic nature of these decisions. Furthermore, the lack of governmental enforcement to penalize neglectful parents highlights systemic issues, reinforcing the relevance of the Law of the Child Act of 2009 in promoting child welfare.

#### **4.3.4 Opinions of Social Workers on Placing the Most Vulnerable Children in Children's Homes**

Individual in-depth interviews were conducted with social workers employed in children's homes to explore their perspectives. The social workers described the conditions for admitting children into their homes in accordance with the Children's Homes Regulations. They also elaborated on their roles in working with the children and shared details about their daily routines. Among the challenges expressed by social workers in working with children, as outlined in the table below, were abandonment by parents and relatives, behavioral issues, poor home environments, and dependency.

One social worker narrated a case study of a boy who, after turning 18, was reintegrated with his family but was not ready to return home. This experience served as a valuable

lesson for the social workers and managers of the homes, leading them to establish internal rules that require every child to visit their families during holidays. This practice aims to help children become familiar with and build attachments to their family members and communities, preparing them for their future lives. Despite the challenges, the social workers highlighted the significant benefits provided by these homes. The children receive all the basic necessities, including food, proper shelter, clothing, education, protection, and care. These benefits are the primary reasons parents choose to place their children in these institutions.

*"They are guaranteed education to the highest level they desire. We support them until they decide they have achieved enough, and until they secure employment."*

A social worker from a Rich Children's Home, where each child has an individual sponsor from abroad, made this statement. It's important to note that many children's homes, especially in regions frequently visited by donors, such as Arusha, are heavily reliant on external funding.

Despite the challenges associated with placing the Most Vulnerable Children into these homes, as well as the benefits these institutions provide, social workers shared their views, emphasizing that children's homes serve as a cornerstone for the lives of these children. They fill the gaps where families, communities, and even the government have been unable to provide support. The social workers recommended establishing a few homes that are closely supervised by the government to ensure they truly benefit the



children in need. Another social worker recounted a case where a child, suffering from Diabetes Mellitus (DM), was on the brink of death because his family was too poor to afford treatment.

*"The child is still alive because we brought him here for close monitoring of his medication. He would have died long ago if he had stayed at home with his poor family." (Respondent 08. 2021)*

These findings on social workers' views regarding children's homes align with systems theory, which emphasizes the interconnectedness and interdependence of individuals and their social environments. The insights provided by the social workers demonstrate that the conditions for admitting children into homes, as well as the daily routines and challenges faced, are shaped by broader regulatory, familial, and societal systems. For example, the regulation requiring children to visit their families during holidays to maintain family ties underscores a systemic approach to reintegration and attachment. The social workers' accounts of issues such as abandonment, behavioral challenges, poor home environments, and dependency highlight how individual problems are influenced by and interact with larger systemic factors.

Furthermore, the benefits provided by children's homes, including education, shelter, and healthcare, reflect the systemic role these institutions play in addressing gaps left by families, communities, and the government. The reliance on donor funding, especially in regions frequently visited by international donors, illustrates the global interconnectedness and dependence on broader economic systems. The case studies of

children whose lives were saved or improved due to the care provided in these homes further demonstrate the systemic impact of these institutions. By recommending close government supervision of children's homes, the social workers emphasize the need for a well-regulated system to ensure that these homes effectively support the most vulnerable children. Thus, these findings illustrate how children's homes function within a complex system of interrelated social, economic, and regulatory factors, consistent with systems theory.

#### **4.4 Conclusion**

The conclusion section of Chapter Four presents the key findings related to the main objective of the study and its three specific objectives. The main objective was to explore the community's perceptions of placing the most vulnerable children into children's homes in Meru District Council. This objective was broken into three specific aims: to assess the views of the most vulnerable children placed in children's homes, to examine parents' perceptions of placing their children in these homes, and to explore the opinions of social workers on the same issue. Given the study's nature, an exploratory design and qualitative data collection methods were employed, utilizing in-depth group and individual interviews, which yielded the following findings:

The children expressed that they are generally content with staying in children's homes because they are assured of having all their basic needs met, particularly education. However, many of them miss their family members, especially their biological mothers, if they have them. Parents also supported the existence of children's homes due to

economic hardship and poverty, but they challenged the government to take stronger action against parents who neglect their children. Lastly, social workers recommended children's homes as safe places for children while acknowledging the importance of maintaining family cohesion.

In conclusion, both families and children's homes are recommended as suitable environments for children, provided that they meet the children's growth and developmental needs.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

Chapter Five presents a comprehensive summary, conclusion, and recommendations based on the findings outlined in Chapter Four, offering detailed insights and actionable suggestions.

#### **5.2 Summary**

The purpose of this study was to explore community perceptions regarding the placement of the most vulnerable children into children's homes within the Meru District Council. The study was guided by the following objectives: to assess the views of the most vulnerable children placed in children's homes, to examine parents' perceptions of placing these children in such institutions, and to explore the opinions of social workers on this practice.

The findings revealed that children living in orphanages generally appeared healthy and content, as their needs—including food, clothing, education, and recreational activities—were consistently met, often in ways that were lacking at home. Despite enjoying these benefits, many children expressed missing their parents and siblings and faced a dilemma when asked to choose between their families and the orphanages. They feared losing the support provided by the orphanages if they returned home. However, most indicated a preference to live with their families if they could be assured of similar

provisions. Some children, particularly those from more affluent backgrounds, preferred to stay in orphanages due to previous negative experiences at home.

The study also uncovered varied views on placing the most vulnerable children into children's homes, with opinions influenced by factors such as economic status, education levels, and family relationships. Economic hardship was a significant driver, with parents citing their inability to provide basic needs and education as reasons for placing their children in these homes. One parent highlighted the necessity of children's homes for survival, especially for those from poor families. The responsibility of relatives was found to depend on pre-existing relationships, and some parents preferred institutional care due to poverty. Additionally, factors like child neglect, separation, and divorce were identified as contributing to the institutionalization of children, with some participants criticizing the government's lack of enforcement against neglectful parents.

From the perspective of social workers in children's homes, the findings revealed issues such as the regulations for admitting children, daily routines, and challenges like abandonment, behavioral issues, poor home environments, and dependency. A case study emphasized the importance of children visiting their families to maintain attachment. Despite these challenges, the homes provide essential benefits such as food, shelter, clothing, education, and care, which attract parents to place their children there. Social workers stressed the crucial role of children's homes in supporting vulnerable children where families, communities, and the government fall short, recommending close government supervision. They also shared a case where a child's life was saved

through the home's intervention, highlighting the vital role these institutions play in rescuing children's lives.

### **5.3 Conclusion**

Based on the study findings, it is concluded that institutional care plays a crucial role in safeguarding vulnerable children, particularly in contexts where family-based care is either unavailable or inadequate. Unlike many global perspectives advocating for deinstitutionalization, this study presents an alternative viewpoint, emphasizing the practical necessity of children's homes in ensuring survival, protection, and access to basic needs.

Children living in orphanages benefit significantly from consistent provision of food, clothing, education, healthcare, and recreational opportunities, which are often unattainable in their home environments due to extreme poverty or family instability. Although many children express emotional attachment to their families, findings indicate that reunification is not always viable, particularly in cases where parents face severe economic hardship, neglect, or social dysfunction. Thus, children's homes serve as a critical safety net, preventing further vulnerabilities such as child labor, abuse, and homelessness.

Parental perspectives on institutional placement were found to be shaped by economic challenges, educational limitations, and family dynamics. Many parents view institutional care as a last resort, acknowledging its role in providing children with a

structured and supportive environment that enhances their well-being and future prospects. This study recognizes that while family-based care remains the ideal, its feasibility is often compromised by harsh socio-economic realities, making children's homes a necessary intervention rather than an undesirable alternative.

Furthermore, social workers within orphanages highlighted their indispensable role in managing regulatory compliance, psychosocial support, and the rehabilitation of abandoned or neglected children. Their experiences reinforced the argument that children's homes should not be viewed solely as a temporary measure, but rather as a vital component of the broader child welfare system, particularly in regions where alternative family care models remain weak.

Finally, case studies in this research demonstrated the life-saving impact of institutional care, where children who had been abandoned, abused, or neglected were provided security, stability, and opportunities for growth. Therefore, while ongoing efforts to strengthen family structures and community-based interventions remain essential, this study challenges the notion that deinstitutionalization is a universal solution, instead advocating for a context-specific approach that recognizes the irreplaceable role of children's homes in safeguarding vulnerable children.

#### **5.4 Recommendation**

Based on these findings, the following recommendations are proposed for various stakeholders:

#### **5.4.1 To the Government**

Strengthen social welfare policies and enforcement mechanisms to prevent child neglect and family breakdowns. Implement comprehensive support programs that empower families economically and socially to reduce the need for institutional care. Additionally, ensure robust oversight of children's homes through regular inspections and adherence to regulatory standards to protect the rights and well-being of children in institutional settings.

#### **5.4.2 To Social Workers**

Focus on strategies that promote family reunification and preservation whenever possible. This includes facilitating regular family visits and maintaining strong connections between children in care and their families. Provide continuous training and support in trauma-informed care and family mediation to enhance their ability to address the complex needs of children and families involved in institutional care.

#### **5.4.3 To Parents**

Encourage and support participation in community-based initiatives that offer economic opportunities, parenting skills training, and counseling services. Strengthen community networks and promote positive parenting practices to prevent child neglect and support families in crisis. Ensure parental involvement in decision-making processes regarding their children's care, with adequate support and resources to achieve the best outcomes for children both in and out of institutional settings.



#### **5.4.4 To Non-Governmental Organizations (NGOs)**

Collaborate with government agencies and local communities to develop holistic support programs that address the root causes of child institutionalization. Advocate for policies that prioritize family-based care alternatives over institutional settings whenever possible. NGOs should also provide supplementary support services such as educational programs, vocational training, and psychosocial support to children and families affected by poverty and social marginalization.

#### **5.4.5 Recommendation for Further Studies**

This study focused on the community's perception of placing the most vulnerable children into children's homes in Meru District Council. Future research of a similar nature should be conducted in other councils to explore the perceptions of their community members regarding the placement of vulnerable children in such institutions.

A purely qualitative approach, involving in-depth interviews with groups of children and adults, is essential. This method helps researchers uncover a wide range of perspectives, attitudes, and opinions concerning the community's view on the placement of children in institutional care.

## REFERENCES

- Babbie, E. (2016). *The basics of social research*. Cengage Learning.
- Calatrava, R., Smith, J., Johnson, L., Martinez, P., & Lee, T. (2022). Differentiation of self: A scoping review of Bowen family systems theory. *Clinical Psychology Review*. <https://doi.org/10.1016/j.cpr.2021.102101>
- Christopher, T., & Mosha, M. A. (2021). Psychosocial challenges facing orphaned children and caregivers in Tanzanian institutionalized orphanage centres. *East African Journal of Interdisciplinary Studies*, 4(1), 1-14.
- Connolly, M., & Harms, L. (2019). *Social work: From theory to practice*. Cambridge University Press.
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage Publications.
- Department of Social Welfare. (2023). *Registration of children's homes in Tanzania*. Dodoma: The Department of Social Welfare.
- Erin, R., & Maharani, A. (2018). Persepsi mahasiswa pendidikan matematika terhadap perkuliahan online. *Mosharafa: Jurnal Pendidikan Matematika*, 7(3), 337–344.
- Friedman, B. D., & Allen, K. N. (2009). *System theory*. Ann Arbor, MI: University Microfilms International.
- Majaliwa, K. (2021, June 16). Tanzania has over 24,000 children living in orphanages says PM. *The Citizen*. Retrieved from <https://www.thecitizen.co.tz/tanzania/news/national/tanzania-has-over-24-000-children-living-in-orphanages-says-pm-2682754>

- Makuu, J. M. (2019). Situation analysis of orphans and vulnerable children in existing alternative care systems in Dar es Salaam, Tanzania. *Social Work and Society International Online Journal*, 17(1), 1613-8953.
- Morgan, D. L. (2016). Focus groups. *Annual Review of Sociology*, 22, 129-152.
- Mugambila, E. (2021). Critical analysis on the law of maintenance of children with specific focus on orphaned children. Dar Es Salaam: The Open University of Tanzania.
- Nsabimana, E., Rutembesa, E., Wilhelm, P., & Martin-Soelch, C. (2019). Effects of institutionalization and parental living status on children's self-esteem, and externalizing and internalizing problems in Rwanda. *Frontiers in Psychiatry*, 10(6), 442. <https://doi.org/10.3389/fpsy.2019.00442>
- Peyre, H. M. (2023, November 17). Émile Durkheim. *Encyclopedia Britannica*. <https://www.britannica.com/biography/Emile-Durkheim>
- RO. (2018). Information about orphanages: Facts about orphans & statistics. *ReThink Orphanages*. Retrieved from <https://rethinkorphanages.org/school-university-groups/information-about-orphanages-facts-about-orphans-statistics>
- Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data*. Sage Publications.
- Scribd. (2018). Concept of community "What is community" Concept about it. [https://www.slideshare.net/Professor5G/concept-of-community-what-is-community-concept-about-it?from\\_action-save](https://www.slideshare.net/Professor5G/concept-of-community-what-is-community-concept-about-it?from_action-save)
- Smith, J. A. (2015). *Qualitative psychology: A practical guide to research methods*. Sage Publications.

Struble, K. (2018). 10 facts about orphans in Africa. *The Borgen Project*. Retrieved from <https://borgenproject.org/10-facts-orphans-in-africa/>

Swaen, B., & George, T. (2024, March 18). What is a conceptual framework? | Tips & examples. *Scribbr*. Retrieved March 27, 2024, from <https://www.scribbr.com/methodology/conceptual-framework/>

The Opening Doors for Europe's Children. (2018). Ending children's homes in Europe. <https://www.openingdoors.eu/institutional-care-in-europe/ending-institutional-care-in-europe/>

United Nations International Children's Emergency Fund. (2018). 15 years of de-institutionalization reforms in Europe and Central Asia: Key results achieved for children and remaining challenges. Geneva: The United Nations Children's Fund.

United Nations International Children's Emergency Fund. (2021). The negative impact of institutionalization on children 0–3 years. Geneva: United Nations International Children's Emergency Fund.

United Nations. (1990). *The Convention on the Rights of the Child (CRC)*. New York: The United Nations.

United Nations. (2010). *Guidelines for the alternative care of children*. New York: United Nations.

United Republic of Tanzania. (2019). *The law of the child act, Cap. 13 R.E. 2019*. Dodoma: The United Republic of Tanzania.

Widow and Orphans Development Foundation. (2010). The situation of orphans. <https://www.wodf.org/orphans>

## **APPENDIX I**

### **Interview Guide Questions**

#### **Assessing the Views of the Most Vulnerable Children Placed in Children's Homes:**

1. What are the most common concerns expressed by vulnerable children placed in children's homes regarding their living conditions and care?
2. How do these children perceive their relationships with caregivers and fellow residents in the children's homes?
3. What emotional and psychological factors contribute to the overall well-being or distress of vulnerable children within the institutional setting?
4. Are there specific aspects of the institutional environment that positively or negatively influence the views and experiences of the most vulnerable children?
5. How do these children express their hopes, aspirations, and fears regarding their future while residing in children's homes?

#### **Examining the perception of parents about placing children in children's homes:**

1. What factors influence parents' decisions to place their children in children's homes, and how do they perceive the impact on their children's well-being?
2. How do parents perceive the quality of care and support provided by children's homes in comparison to alternative care arrangements?

3. What emotional and social considerations weigh on parents' perceptions of the effectiveness and appropriateness of children's homes in meeting the needs of their children?
4. How do parents navigate the stigmas or societal judgments associated with placing children in institutional care, and how does this affect their perceptions?
5. What information and support do parents believe would be essential in enhancing their confidence and positive perception of children's homes as a viable care option?

**Exploring the opinions of social workers on placing the most vulnerable children in children's homes:**

1. What are the primary factors considered by social workers when deciding to place vulnerable children in children's homes rather than alternative care settings?
2. How do social workers perceive the effectiveness of children's homes in addressing the unique needs and challenges of the most vulnerable children?
3. What challenges or ethical dilemmas do social workers encounter in the process of placing vulnerable children in children's homes, and how do they navigate them?
4. How do social workers assess the collaborative efforts between children's homes and external agencies to ensure the well-being of the most vulnerable children?

5. What recommendations or improvements do social workers propose to enhance the quality of care and support provided by children's homes for the most vulnerable children?

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF EDUCATION, SCIENCE AND  
TECHNOLOGY



THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT/ PG202185757

29<sup>th</sup> April, 2024

District Executive Director (DED),  
Meru District Council,  
P.O.Box 462,  
ARUSHA.

Dear District Executive Director,

RE: RESEARCH CLEARANCE FOR MS. RESTITUTA PHILIP MVUNGI, REG NO:  
PG202185757

The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1<sup>st</sup> March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1<sup>st</sup> January 2007. In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania





JAMHURI YA MUUNGANO WA TANZANIA  
OFISI YA RAIS  
TAWALA ZA MIKOA NA SERIKALI ZA MITAA  
HALMASHAURI YA WILAYA YA MERU



Unapojibu tafadhali taja:

Kumb.Na.10/5VOLVIX/72

30/04/2024

Watendaji wa Kata za  
Ngarenanyuki, Mbuguni, Usariver, Maji ya Chai, Kikatiti na  
Kijiji cha Shangarai  
Halmashauri ya Wilaya ya Meru

Yah: KIBALI CHA KUFANYA UTAFITI

Husika na mada tajwa hapo juu.

2. Ofisi imepokea barua yenye Kumb.Na.OUT/PG2021/857/57 ya tarehe 29.04.2024 kutoka Chuo Kikuu Huria Tanzania ikimtambulisha Mtafiti Restituta Philip Mvungi kwa ajili ya kufanya utafiti kwenye Kata na Vijiji.
3. Kufuatia umuhimu huo, Ofisi inatoa idhini ili mtafiti huyu aendelee na utafiti kama ilivyoelekezwa kuanzia 30.04.2024 hadi 30.05.2024.
4. Aidha, mnaagizwa kumpokea na kumpatia ushirikiano unaostahili katika kipindi chote cha utafiti katika maeneo yenu ya kiutawala ili kufanikisha malengo yaliyokusudiwa huku akizingatia Sheria, Kanuni na Miiko ya Serikali ya Jamhuri ya Muungano wa Tanzania.

Nakutakia kazi njema.

*Neema M.Laizer*  
KNY: MKURUGENZI MTENDAJI  
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**Exploring Vulnerable Children's Perspectives on Residential Care: Implications  
for Policy and Practice in Meru District, Tanzania**

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**ABSTRACT**

*This study explores the experiences and emotional responses of vulnerable children residing in institutional care homes in Meru District Council, Tanzania. Using a qualitative research design, the study aims to capture the children's perceptions of institutional care, emotional challenges, and views on family reunification. Through Focus Group Discussions (FGDs) with 72 children aged between 10 and 17 years, thematic analysis revealed complex emotional dynamics. While the children appreciated the stability and provision of basic needs such as food, shelter, and education, many expressed emotional distress due to separation from their families. The desire for family reunification was strong, though tempered by fears of losing access to essential resources if they returned home. Additionally, children approaching the age of 18 voiced concerns about their future outside of the care homes, particularly regarding independent living and the uncertainty of family support. The findings highlight the need for holistic child welfare approaches that prioritize both physical needs and emotional well-being. The study recommends strengthening family-based alternatives, providing emotional support within care homes, and improving reintegration programs to support children as they transition from institutional care to family life or independent living.*

**Keywords:** Institutional care, family reunification, vulnerable children, emotional well-being,

## **Introduction**

Institutional care has historically been a common solution for children facing vulnerability, such as abandonment, neglect, abuse, or poverty. These settings aim to provide basic needs like food, shelter, and education. However, decades of research highlight the limitations of institutional care as a long-term intervention. While institutions may offer immediate relief, they often fail to provide the emotional and psychological support crucial for healthy development. Research consistently shows that children raised in institutional settings, particularly for extended periods, face heightened risks of emotional and social challenges, including attachment disorders, anxiety, and depression (UNICEF, 2021).

Globally, it is estimated that over 8 million children live in institutional care, despite more than 80% having at least one living parent (ReThink Orphanages, 2018). This paradox underscores systemic issues such as broken family structures, poverty, and inadequate social welfare systems. The negative impacts of institutionalization are particularly severe in young children, who often experience developmental delays, emotional withdrawal, and social isolation, resulting in lifelong consequences (UNICEF, 2021). As a result, many countries, particularly in Europe and North America, have adopted deinstitutionalization policies, transitioning children from institutional care to family-based alternatives. Countries like Romania and Moldova have made significant progress, demonstrating that children fare better in family environments, where they can form emotional bonds and develop essential life skills.

In Tanzania, over 24,000 children are cared for in approximately 140 registered institutions (Majaliwa, 2021). These homes are considered a necessary safety net for orphaned, abandoned, or abused children. However, the Tanzanian government, like many others, increasingly recognizes the need to shift toward family-based alternatives. Despite these efforts, challenges such as poverty, cultural norms, and limited resources hinder the successful implementation of deinstitutionalization policies. Furthermore,

little research has been conducted on the experiences and perspectives of children in Tanzanian institutional care, limiting the understanding of their needs and aspirations. This study aims to fill that gap by examining the views of vulnerable children placed in residential care homes in Meru District, Tanzania, focusing on their experiences of care and their complex emotional relationships with their families.

### **Literature Review**

The care of vulnerable children through institutionalization has been a widely debated topic in child welfare discourse for decades. While institutional care aims to provide immediate relief for children facing abandonment, neglect, or abuse, a growing body of literature emphasizes the long-term negative impacts such care can have on a child's development. These impacts are particularly concerning given that many children in institutional settings have at least one living parent or guardian who, with proper support, could care for them in a family-based environment (ReThink Orphanages, 2018).

Institutional care, defined as residential care facilities where children are housed due to familial, social, or economic vulnerabilities, has long been criticized for its inability to meet the emotional, psychological, and social needs of children. Several studies have demonstrated that children raised in institutions face a higher risk of developing emotional and behavioral challenges, including attachment disorders, anxiety, depression, and antisocial behaviors (UNICEF, 2021). The lack of consistent, individualized care in institutional settings often leads to difficulties in forming healthy relationships, delayed cognitive development, and poor life outcomes as these children transition into adulthood.

Research from Europe and North America has particularly driven the global move toward deinstitutionalization (DI). Countries such as Romania and Moldova have significantly reduced the number of children in institutional care through policies that promote family reunification, foster care, and community-based services (The Opening

Doors for Europe's Children, 2018). Studies from these regions highlight that children who are placed in family-based care or foster homes generally show better outcomes in terms of emotional stability, educational achievement, and social integration compared to those who remain in institutional care (Browne, 2009). Additionally, Deinstitutionalization (DI) efforts are supported by international conventions, including the United Nations Convention on the Rights of the Child, which emphasize the importance of family-based care over institutional placements (UNICEF, 2018).

However, transitioning from institutional to family-based care is fraught with challenges. In Europe and the United States, the deinstitutionalization process has required significant investments in social welfare systems, including the training of foster families, developing community-based support structures, and ensuring long-term financial support for vulnerable families. Without such frameworks, children in institutional care are at a greater risk of falling into cycles of poverty, neglect, or returning to institutional environments later in life (Browne, 2009).

In sub-Saharan Africa, where poverty, HIV/AIDS, and social conflict have exacerbated the vulnerability of children, institutional care remains a prevalent solution. Tanzania, for example, houses over 24,000 children in residential care facilities (Majaliwa, 2021). The decision to place children in institutions is often driven by poverty, the death of one or both parents, abandonment, or family breakdown. However, research on institutional care in Africa remains relatively sparse compared to other regions. While institutional care is seen as a necessary intervention, few studies have critically examined the perspectives of the children themselves or the effectiveness of institutional care models in the African context.

Studies from other parts of Africa, such as South Africa and Kenya, have started to shed light on the emotional and psychological challenges faced by children in institutional care. Haffajee and Levine (2020) conducted a qualitative study in South Africa and found that children in residential care experienced high levels of anxiety, depression,

and social isolation. The study highlighted that while basic needs such as food and shelter were provided, emotional needs were often neglected, leading to long-term psychological issues. Similarly, a study conducted in Kenya revealed that institutionalized children frequently exhibited signs of emotional trauma, including low self-esteem and difficulties in social integration (Mwoma & Pillay, 2015).

Despite these challenges, many African countries have yet to implement comprehensive deinstitutionalization strategies. Kenya has shown a promising commitment to care reform, recently developing the National Care Reform Strategy (2022-2032), which aims to shift from institutional care to family-based alternatives. However, the successful implementation of this strategy is hampered by inadequate funding, lack of trained personnel, and societal attitudes that still favor institutional care as a more reliable form of support (Republic of Kenya, 2020).

In Tanzania, the literature on institutional care is limited, with most studies focusing on structural issues such as the availability of resources, infrastructure, and the regulatory environment governing residential homes. Few studies delve into the lived experiences of children within these institutions. Majaliwa (2021) notes that while the Tanzanian government has made efforts to regulate children's homes, including implementing the Foster Care Placement Regulations of 2012 and the National Guidelines on Children's Reintegration with Families (2019), these initiatives are often hampered by resource constraints and inadequate enforcement mechanisms. As a result, many children remain in institutions for extended periods, often due to the inability of families to provide adequate care.

Christopher and Mosha (2021) conducted a study focusing on the psychosocial challenges faced by orphaned children in Tanzanian orphanages. Their findings indicated that children often suffered from emotional distress, feelings of abandonment, and difficulties in social integration. The study also found that orphanages, despite their best efforts, were not always equipped to address the complex emotional needs of the

children, particularly those who had experienced trauma. Furthermore, children who aged out of care faced significant barriers in achieving independent living due to a lack of life skills training and emotional support.

However, there is little research examining the perspectives of the children themselves on the care they receive. Understanding how children perceive their time in institutional care, their relationships with caregivers, and their feelings about family reunification is critical in shaping more effective policies. This study addresses this gap by focusing on the experiences of vulnerable children in Meru District, Tanzania, and exploring their views on institutional care versus family-based alternatives.

### **The Shift Toward Deinstitutionalization**

Globally, there is increasing recognition of the need for alternative care models that prioritize family and community-based support systems over institutional placements. Countries that have successfully reduced reliance on institutional care, such as Romania and Moldova, have demonstrated the benefits of such shifts, particularly in terms of child well-being and social reintegration (The Opening Doors for Europe's Children, 2018). These models focus on strengthening family units through economic support, social services, and foster care systems that allow children to remain in family environments.

In Tanzania, the government has ratified international conventions such as the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child, which advocate for family-based care. While some regulatory frameworks have been developed to support this shift, including the Adoption of a Child Regulations of 2011 and the Fit Persons Regulations of 2019, implementation remains a significant challenge. The disparity between policy and practice is evident, as thousands of children continue to reside in institutional settings with limited pathways to family reunification.

This study seeks to contribute to the growing body of research advocating for deinstitutionalization by focusing on the experiences of children in Tanzanian residential care homes. Through qualitative analysis, the study examines how these children perceive their care, the barriers to family reunification, and the potential for implementing family-based alternatives within the Tanzanian context.

Although the global discourse on deinstitutionalization and its benefits is well-documented, there is a notable gap in the literature when it comes to Tanzania and other sub-Saharan African countries. Most studies on institutional care in Tanzania have focused on structural and policy-related aspects, leaving the children's voices largely unheard. Additionally, there is limited exploration of how cultural, economic, and social factors intersect to influence the viability of family-based care in Tanzania. This study tries to fill this gap by giving voice to the children in institutional care, exploring their perspectives, and contributing to the ongoing dialogue on child welfare reform in the region.

### **Theoretical Framework**

This study is grounded in Systems Theory, a sociological perspective that examines how interconnected systems influence one another. Developed by Émile Durkheim and expanded by others, the theory explains how individuals are shaped by the larger social systems they are part of. In the context of vulnerable children in institutional care, Systems Theory provides a framework for understanding how their experiences are shaped by their care environment, family, community, and relevant policies. Durkheim's work on social cohesion highlights how the breakdown of one part of the system, like the family, can affect others, such as a child's placement in institutional care (Durkheim, 1893).

Systems Theory emphasizes that all elements within a system are interconnected. In child welfare, this system includes not only the child but also their family, social services, and government policies. These interactions shape a child's development



(Friedman & Allen, 2009). While institutional care can meet physical needs, it often lacks the emotional support necessary for healthy development. Research shows that children in institutional settings are more prone to developmental delays and social difficulties due to a lack of personalized attention (UNICEF, 2021).

The family system is central to child development. Despite the care provided by institutions, many children long for familial connections, as the emotional support from family is irreplaceable. Systems Theory explains that family dynamics play a crucial role in a child's emotional well-being (Payne, 2018). Similarly, the policy system is critical, as government regulations shape how care is provided. In Tanzania, policies like the Foster Care Placement Regulations aim to transition children into family-based care, but success depends on available resources and effective implementation (Majaliwa, 2021).

Community attitudes also play a significant role. In Tanzania, institutional care is often viewed as the best option, but shifting community attitudes is essential for successful deinstitutionalization. Systems Theory highlights the importance of community support in sustaining family-based alternatives (Durkheim, 1893). Feedback loops within the system—such as a child's emotional attachment to caregivers can influence their perspective on family reunification and shape future policies (Smith & Perry, 2020).

In conclusion, Systems Theory offers a holistic approach to understanding the complex relationships between institutional care, family dynamics, community, and policies. It underscores the need for comprehensive reforms that address all elements of the system to support vulnerable children transitioning to family-based care.

## **Methods and Material**

This study employed a qualitative research design to explore the experiences and emotional responses of vulnerable children residing in institutional care homes in Meru District Council, Tanzania. The qualitative approach was selected to provide a deep understanding of participants' subjective experiences and lived realities, offering rich insights into the complexities of institutional care. By focusing on the voices of the

children, the study aimed to capture their perceptions of institutional care, emotional challenges, and views on family reunification. A case study approach was utilized to examine the specific experiences of these children, offering a detailed exploration of their realities within the particular setting of Meru District's care homes. This method allowed for consideration of the contextual factors influencing the children's experiences, such as social, economic, and policy environments.

A purposive sample of 72 children aged between 10 and 17 years was selected from eight different care homes. This sampling method ensured that participants with direct, relevant knowledge provided insights into the emotional, psychological, and social dynamics of institutional care. The sample was gender-balanced, with 35 boys and 37 girls, reflecting diverse familial and socio-economic backgrounds. This approach enabled the study to examine potential gender differences in experiences and perceptions of reunification, with participants offering varied perspectives based on their developmental stages. Data were collected through Focus Group Discussions (FGDs), as they effectively fostered interaction and reflection among participants, enabling deeper exploration of shared experiences. A total of eight FGDs were conducted, each with approximately nine children. Open-ended questions encouraged the children to discuss their living conditions and desires for reunification. Throughout the discussions, participants were free to express their thoughts, supported by trained researchers who maintained a respectful and safe environment. Ethical standards were strictly followed, with informed consent obtained from legal guardians and assent from the children themselves. The FGDs were audio-recorded to ensure accurate transcription and analysis.

The data were analyzed using thematic analysis, allowing the identification of key patterns and themes within the participants' responses. The process involved familiarization with the data, coding, and developing broader themes such as family separation, emotional well-being, and desires for family reunification. Thematic analysis provided a clear understanding of the children's experiences and emotional needs, while

also uncovering differences in their views about returning home. Some expressed a strong desire to reunite with their families, while others feared the challenges they might face upon return, offering a nuanced understanding of the emotional complexity surrounding institutional care. The ethical dimensions of this study were carefully considered, especially given the vulnerable nature of the participants. Ethical approval was obtained from the relevant institutional review board, and all research was conducted in accordance with ethical guidelines for working with children in research. Informed consent was obtained from the children's social workers, and assent was obtained directly from the children. The children were assured of the confidentiality of their responses and informed they could withdraw from the study at any time without any negative consequences. To minimize potential psychological harm, the FGDs prioritized the children's comfort and emotional well-being. Trained facilitators conducted the discussions sensitively, encouraging children to express their views without fear of judgment. Contact information for psychological support services was provided to all participants in case any child felt distressed after the discussions.

## **Findings**

The findings of this study provide important insights into the lived experiences of vulnerable children residing in institutional care homes in the Meru District Council, Tanzania. Through the analysis of Focus Group Discussions (FGDs) with the 72 participants, several key themes emerged, highlighting the children's perceptions of institutional care, their emotional well-being, and their attitudes toward family reunification. The results reveal both the positive aspects of institutional care and the emotional complexities that accompany their separation from family.

### **Meeting of Basic Needs in Institutional Care**

One of the most prominent themes to emerge from the discussions was the children's general satisfaction with the provision of basic needs within the institutional settings. Many participants expressed appreciation for the consistent access to food, clothing,

education, and recreational activities, all of which were seen as critical improvements over their previous home environments. The children frequently compared the reliability of these provisions in the homes to the scarcity and uncertainty they had faced with their families. For example, a 14-year-old girl stated,

*“Here, we get everything we need on time. If my school bag gets torn, they replace it with a new one. We also have enough playing tools like balls, swings, and slides. At home, we didn’t have this” (Child/14years/ Meru/ 14.05 2024).*

This sentiment was echoed by several other children, particularly regarding the access to education and learning materials, which they viewed as an important aspect of their personal development and future prospects.

However, while the children acknowledged that their material needs were being met, many expressed an awareness that the institutional care setting lacked the emotional support and warmth they associated with family life. This aspect of their experience suggests that although institutions play a critical role in providing stability and resources, they fall short in addressing deeper emotional needs.

### **Emotional and Psychological Well-Being**

Although the children recognized the material benefits of institutional care, they also spoke of the emotional challenges associated with living away from their families. A recurring theme in the discussions was the emotional strain of family separation. Many children described feelings of loneliness, abandonment, and longing for parental affection. The absence of their parents, particularly their mothers, was a source of deep emotional distress for many participants. For instance, one child remarked,

*“I miss my mother a lot. Even though I have everything here, sometimes it feels empty without her. I wish I could go back home, but I’m afraid I won’t get the same things as here” (Child/ 16years/Meru/14.05 2024).*

This emotional conflict between the security of institutional care and the desire for familial connection was a common thread in the children's narratives. Some children, particularly those from more disadvantaged backgrounds, reported mixed emotions about family reunification. They expressed a desire to return to their families but also voiced concerns about the potential hardships they might face if they did so. Many feared that returning to their previous environments might result in a loss of access to the resources and educational opportunities provided by the institutions. This dilemma reflects the complex emotional and psychological landscape that the children must navigate while in care.

### **Desire for Family Reunification**

Despite the challenges associated with their home environments, most children expressed a strong desire for family reunification. The emotional connection to their families, particularly to their mothers and siblings, was evident in nearly all the focus group discussions. When asked whether they would prefer to live with their families or remain in the children's homes, a significant majority indicated a preference for family life, provided that their basic needs could be met. A poignant example of this desire for reunification was expressed by a 15-year-old boy who said,

*“I want to go back to my family, but I worry. Who will pay for my school fees? Who will buy my books and clothes if I return?” (Child, 15 years/ Meru/ 20.05 2024).*

This statement highlights the tension between the emotional pull of family and the practical concerns about returning to an environment that may lack the necessary resources.

For some children, their reluctance to leave the institution was tied to negative past experiences at home. A few participants spoke of abusive or neglectful family members, which made them hesitant to return to such environments. One 14-year-old girl shared,

*“I never want to go back to my poor family. I remember our house was falling down, and we didn’t have enough to eat. It’s better here” (Child, 17 years/Meru/22.05. 2024).*

These accounts illustrate the complexity of the children’s emotions when considering family reunification, as they must weigh their desire for familial connection against the difficult realities they may face at home.

### **Hopes and Uncertainty for the Future**

Another theme that emerged from the discussions was the children’s views of their future prospects, both within the institution and beyond. Many children expressed optimism about their educational opportunities, viewing education as a pathway to a better future. The children appreciated the access to schooling provided by the homes and linked this to their future success. A 16-year-old boy noted,

*“I know if I continue studying, I can make a good future for myself. Here, they pay for school, and I want to take that chance” (Child/ 16 years/Meru/22.05 2024).*

However, for some children, the future remained uncertain, particularly as they approached the age where they would have to leave the institution. A few participants expressed anxiety about what would happen when they turned 18 and were no longer eligible to stay in the children’s homes. These children voiced concerns about whether they would be able to support themselves independently, especially if they were unable to reunite with their families or if their families were not in a position to help them. The children’s perspectives on their future reflect the mixed feelings they have about life after care. While many were hopeful about their educational prospects, others worried about the practical realities of independent living or family reintegration without adequate support systems.

### **Challenges with Reintegration Programs**

Finally, the findings revealed concerns about the institutional systems in place to prepare children for reintegration into society. While Tanzania's regulations mandate that children in care should be prepared for independent living as they approach adulthood, many children reported feeling unsure about the process. Some participants mentioned that they had not been adequately informed about what reintegration would involve or what kind of support they would receive after leaving the homes. For example, one child remarked,

*“They tell us we have to leave when we turn 18, but I don’t know where I’ll go. I’m scared about what will happen when that time comes which in fact not very far” (Child/17 years/ Meru/ 23.05 2024).*

This uncertainty points to a gap in the institutional care system's ability to effectively prepare children for reintegration into society or their families, leaving some children feeling anxious and unprepared for the transition.

### **Conclusion and Recommendations**

The findings from this study offer important insights into the experiences of vulnerable children in residential care within Meru District, Tanzania. While the care homes provided these children with essential resources such as food, shelter, education, and a stable environment, the study revealed a deeper emotional complexity. Many of the children expressed gratitude for the safety and support they received in the institutions but simultaneously voiced a longing for family reunification. This highlights the inherent conflict between the security offered by institutional care and the emotional ties children have to their families.

The study underscores the importance of balancing the provision of physical needs with addressing the emotional and psychological well-being of vulnerable children. Although institutions can meet children's basic needs, they cannot fully replace the sense of

belonging and familial connections that children crave. The reluctance of some children to leave the homes stems from fears of returning to impoverished or neglectful environments, revealing the need for a more comprehensive approach to child welfare.

In conclusion, while institutional care serves as an essential safety net for vulnerable children, this study emphasizes the importance of strengthening family structures and community support to facilitate successful reintegration. The Tanzanian government and other stakeholders must prioritize social welfare programs that prevent family breakdowns and empower families economically and socially. Moreover, rigorous oversight of care institutions and continued efforts towards family-based alternatives are vital in ensuring the holistic development of children. For long-term success, both immediate and long-term solutions must be considered to safeguard the rights and well-being of Tanzania's most vulnerable children.

The findings of this study reveal several critical areas that require attention to improve the well-being of vulnerable children in institutional care and to facilitate successful family reunification and reintegration. Addressing both the emotional and material needs of children in care is essential, as is ensuring that these children are adequately prepared for life after leaving the institution.

Firstly, there is a need to strengthen emotional support systems within institutional care homes. Although the basic material needs of children are generally met, many children experience emotional challenges such as loneliness, abandonment, and a longing for familial connection. Institutions should implement structured emotional support programs, including counseling services provided by trained professionals, to address these needs. Furthermore, care home staff should receive specialized training to create nurturing environments that foster the emotional development of children. This will help bridge the gap between the provision of physical necessities and the equally important psychological support that children require.



Another significant area for improvement is the enhancement of family reunification programs. Most children in institutional care express a strong desire to return to their families, yet concerns about poverty, lack of resources, and unstable home environments often prevent reunification. It is crucial for government bodies and child welfare organizations to strengthen support systems for families, offering financial aid, educational resources, and parenting workshops. Providing families with the means to care for their children would alleviate the children's fears about returning home and create a more supportive environment for successful reunification. By addressing these practical concerns, the reunification process can be made more feasible and less emotionally fraught for the children involved.

For older children approaching the age at which they will leave institutional care, there is an urgent need for comprehensive reintegration planning. Many children express anxiety about their future prospects, particularly regarding their ability to support themselves independently. It is essential that care homes develop and implement reintegration programs that prepare children for life beyond institutional care. This could include vocational training, life skills education, and career counseling to equip them with the skills needed to thrive in society. Additionally, fostering partnerships with local businesses and educational institutions could open doors for job opportunities and further education, ensuring that children are not left to face the world unprepared when they leave care.

Expanding community-based care alternatives is another crucial recommendation. While institutional care provides stability, many children in this study expressed emotional struggles related to family separation. Expanding options such as foster care or kinship care would allow more children to grow up in family settings while still receiving the support they need. This approach could significantly reduce the reliance on institutional care, which often lacks the familial bonds children crave. Moreover, community awareness programs should be established to address any stigma surrounding foster or

kinship care, promoting these as viable and beneficial alternatives to institutional settings.

Additionally, regular monitoring and evaluation of care institutions are essential to ensure that they are meeting both the physical and emotional needs of children. The Tanzanian government should implement more rigorous oversight mechanisms to assess the quality of care provided in these homes, including both material provisions and emotional support services. Periodic evaluations would allow for continuous improvement in care standards, and feedback from the children themselves should be integrated into these assessments to ensure that their voices and concerns are adequately represented.

Finally, there is a pressing need for long-term support for children who leave institutional care. Many children face difficulties transitioning to independent living or reintegrating into their families after leaving care. Developing aftercare programs that provide continued emotional, financial, and educational support is critical for helping these young people establish stable, independent lives. Follow-up services, such as counseling, financial assistance, and career support, would provide a safety net for children during this vulnerable transition period and reduce the risk of them returning to unstable situations.

In conclusion, addressing the challenges faced by vulnerable children in institutional care requires a holistic approach that considers both their emotional and material needs. Strengthening emotional support within institutions, enhancing family reunification programs, improving reintegration planning, expanding community-based care alternatives, and ensuring ongoing monitoring and aftercare services are all vital steps toward improving outcomes for these children. By implementing these recommendations, the Tanzanian care system can better serve the needs of vulnerable children, ensuring they are supported not only during their time in care but also as they transition to life beyond the institution.

## REFERENCES

- Christopher, T., & Mosha, M. A. (2021), Psychosocial challenges facing orphaned children and caregivers in Tanzanian Institutionalized Orphanage Centres. *East African Journal of Interdisciplinary Studies*, 4(1), 1-14. <https://doi.org/10.37284/eajis.4.1.1196>
- Durkheim, É. (1893). *The division of labor in society*. The Free Press.
- Friedman, B. D., & Allen, K. N. (2009), *Systems theory*. In *Theory & practice of social work* (2nd ed.). Pearson Education.
- Majaliwa, K. (2021), *Status of most vulnerable children in Tanzania*. Government of Tanzania Publications.
- Mwaisaka, H. L. (2021), Youth unemployment and insecurity in Kinondoni Municipality. *Journal of African Studies*, 12(3), 45-67.
- Payne, M. (2018), *Modern social work theory* (4th ed.). Oxford University Press.
- Peyre, H. M. (2023), Émile Durkheim. *Encyclopedia Britannica*. <https://www.britannica.com/biography/Emile-Durkheim>
- ReThink Orphanages. (2018), Information about orphanages: Facts about orphans & statistics. Retrieved from <https://rethinkorphanages.org/school-university-groups/information-about-orphanages-facts-about-orphans-statistics>
- Smith, J., & Perry, M. (2020), The effectiveness of institutional care in sub-Saharan Africa: A review. *Journal of Child and Family Studies*, 29(3), 841-852.
- The Opening Doors for Europe's Children. (2018), Ending children's homes in Europe. <https://www.openingdoors.eu/institutional-care-in-europe/ending-institutional-care-in-europe/>

UNICEF, (2018), Fifteen years of de-institutionalization reforms in Europe and Central Asia: Key results achieved for children and remaining challenges. Geneva: UNICEF.

UNICEF, (2021), The state of the world's children 2021: Children's rights and institutional care. UNICEF.

URT, (2023), Registration of children's homes in Tanzania. Dodoma: Department of Social Welfare.