Understanding the lived experience of young adults who grew up in residential care centres in Tanzania & a Theory of Action to reorient care for vulnerable children.

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CONTENTS

ABSTRACT

This mixed-methods study collects survey data from 253 adults involved with vulnerable children in Tanzania and narrative data from 31 young adults who experienced residential care during their childhood. The research fills a gap in the literature about the lived experiences of children in institutional care and the impacts of this type of care on their lives.

The findings reveal a societal consensus on the primary role of the family in child-rearing, and acknowledges the potential harms of residential care. Survey data indicates that 59% of respondents consider preventing family separation crucial, and an overwhelming 98% suggest the need to strengthen families. 63% of respondents who are involved in residential care provision agree that it can be harmful.

In spite of social expectations that centre the family in children's lives, a lack of alternative support options for vulnerable children results in these institutions being perceived as an escape route from challenging home environments. Interviewees perceive life in care as a quest for safety, but their expectations are often unmet. Upon leaving care, young people are insufficiently re-integrated into their families and communities. Consequently, post-care life is often characterised by a lingering sense of unarticulated loss.

Residential care homes in Tanzania constitute a part of a disordered care landscape, reflecting a fragile circle of care around vulnerable children. Despite the value put on family, much care of vulnerable children is outsourced to institutional settings. Alternative care options that shield children from the adverse effects of poverty or family violence, while concurrently preserving familial ties, are limited. The primary concern of participants is to find a way to support the family unit in the face of dwindling social cohesion, and to do so in a way that meets both children's basic needs and their psychological well-being. The study concludes with a proposed theory of action that takes a multifaceted approach to reorienting the care for vulnerable children, emphasising a need for stronger support for struggling families to prevent family separation.

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INTRODUCTION

INTRODUCTION

1.1 BACKGROUND

Institutional care refers to residential care facilities where children are cared for in public or private settings by paid staff or volunteers. Institutional and residential care are used interchangeably throughout this report.

A Continuing Unknown: How Prevalent is the Use of Institutional Care for Vulnerable Children?

Based on internationally agreed definitions and practical experiences of working with children who have experienced institutionalisation, Hope and Homes for Children defines an institution as any residential setting where children and young people are subjected to an "institutional culture." This culture is characterised by depersonalisation, rigid routines, lack of individual support or personalised treatment, limited control over their lives and decisions that affect them, and a lack of emphasis on their individualised needs. Children in institutions are often isolated from the broader community, with limited contact with their birth families or caregivers. Many of them have minimal knowledge about their own cultural heritage and traditions[1].

1. https://www.hopeandhomes.org/news/families-not-institutions/

INTRODUCTION

There is considerable use of institutional care for orphaned children in sub-Saharan Africa (Embleton et al., 2014). Global estimates of children living in institutions in 2015 was highly sensitive to the methods and data used, ranging from 3·18 million to 9·42 million children, with a median estimate of 5·37 million (Desmond, Watt, Saha, Huang, & Lu, 2020). Accurate data is challenging to collect because in many countries, there is little oversight or documentation of institutional care facilities. Many institutions are privately run and may not report accurate numbers.

There are significant numbers of unregistered or informal institutions that government agencies and researchers are unaware of. These include small-scale, community-run orphanages or care homes, which may not be captured in official statistics. Finally, different organisations and researchers use different methodologies for gathering and analysing data, including population surveys, government records or reports from individual institutions.

The Dual Adversity Faced by Those Who Grow Up in Institutional Care

Growing up in institutional care is often preempted by an adverse experience, but being in an institutional care home can in itself be an adverse experience. This is due to what IJzendoorn et al. (2011) refer to as structural neglect; which takes the form of minimal physical resources, unfavourable and unstable staffing patterns, and inadequate caregiver-child interactions. Attachment theory suggests that infants are biologically predisposed to bond with caregivers, and early caregiving experiences influence adaptation and maladaptation across the lifespan, "from the cradle to the grave" (Bowlby, 1982 p. 208). Caregivers who are unavailable, insensitive, or inconsistently responsive to a child's needs promote an insecure attachment relationship, which affects the child's development. These effects are most pronounced when children have limited access to individualised caregiving, and when deprivation coincides with early developmental sensitive periods (Berens & Nelson, 2015; Wade, Fox, Zeanah, & Nelson, 2018).
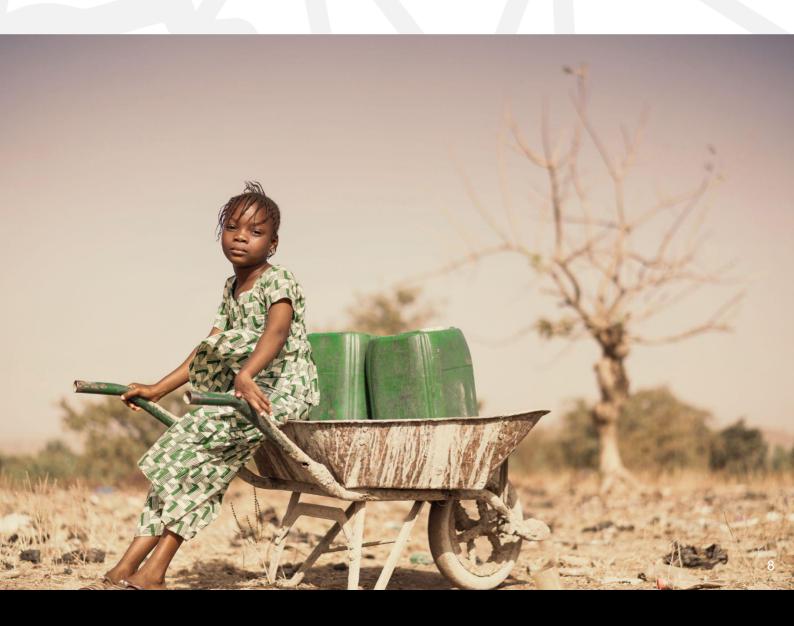
Children who grow up in institutional care may experience developmental delays and damage across various domains. Those who experience insecure attachment as a result of poor caregiving are more likely to exhibit deficits in social-emotional competencies, and persisting difficulties in social functioning and relationship outcomes (Doyle & Cicchetti, 2015). This can negatively impact their cognitive function, neurodevelopment, memory development, social-psychological health, and executive functioning. As a result, children who grew up in residential care homes may have difficulty carrying out daily activities such as problem-solving, multitasking, time management, prioritising tasks, self-monitoring, and adapting to new situations. Institutional care also tends to fracture family and community bonds and relationships, which can have long-term impacts, particularly in countries like Tanzania where society places great value on familial relationships and extended family networks.

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INTRODUCTION

Exploring the Uncharted: Insufficient Research Seeks to Understand the Perspectives of Children who Experience Institutional Care and its Impacts Over their Life Course

There is a scarcity of research in Tanzania that explores the perspectives of children living in institutional care. In one study, children from care homes in Arusha were evaluated using standardised mental health scales, revealing significantly higher levels of post-traumatic stress disorder compared to published norms, although not anxiety or depression (Tryer, 2010). Focus group discussions conducted by Msoka & Holroyd (2018) with children in orphanages in Dar es Salaam revealed that the children appreciated the material support that they received but that they also identified limitations in the psychosocial support services provided. The limitation of studies that seek out children's views whilst they are in care is that they may not feel able to honestly voice concerns. Mkinga et al. (2022) studied 227 caregivers working in childcare centres in Dar es Salaam, revealing that they work under extreme and exhausting conditions, with very high caregiver-child ratios and low salaries.

There is limited longitudinal research on the experiences of adults who spent time as children in institutional care homes. Hermaneu and colleagues (2014) conducted a study comparing 35 Tanzanian children who entered institutional care from birth to the age of 4 years with a matched group who entered care between 5 to 14 years of age. The researchers examined adverse childhood experiences and found that those participants who had entered care between birth and 4 years reported more adverse experiences during their time in institutional care and a greater variety of mental health problems than those who had entered care later. Similarly, a 2008 study conducted by Del Valle and colleagues in Spain followed up 260 young people, the majority of them adults, who had been in residential care for significant periods. The data shows that close to 15% have serious problems such as drug dependence or delinquency, while 25% receive help from social services (Del Valle et al., 2008). The Bucharest Early Intervention Project, despite focusing on a specific form of institutions, clearly showcased the long-term detrimental effects of institutionalisation in comparison to foster care.
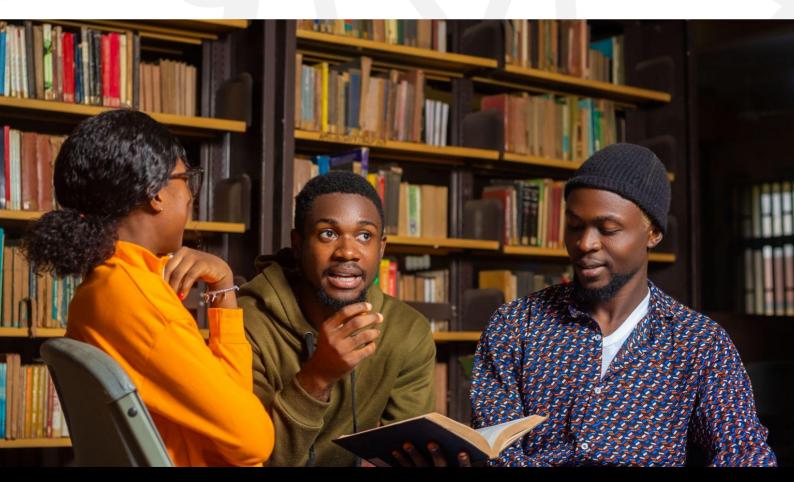
INTRODUCTION

1.2 RESEARCH INTENT

This study seeks to elicit the perspectives of young adults who grew up in residential care homes in Tanzania; and in doing so to understand how they make sense of their childhood experiences. The study has been commissioned by a group of organisations providing support services for children in Tanzania and the World Childhood Foundation and Eriks Development to fill a gap in understanding about how residential care affects children and young people in low- and middle-income countries, such as Tanzania; and to provide additional insight as Tanzania seeks to move away from institutional care and action the key recommendations for the 2019 United Nations General Assembly Resolution on the Rights of the Child with a focus on children without parental care.
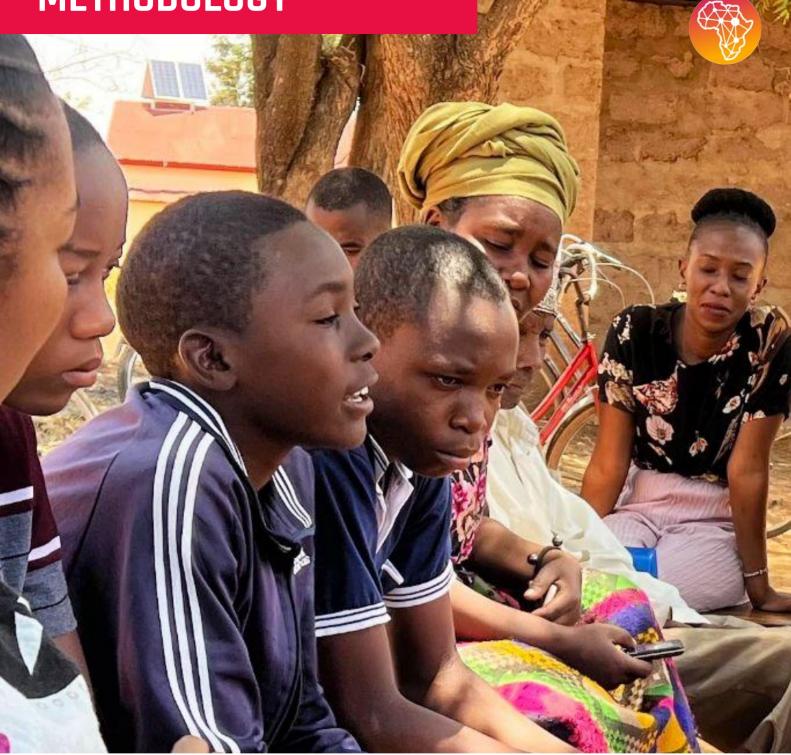
The research seeks to address 3 problems.

1. There is a dearth of understanding about the lived experience of children who grew up in children's homes and outcomes for them as they enter young adulthood.

2. There is very little understanding about who constitutes the care 'eco-system' in Tanzania that includes fit persons; residential care centres, social workers and other gatekeepers and responders who engage when a child needs a care solution.

3. There is a growing global consensus amongst care reform practitioners and policy makers that residential care centres put children at risk of further adversity. The Tanzanian government has voiced a commitment to reducing reliance on institutional care, but care reform is a relative outlier in their broader child protection agenda and as yet there are no substantive, national, resourced plans to transition towards family based care; and a lack of contextually grounded evidence to inform the development of these plans.

[2.] See Better Care Network, Key recommendations for the 2019 UNGA Resolution on the Rights of the Child with a focus on children without parental care. CLICK HERE

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METHODOLODY

2.1 PURPOSE

Institutional care refers to residential care facilities where children are cared for in public or private settings by paid staff or volunteers. This study aims to enhance our understanding of the impact of growing up in residential care on children and young people in Tanzania.

METHODOLOGY

2.1 RESEARCH APPROACH

This is a mixed methods study that collects data from 284 participants; 253 using survey tools and 31 using narrative interviews. The research intent is to understand the perspectives of two groups of people; adults who come into contact with vulnerable children and young adults who grew up in care. In doing so to the study seeks to:

1. Strengthen the meaningful participation of young people in understanding the drivers and consequences of living in residential care settings; and ensure that their perspectives inform alternative care solutions

2. Better understand the care journeys that children take as they move between the family, the street, residential care and other care settings

3. Understand the nature of supportive relationships that protect children in both residential care and family settings

4. Inform advocacy with evidence and young people's perspectives, priorities and needs.

The research comprises two components. The first is a survey designed to map the support networks surrounding vulnerable children, pinpoint individuals committed to ending institutional care for children, and gather data to address the question of whether placing children in residential care centres is mainly driven by material conditions, social norms or other non-social factors.

The second component involves conducting narrative interviews with young people who grew up in residential care centres; and in doing so to better understand the impact of residential care on children's well-being over time; to explore their experiences during and after care; to better comprehend the relationships formed with caregivers, other adults, and peers, and the effects of these relationships on their well-being; and, ultimately, to uphold the rights to free expression and consideration of young people's opinions by amplifying their experiences and voices.

LINES OF INQUIRY

The study pursues five lines of inquiry. Namely;

1. What is the nature of the ecosystem in which residential care occurs?

2. Social expectations: beliefs about what people believe should be done when a child is vulnerable

3. Reference groups: Who are the individuals that participants go to when seeking help for vulnerable children?

4. What are participants' belief systems about the needs of vulnerable children? And,

5. How do people who grew up in residential care centres make meaning of their experiences of entering and living in residential care centres and their lives post care?

METHODOLOGY

PARTICIPANT SAMPLE

The research sites were determined by the programme areas of the project partners. The Families and Futures Coalition collected survey data in the Arusha region; specifically in Arusha (13) and Arumeru (77) districts. They also collected data in the Kilimanjaro region in Moshi (3) and Hai (1) districts. Pamoja Leo collected survey data in the Tanga region, in Mkinga (2), Muheza (3), Pangani (1) and Tanga City (47) districts. Railway Children collected survey data in Mwanza Region, in Ilemela (9) and Nyamagana districts (69). They also collected data in Dar es Salaam region, in Ilala (6), Kigamboni (6), Kinondoni (1), Temeke (1) and Ubungo (14) districts.

REGION	# SURVEYS	# NARRATIVE INTERVIEWS
Arusha	90	10
Dar es Salaam	28	10
Kilimanjaro	4	0
Mwanza	78	3
Tanga	53	8
Total	253	31

Participant recruitment. A snowball sampling approach was used whereby staff within the collaborating partners identified and then surveyed stakeholders who come into contact with vulnerable children. With regards to the narrative interviews, partners' identified young adults who have recently left residential care. Each partner used their local knowledge to decide how best to ensure that the interview and survey participants met the inclusion criteria in Fig 1.

Fig 1: Inclusion and Exclusion Criteria.

INCLUSION criteria	EXCLUSION criteria
Survey: Has contact with vulnerable children in the capacity of being a gatekeeper, or service provider, family member or community volunteer

Narrative interviews: Has spent time in residential care; but now has sufficient distance from their care journey to make sense of the experience and its effect on their lives | Must not be under 18 years

Should not be manifesting any psychological distress that could be amplified by participating in this research

Should not expect payment for their time |

The survey was delivered to 253 adults; 34% of whom were male (n=87) and 66% of whom were female (n=166). 102 participants (40%) were between 18 and 35 years old. Participants self-identified in the following ways:

- Experience of the care system as a user: 8% (n=19) identified as the mother, father or sibling of a child who had spent time in care or had been reunified

- Public servant: 13% (n=32) identified as a government representative; including community development officers, social workers, health worker or street or ward leader

- Foster carer of fit person: 15% (n=39) identified as providers of alternative family based care for vulnerable children

- Provider of children's residential care: 15% (n=38) identified as being an owner, staff member or volunteer in a children's home

- Child protection oriented NGO: 18% (n=46) identified as being involved in an NGO working in child protection

- Volunteer child protector: 12% (n=31) identified as a citizen child protector, community volunteer, or member of the MTAKUWA child protection committees[3].

The survey was not administered to individuals under 18 years old; however, it did inquire about respondents' childhood experiences. Out of the respondents, 56% (n=141) chose not to answer or left the question unanswered. Among the 54% (n=112) who responded:

- 21% (n=24) reported living and/or working on the streets as a child

- 50% (n=16) reported residing in a children's residential home or a juvenile remand home

- 36% (n=40) reported living with foster parents, kinship carers, fit persons, or adoptive parents

- 14% (n=16) reported reunification with their families.

Narrative interviews: 31 young adults who had spent time in residential care homes as a child participated in narrative interviews. 74% of them are female (n=23) and 26% are male (n=8). The mean age of participants was 21.5 years. Of the interview participants, 48% (n=15) are unemployed; 20% (n=6) are employed; 16% (n=5) are self-employed; 6% (n=2) are students; and 6% (n=2) are volunteering.

Fig 2: Participants in Narrative Interviews - Region with gender
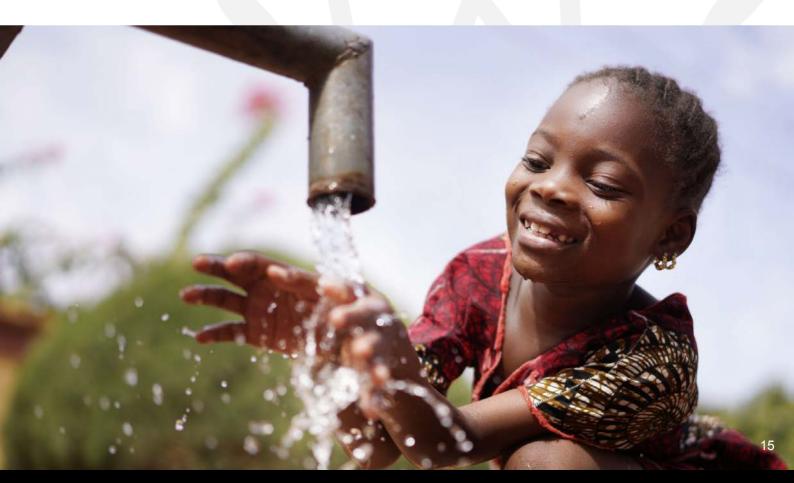
REGION	Female #	Male #	Female %	Male %
Arusha	9	1	29.0	3.2
Dar-es-Salaam	4	6	12.9	19.4
Mwanza	2	1	6.5	3.2
Tanga	8	0	25.8	0.0

[3.] The MTAKUWA committees are volunteer child protection committees at the ward level.

The demographic and employment information for the **31 young adults** who participated in narrative interviews has several implications.

The over-representation of females **(74%)** compared to males **(26%)** in the sample might indicate gender-specific experiences in residential care or the process of leaving care. There is a need to examine the factors that contribute to the high unemployment rate of **48%** among interview participants, which is significantly higher than the national rate of 2.8%. Factors that could be at play include the insufficient availability of educational and vocational opportunities, job search support, and access to social networks. As **16%** of the participants are self-employed, it would be beneficial to study the factors that enabled their entrepreneurial success and consider how to promote self-employment as a viable option for other care leavers. With only **6%** of participants currently studying it may be that barriers prevent care leavers from pursuing further education. This may require increasing access to scholarships, financial aid, or providing better support during the transition from care to independent living.

94% (n=9) of the narrative interview participants are single; and **6% (n=2)** females are married. **22% (n=7)** of the respondents have children; all of whom are female. The information about the relationship and parental status of the interview participants has several implications. With **94%** of the participants being single, it may indicate that care leavers face challenges in forming and maintaining intimate relationships, although relationship status also needs to be considered in relation to the mean participant age of 21.5 years old. The **6%** of female participants who are married may have unique challenges and needs related to their transition from care. As **22%** of respondents (all female) have children, this highlights the importance of providing parenting support to care leavers. Female care leavers who are parents may face unique challenges, such as balancing their caregiving role with pursuing education or employment opportunities. As evidenced from other countries, many care leavers face considerable challenges in parenting their own children. The presence of care leavers with children suggests potential intergenerational implications, as the parents' experiences in residential care could affect their parenting and the well-being of their children. Focusing on breaking the cycle of disadvantage and ensuring that the children of care leavers receive the support they need is crucial.

2.3 ETHICS

SAFEGUARDING

The prevention of harm to children and vulnerable adults was addressed by conducting risk assessments at each stage of the research process and implementing mitigation measures. All data collectors read, signed, and adhered to the code of conduct, which outlined expected behaviours (See here). Additionally, all data collectors who conducted the survey received training in basic safeguarding, particularly covering myths about abuse, indications of concern, and reporting procedures for concerns.

The research team proactively managed the process of seeking informed consent, protecting data, and maintaining confidentiality, ensuring that records were kept securely. Although a safeguarding lead was assigned and triggers for reporting concerns were outlined before data collection, there were no disclosures of current abuse among the interviewees. However, they did refer to instances of historical abuse related to themselves and hearsay reports. There was no evidence that these individuals were still at risk. Three referrals were made for young people who said that they would benefit from further counselling and support for trauma.

BENEFITS & RISKS

The study participants may have gained psychosocial benefits from discussing their childhood experiences and sharing their perspectives in a safe and compassionate environment. The study hopes to increase understanding within the child protection sector of the experiences of young people who grew up in residential care centres, and to inform care reform advocacy in Tanzania and help partners to design effective interventions.

No children were involved in this study. The study posed minimal risk and measures were taken to minimise potential stress or sensitive disclosures. These included a clear informed consent process, a strength-based perspective in survey questions and interviews, researcher training in identifying and responding to distress, and compliance with General Data Protection Regulations.

The study did pose safeguarding risks, but the benefits of informing work focused on children and vulnerable adults' best interests outweigh these risks. Institutional Review Board approval was obtained from the Commission for Science & Technology (COSTECH).

2.4 SHARING OF THE RESEARCH FINDINGS

The research went through a validation process and was subsequently shared with three groups. First, the Study Reference Group scrutinised the research methodology, findings, and conclusions to ensure accuracy and rigour. Second, the young adult participants were provided with the results, which closed the feedback loop and provided an opportunity to foster solidarity within the group. Finally, stakeholders in the care reform space were engaged with the research findings to create an opportunity for evidence-informed dialogue, inform the advocacy strategy being developed by the Tanzania care sector alliance, and build momentum across the Tanzanian care reform sector.

2.5 LIMITATIONS

The participants' diverse childhood experiences significantly influenced their responses to both the survey and the narrative interviews, making the results of this study not easily generalizable to a broader population. However, the validity of the findings lies in their ability to reflect the genuine retelling of the participants' subjective experiences at a specific point in time. Each individual's childhood experiences shape their perceptions, recollections, and preferences towards particular care settings. Moreover, the emotions associated with childhood experiences impact how participants remember and describe their past.

It is worth noting that for many interview participants, this study marked the first time they openly discussed their childhood experiences. The interviews were emotionally charged, and participants were not prepared in advance to reflect on their experiences or find meaning in them. The participative, empathic, and resonant nature of the interviews generated significant experiential knowledge that may not have been fully captured in the transcribed and coded data, as the analytical process tends to focus solely on verbalised content. However, this limitation was partially mitigated by the principal investigator's presence in a third of the interviews, ensuring the inclusion of the experiential knowledge witnessed by her.

The survey employed purposive sampling, selecting participants from the networks of partner organisations. This approach introduces potential limitations as participants' views may align with those of the partner organisations or reflect their employers' ideologies. For example, the Families and Futures Coalition of Tanzania specifically sought perspectives from staff members of member organisations responsible for running residential care centres.

Regarding the interviews with young people, their unique circumstances should be considered. Many of them entered care as young children, lacking knowledge of their biological parents, and still maintain ties to the residential centres. Since they have recently left care, they may not have acquired the necessary distance to fully comprehend their experiences. Additionally, they are in the transitional phase of young adulthood, and this study might have been their first opportunity to discuss and reflect on their personal histories. These factors could have influenced their responses.

It is essential to recognize that sense-making is a dynamic process. Our perceptions of ourselves and our lives are not fixed but can vary day-to-day and each time we recount our stories. Furthermore, care leavers face the challenge of reflecting on their experiences, which are deeply personal and intertwined with their unique life journeys. This personal connection makes it difficult for them to provide a detached analysis of their experiences.

Given these factors, it is crucial to approach the findings with an understanding of the limitations stemming from the sampling methodology and the distinctive circumstances of the care leavers.

3

RESULTS.

3.1 BELIEFS & SOCIAL EXPECTATIONS ABOUT THE CARE OF VULNERABLE CHILDREN

3.1.1 An Unanimous Belief that the Family is the Foundation

Social expectations are a concept that informs social norms theory (Mackie et al., 2014). Social norms are constructed by one's beliefs about what others do and about one's beliefs about what others think one should do; what is known as a social expectation. They can be considered "unwritten rules" - those unconscious beliefs about what should be done that inform our worldview.

The survey used open-ended questions to ascertain participants' expectations about what typically occurs in the following situations: when a child's mother or father dies, when a child is found abandoned, when a child experiences violence, when a child lives in poverty, when a child has a disability, and when a child has behavioural problems. Analysis of replies by the 235 participants generated seven unwritten rules that inform, consciously or not, what they think other people should do when a child is vulnerable. Each unwritten rule is underpinned by a publicly expressed, or espoused value (Argyris, 1999).

RESULTS

Unwritten Rule #1:

A mother figure must be central to a child's upbringing

The central role that a mother plays in a child's upbringing cannot be overstated. If a mother is unable to provide care, it is considered vital to replace her with another mother figure. The grandmother, other maternal relatives, or trusted members of the community may take on this role. In the case of a father's death, the child should stay with the mother or be placed in the care of another trusted maternal figure.

Unwritten Rule #2:

In the event of a parent's death, decision making about a child's future and upbringing should lie with the child's relatives

Family bonds are important and it is the responsibility of family members to make decisions about the care and upbringing of a child if the child is orphaned. Discussions should be held among family members to determine who will take on the financial responsibility of raising the child.

Unwritten Rule #3:

An abandoned child must be reported to the authorities and warrants temporary support from the community

When a child is found abandoned, it is important to report the situation to the authorities, such as social welfare officers, the police, or local government representatives. It is important to take steps to remove the child from the dangerous environment and to find a trusted family who can provide a safe environment for the child.

Unwritten Rule #4:

When a child is facing violence, a child should be provided with a safe refuge until a trusted family member can be found to provide long-term care

It is the responsibility of the community to support children who live in poverty and ensure they have access to basic needs. This may involve connecting the child to social programmes or institutions that can provide support, such as the TASAF[4] programme, NGOs, the Church or the private sector.

RESULTS

Unwritten Rule #5:

Responsibility for assisting impoverished children should be shared among the community, government and institutions

Efforts should be made to find trusted individuals who can provide care or support, or to take the child to a residential care centre. Above all, it is important to act with empathy and compassion towards children who are living in poverty.

Unwritten Rule #6:

Social service providers should provide care and support for children with disabilities and special needs

Efforts should be made to connect the child to social welfare services and find specialised care centres that can provide the necessary support for children with disabilities. Families should be advised to seek out special needs care and support, and be provided with the resources and guidance they need to do so.

Unwritten Rule #7:

Children who misbehave should be punished

When asked about how people handle children with behavioural problems, participants responded that such children are disciplined by both their families and the community. Typically, this involves the use of corporal punishment, taking the child to a juvenile detention centre, or separating the child from other children to prevent their influence.

The survey included seven statements aimed at exploring respondents' beliefs regarding the needs of vulnerable children. The response options provided were "agree strongly," "agree," "slightly agree," "neither agree nor disagree," "slightly disagree," "disagree," and "strongly disagree." The statements were as follows:

1. It is best for children to grow up with their families as long as it is safe
2. Residential care homes are a good care option for children who experience conflict and violence in their own family
3. Residential care homes are a good care option for children whose families are poor and unable to provide for their basic material needs
4. Residential care homes are a good care option for vulnerable children because they offer children access to education
5. It is better that a child who is on the streets be cared for in a residential care home than remain on the streets
6. Children who grow up in residential care homes are harmed by the experience
7. All children in residential care homes should continue to have contact and the opportunity to build relationships with their families.
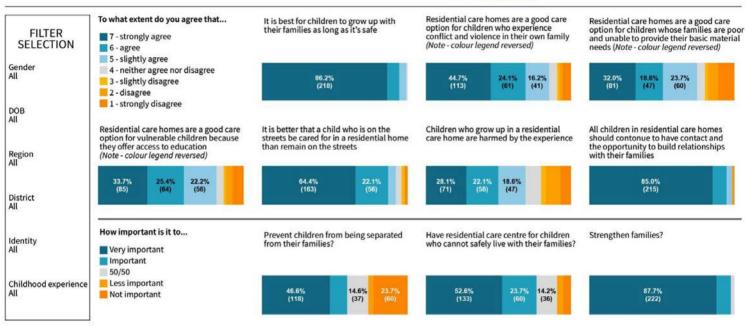
Regarding the critique that these questions may be leading, it is important to consider the context and purpose of the survey. The statements are designed to elicit respondents' beliefs and perspectives on various aspects of care for vulnerable children, rather than enforce a particular viewpoint. Multiple response options were provided to accommodate a spectrum of opinions.

The full interactive data dashboard can be found here.

UNDERSTANDING CHILDREN'S CARE JOURNEYS IN TANZANIA
BELIEF SYSTEMS ABOUT CHILDREN'S NEEDS

Data dashboard showing "UNDERSTANDING CHILDREN'S CARE JOURNEYS IN TANZANIA — BELIEF SYSTEMS ABOUT CHILDREN'S NEEDS"

FILTER SELECTION
Gender All
DOB All
Region All
District All
Identity All
Childhood experience All

To what extent do you agree that...
- 7 - strongly agree
- 6 - agree
- 5 - slightly agree
- 4 - neither agree nor disagree
- 3 - slightly disagree
- 2 - disagree
- 1 - strongly disagree

It is best for children to grow up with their families as long as it's safe — 86.2% (218)

Residential care homes are a good care option for children who experience conflict and violence in their own family (Note - colour legend reversed) — 44.7% (113), 24.1% (61), 16.2% (41)

Residential care homes are a good care option for children whose families are poor and unable to provide their basic material needs (Note - colour legend reversed) — 32.0% (81), 18.6% (47), 23.7% (60)

Residential care homes are a good care option for vulnerable children because they offer access to education (Note - colour legend reversed) — 33.7% (85), 25.4% (64), 22.2% (56)

It is better that a child who is on the streets be cared for in a residential home than remain on the streets — 64.4% (163), 22.1% (56)

Children who grow up in a residential care home are harmed by the experience — 28.1% (71), 22.1% (56), 18.6% (47)

All children in residential care homes should continue to have contact and the opportunity to build relationships with their families — 85.0% (215)

How important is it to...
- Very important
- Important
- 50/50
- Less important
- Not important

Prevent children from being separated from their families? — 46.6% (118), 14.6% (37), 23.7% (60)

Have residential care centre for children who cannot safely live with their families? — 52.6% (133), 23.7% (60), 14.2% (36)

Strengthen families? — 87.7% (222)

There is a Strong Consensus on the Importance of Family in a Child's Upbringing and Development

99% of survey respondents agree that it is best for children to grow up with their families as long as it's safe[5], with no significant differences in the responses between gender, age, identity, or geography. Participants believe that children benefit from the emotional support, guidance, and stability that families can provide, and that maintaining family bonds is essential for their well-being, with a proviso that the familial environment is safe and nurturing.

99% of survey respondents believe that all children in residential care homes should continue to have contact and the opportunity to build relationships with their families[6]. The data suggests that people recognise the emotional and psychological benefits that family bonds can offer to children, even when they are placed in residential care homes.

59% of respondents agree that it is crucial to prevent children from being separated from their families[7] and when asked further, 98% state that it is essential to strengthen families.

However, whilst **98% of respondents** believe that a child should grow up with their families this percentage decreases by nine points to **90%** for respondents who have prior experience with the care system. Interestingly, out of the survey respondents who grew up in a care home (n=9), only **75%** strongly agreed that it is best for children to grow up in their families. However, **92%** of this group believed that all children in residential care homes should still have the opportunity to maintain contact and build relationships with their families.

[5.] 86% strongly agree, 8% agree and 5% slightly agree that it is best for children to grow up with their families as long as it's safe
[6.] 85% strongly agree, 10% agree, 4% slightly agree that all children in residential care homes should continue to have contact and the opportunity to build relationships with their families
[7.] 47% think it is very important and 12% think it important to prevent children from being separated from their families?

3.1.2 Recognition that Residential Care Homes Harm Children

69% of survey respondents believe that children who grow up in a residential care home are harmed by the experience[8]. While there was no significant difference in belief based on the age of the respondent, **78%** of male respondents believed this to be true, compared to **64%** of female respondents. **78%** of public servants (social workers, community development workers and local government leaders) believe that residential care causes harm to children.

63% of respondents who self-identify as a provider of residential care agree that it causes harm. Given that they have a vested interest in promoting the effectiveness of such facilities, it is a real indictment of residential care if the providers themselves do not have faith that the services protect children's best interests.

Four in five respondents (80%) believe that children are harmed by growing up in residential care[9], indicating that they lack confidence in the ability of residential care homes to meet children's basic needs, provide education, and offer a structured, supportive environment.

[8.] 28% strongly agree, 22% agree, 19% slightly agree that children who grow up in a residential care home are harmed by the experience

[9.] 7% strongly disagree, 10% disagree, 3% slightly disagree that children who grow up in a residential care home are harmed by the experience

3.1.3 Cognitive Dissonance: Recognizing Harm but Supporting Care Homes

In spite of the value placed on family and the widespread belief that growing up in care homes may cause harm, many respondents believe that residential care is a valuable alternative to unsafe or unstable living situations. **76%** of respondents believe that residential care centres are an essential option for children who cannot safely live with their families[10]. However, there are notable differences in opinions among specific groups. For example, the data indicates that **66%** of public servants, who are the professionals responsible for placing children in care, believe that residential care is a critically needed care option. The fact that **34%** of these professionals have less appetite for institutional care may be attributable to them witnessing the structural neglect that can occur in these settings.

79% of those who have personal experience of residential care as users express support for its existence as an alternative care option. This needs to be further investigated and understood. It is, for example, possible that support for residential care is attributable to a lack of awareness or existence family based support options for vulnerable children. Support for residential care may be linked to the respondents' mixed feelings about their personal childhood experiences.

It is interesting to note that **74%** of foster carers who provide family-based care also consider residential care to be an essential option, suggesting that they see the value in having a range of care options available to ensure the best outcomes for children in care. **95%** of residential care providers consider residential care to be a crucial care option. This is unsurprising as it aligns with their professional involvement and expertise in providing care in institutional settings. However, this is also contradicted by the substantial number of residential care providers who agree that children are harmed in institutions mentioned above (**63%**).

85% of respondents believe that residential care is a suitable option for children who are exposed to domestic violence. Among public servants, **81%** agree with the use of residential care as a response to children's exposure to domestic violence. This is in line with the Rules and Regulations on the Law of the Child Act (United Republic of Tanzania, 2009) which stipulates that a child should be immediately removed to a place of safety in such situations but also needs to be understood in a context where many children are not placed into care for child protection concerns.

Notably, **100%** of respondents who had personal experience of growing up in care, living on the street, using drop-in services, or being reunified with their families agree that residential care centres are an appropriate response to young people's exposure to violence in the home. This suggests that individuals who have experienced difficult and unstable living situations recognise the value of residential care as a safe and stable environment for children who have been exposed to violence. However, it is important to note that the way the question was phrased did not give the participants the opportunity to express a preference for residential care, over alternative care options such as being placed in foster or kinship care.

Overall, the results indicate a broad agreement that residential care can be an appropriate response to children's exposure to domestic violence. However, this result has to be seen in the light of an absence of other emergency response options for children in situations of domestic violence.

74% of participants agree that residential care homes can be a good care option for children whose families are poor and unable to provide for their basic material needs[11]. This finding suggests that many individuals recognize the value of residential care facilities in providing support to children from economically disadvantaged backgrounds. There are no significant differences in response between genders. However, there are differences based on the age and/or experience of the respondent as a child. Participants between the ages of 18 and 35 are more likely to agree with the statement, while **25%** of participants over the age of 35 disagree.

Four in five **(80%)** of participants think that residential care homes are a good care option for children whose families are poor and unable to provide for their basic material needs[12]. **88%** of participants who reported being reunited with their family strongly agree that residential care homes are a good care option for children whose families are poor.

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[10]. 53% think it is very important and 24% think it important to have residential care centres for children who cannot safely live with their families

[11]. 32% strongly agree, 19% agree, 24% slightly agree that residential care homes are a good care option for children whose families are poor and unable to provide for their basic material needs

[12]. 11% strongly disagree, 7% disagree and 2% slightly disagree that residential care homes are a good care option for children whose families are poor and unable to provide for their basic material needs

No participants who had lived in a children's home disagreed that residential care homes are a good care option for children whose families are poor and unable to provide their basic material needs. It is noteworthy that **20%** of participants who had lived with a foster or adoptive parent did disagree, however. This finding may suggest that children who have experienced family-based alternative care may be more likely to appreciate the limitations of an institutional approach to care, whereas those who grew up in care homes may be more appreciative of the help they received in the face of adversity. The survey did not include questions about family support options and whether these had been preferred if available.

Four in five (81%) participants believe that residential care facilities can offer valuable educational opportunities for vulnerable children. Additionally, of those who agreed that residential care was a good response for children experiencing poverty, **99%** strongly agreed that it was a good care option due to the access it provides to education. Conversely, only **14%** of participants disagreed that residential care homes are a good care option because of the educational opportunities they provide.

These findings highlight the legal and social expectations that prioritise education and demonstrate that access to quality education is a key driver of demand for residential care. However, it is important to consider the broader context where the model of boarding school education may legitimise the separation of children from their families in pursuit of education.

Whilst **four in five (81%)** of participants believe that residential care homes can provide valuable educational opportunities for vulnerable children, **69%** of respondents also believe that children who grow up in these facilities are harmed by the experience. This contradiction highlights the varying values that people place on education, which is highly valued, versus psychological safety, which is less valued. It suggests that for many participants, the benefits of accessing education outweigh the psychological costs that may result from growing up in these facilities.

Finally, **92%** of participants believe that it is better that a child who is on the streets[13] be cared for in a residential care home than remain on the streets, indicating a strong consensus that these facilities are a preferred alternative to living on the streets. Again, the question did not give the participants the opportunity to express a preference for residential care, over alternative care options such as family strengthening or being placed in foster or kinship care.

The paradoxes and contradictions in this set of results revolve around the tension between valuing family connections in a child's upbringing and the perception that residential care homes provide an appropriate response to children who experience vulnerability.

Participants overwhelmingly agree **(99%)** on the importance of family in a child's upbringing, and at the same time, a large majority **(85%, 74%, and 92%)** also believe that residential care homes are suitable alternatives for children exposed to domestic violence, those from economically disadvantaged backgrounds, or those living on the streets.

The questions in this survey were designed to assess respondents' beliefs about the needs of vulnerable children. However, the provided response options may not fully capture the nuances of respondents' perspectives. One aspect is the lack of available alternatives to residential care which may limit respondents' beliefs about appropriate support for vulnerable children and their families. Respondents may also have consciously or unconsciously aligned their responses with what they believe is socially acceptable in their employment context - remembering that many of the respondents are employed by or involved in residential care centres. Importantly, the survey seeks out self-reported beliefs, which may not always align with actual behaviours or actions. Caution should be exercised when generalising respondents' beliefs to their real-world behaviours.

The contradictions revealed in people's beliefs about how to respond to vulnerable children demonstrate the complexity of care reform in Tanzania; which is a context where family connections are recognised as vital, but there are situations where children need alternative forms of care; where a lack of investment in family-based care has resulted in residential care homes becoming the most visible part of the care landscape; and where adults continue to think that this is the only available model for responding to child vulnerability despite their concerns about the potential harm that children may experience in these facilities.

[13.] 64% strongly agree, 21% agree, 6% slightly agree that it is better that a child who is on the streets be cared for in a residential care home than remain on the streets

3.2 THE ACTUAL RESPONSE TO VULNERABLE CHILDREN

Argyris (1999) refers to values in action. These reflect the behaviours that happen in practice; and that may actually undermine or counter the unwritten rules. Thus, the survey data reveals that when a child's parent dies the child often experiences temporary or inconsistent support from the community. Fundraising for the child, comfort and condolences, as well as prayers, are often the extent of the support provided by the community. Once the initial grief and pain of bereavement passes the question arises about who is responsible and accountable for the child's well-being. In some cases, the community advises the person who found the child to take them in, or a good-hearted individual takes the child in and provides for their basic needs. Other times the child is neglected and may end up in a residential care centre because people's compassion, financial means and emotional investment in the child wear thin. The lack of support from public agencies is critical, as it can amplify the impact of shocks on a child's family and potentially lead to children being placed in care.

The unwritten rule is that in the case of parental death or abandonment the child's relatives should make decisions about care. But in some situations when a father dies relatives may claim or split his assets, neglecting the child to get their inheritance. The child may end up in a residential care centre if there are no willing relatives available to provide ongoing care, if relatives cannot be tracked down, or if the child is very young. Alternatively, the child may be adopted or older siblings may take on a caring role for younger children. The absence of support and lack of state involvement play a crucial role in this situation.

The reality is that often when a child experiences violence in the home the community does not intervene, deferring to the decision-making of the family and leaving the child in a continued situation of risk. Traditional methods, such as talking to perpetrators or using prayers to correct behaviour, may be employed in response to violence in the home. In many cases, government agencies including the police, will not intervene unless the violence escalates and becomes a criminal matter.

When a child lives in poverty, there may not be a clear process for identifying and accessing support from institutions or programmes that can assist families in need. The community may not support the child; putting their own individual interests first and arguing that poor families should be responsible for their own child. In some cases, the child may be stigmatised and ridiculed but they can also be taken to a residential care centre. Families with disabled children cannot easily access specialised support. Rather, families may hide the child from shame, discriminate against them, neglect or mistreat them; increasing the risk that the authorities place the child in a residential care centre where they are at further risk of abuse. Finally, when children manifest extreme behavioural problems and when punitive discipline fails to change the child's behaviour relatives and community members may seek help from the police or social services.

RESULTS

3.2.1 Residential Care Homes Provide an Escape Route from Difficult Home Conditions

The young adults who had spent time in care as children and who participated in the narrative interviews were asked to describe what had happened in their lives that resulted in them ending up in residential care. Each individual has a unique set of circumstances and way of making sense of their past. Nonetheless, what unites all 31 narratives is that difficult home conditions were the precursor to entering residential care. These take two forms; the first being mistreatment at the hands of adult caregivers, and the second being familial poverty that the young person sought to escape, either by going to the streets or by being lured to the residential care centre with the prospect of education.

During the interviews, some of the young adults shared stories of mistreatment they had experienced at the hands of parents and relatives. This includes cases of alcoholic and abusive parents, of being abandoned, or orphaned. Despite the unwritten rule that the decision-making regarding a child's future in the event of a parent's death should lie with the child's relatives, some interviewees describe how mistreatment from those same relatives was the catalyst for their entry into residential care.

Several of the young adults who were interviewed in Mwanza and Dar es Salaam shared experiences of spending time on the streets. The young people had left home in search of work, due to a sense of dissatisfaction, to escape the risk of early forced marriage, or because they fell pregnant. The street setting provided an escape route from difficult home circumstances, but they were then recruited to the residential care centre from that street setting. The street serves both as a route out of vulnerability in the home but also as a location where children experience new forms of abuse and as a pool for new recruits into care homes.

At no point were any interviewees offered a care option that would protect them from the negative effects of poverty or familial violence whilst allowing them to maintain contact and proximity to their extended family or community.

The decision for a child to enter residential care was almost exclusively made by adults, with children rarely seeking placements themselves. Three dynamics were described where adults decide to place a child in care. The first is when a residential centre assesses that the child is experiencing difficult conditions and takes them in. Some interviewees believe that this practice is less about responding to the child's needs and more about the business imperative to fill the residential care centre. The second dynamic is when a parent, relative, or family friend takes the child to the centre under the pretext of meeting their needs. The third dynamic is when a social welfare officer takes the child to the centre as a protective strategy.

3.2.2 LIFE IN CARE - A Quest for a Safe Haven & the Reality of Unmet Expectations

The Gap Between Children's Expectations and the Reality of Living in a Residential Care Home

Former residents of care homes were asked to reflect on their time living in care. They describe the gap between their expectations upon entering the care home and the reality. They had hoped to find a safe haven and a better life, anticipating meeting international sponsors, and expecting to receive education, to be reunited with family, to experience a sense of familial love and to escape from parental abuse. However, the reality was often different.

Some speak positively of their time living in a residential care home, having sought and found a safe refuge and having no regrets because they received their basic needs and an education that has enabled them to achieve their goals. Others had a different experience, describing how they are still waiting for their expectations to be met; of never being consulted about decisions in their lives; and of experiencing the care home as a place of danger. They describe instances where the centres' financial difficulties negatively impacted the quality of care, where they were despised by others at school and discriminated against by the centre caregivers. There was a general lack of awareness about other options that could have set interviewed care leavers on a different trajectory. This is not surprising given that residential care has been the predominant care model in Tanzania since the HIV pandemic.

Living in a residential care centre is another form of adversity in lives already characterised by difficulty

When asked how safe they felt living in the residential care home interviewees reveal that life in the centre creates more obstacles and challenges that need to be overcome, rather than facilitating them to thrive. Some perceive the residential home as a safe place because it provided them with an upbringing and countered the difficult conditions they had experienced at home. They speak of counsellors, matrons, and nurses who responded to their physical illnesses or mental distress. Others believe the residential home to be a place of physical and psychological safety in comparison to the difficult conditions they had experienced before. But, they also describe being bullied, having expected a better life, and having regrets. The final group describes feeling unsafe in the centre. They experienced sexual assault and harassment by other children and staff members. They also experienced the pain of separation from family and a lack of parental connection, a punitive approach to their upbringing that included corporal punishment and insufficient food, and the effects of unstable and poor management of the care home.

The attention of caregivers is elusive

Interviewees were asked about the type of care and support they received. Some say that they lived well with caregivers who were attentive and loving, but in the main the attention of staff and caregivers in residential centres is elusive. Some describe having expected a good upbringing in the care home but instead facing discrimination and sexual harassment, resulting in a feeling of psychological unsafety. The majority of interviewees emphasise the importance of trained and resourced matrons as the key factor in the quality of care and note that they had to be proactive in voicing their needs. Ill health or distress would not be noticed if the child did not flag it up for attention. Most interviewees identified insufficiencies in both numbers and skills of personnel; some matrons would be caring for more than ten children. Being "God fearing" seems to be the main qualification for a job in a care home. Others reveal that caregivers do not behave professionally, sometimes not showing up for work and using organisational resources for personal benefit. Some care centre are staffed by owners' relatives and there is often a lack of professionalism, vetting, and management of caregiving staff.

Resources are spent on maintaining contact with families rather than strengthening the family so the child can return home

When some children entered care they did so with the Social Welfare Officer determining that care was temporary and that contact with their family would be maintained. However, when interviewees were asked whether the residential care home welcomed visits or in other ways supported contacts with their family they describe a relational void with their families. Sometimes this was because the child had been abandoned by their parents, but **very little effort was made by the residential care home to trace relatives and to foster communication with the nuclear or extended family.** This is a known dynamic also from other countries where residential care homes often prevent or even oppose contact with biological parents. In some cases, the residential care centre had sought out the family, but the family did not sustain contact, and communication was encouraged but not followed up on. Others describe a more positive experience with regards to family. Social Welfare encouraged family contact, and the care home provided visits during holidays, and made efforts to search for, reconcile with and support the family's basic needs so that the child could be reunited.

Children are rarely consulted about anything

Interviewees were asked about how much they were consulted regarding their care preferences while in residential care. Replies indicate that children are rarely consulted about anything. Decisions are driven by adult authority figures, including those who may have mistreated the child. Interviewees struggled to think of the day-to-day decisions they might have taken about their life in care; and so the data is thin in this area. This reflects a general tendency to not consult young people and their resulting passivity arises as a result of never being asked.

3.2.3 EXITING CARE: Focusing on Skills over Community Integration

Interviewees were asked to share their experiences on how they left care. There were several different scenarios that were discussed. Firstly, there were those who had aged out of the system and had left care. Secondly, there were those who were in a state of limbo and had not yet left the centre. This group included individuals who are waiting for army enrolment, pursuing other opportunities, or working at the centre as a caregiver. Thirdly, there were individuals who had "escaped" and left the centre without permission. Lastly, a smaller group of interviewees left care because Social Welfare had closed the centre after an inspection, or because they had been reunified with their families.

Many of the young people interviewed feel that they have not been adequately prepared to leave care and become self-reliant as they enter young adulthood. Some speak of being reunified with their families without any preparation or support, while others describe feeling unsupported as they detached from the residential care centre. Many of these young people struggle psychologically with the process of leaving care. They speak about the negative effects that spending their childhood in the centre has had on their wellbeing, and how the lack of choice that characterised their childhoods had influenced their sense of self-awareness and self-acceptance.

The final group of young people feel that they have been prepared for exit by being provided with a range of support services. These include:

- Life skills training and education about life outside the centre
- Assistance with further training, including vocational skills training such as becoming a mechanic
- Entrepreneurial training and small capital to start their own businesses, such as opening a salon
- Support with finding accommodation outside the centre, including transition shelters
- Assistance with university fees and pocket money
- Help with job searches and applying for work.

It is notable that little attention is placed by the care homes on building a community of support around the young people that can bolster them as they move into independence and counter the risk of social isolation.

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3.2.2 LIFE POST CARE - A Continued Sense of Unarticulated Loss

A recent exploration of the system in which violence against women and children arises (McAlpine et al., 2023) revealed that a key unwritten rule in Tanzania is that women and children must be obedient and accept their humble position - *"kujishusha kwa watu wote."* This also informed the behaviour of the young adults who participated in this study. They were reluctant to question the decisions that adults had made on their behalf and spoke gratefully of the opportunity to access a "safe haven" in the residential care centres. In accordance with being obedient, most were reluctant to critique their care experience and struggled to explain how their experience of care affects them as young adults.

Nonetheless, the results of the narrative interviews reaffirm the global evidence base that growing up in residential care can have a long-lasting impact on a person's well-being; engendering in them a sense of social stigma and a lack of connection with others. A number of the young interviewees explain that they have not sustained lasting connections with staff, sponsors, or friends from the centre. Others say that the friendships formed in care continue to be a source of support even though they no longer live together in the centre.

The care experience also affects a person's sense of self, opportunities, and relationships with family. The great psychic betrayal for these young people lies in their witnessing other children growing up in families; their own wish to have lived with their family; and their recognition that they missed out on this opportunity or that it was never going to be available to them. The experience of disconnection from family and community does affect a young person's mental health, even if they are reluctant or unable to articulate the precise dimensions of this pain.

Those who are able to articulate their regrets describe particularly the lack of choice that has characterised their lives, their loss of their family, and their poor integration into the community with their consequent inability to move skilfully around the social world.

However, others said that they have no regrets because they continue to see the centre as a safe haven where they received a good upbringing. Those who acknowledge the risks of growing up in care, focus on the harm caused to children by inattentive caregivers, by the lack of supervision, by the mixing of children from different backgrounds, and by the use of corporal punishment.

All interviewees propose that to better support vulnerable children, social welfare officers should focus on protecting them in their homes and promoting family reunification.

3.2.5 DISORDERED CARE - Rather than a Childcare System

A system is a set of interconnected elements that work together to achieve a specific goal. The opposite of a system is chaos or disorder, where there is no structure, and no formalised or coordinated approach to ensuring children's welfare and protection. The responses to survey questions asking about the context in which the respondents are operating indicate that there is no coherent childcare system, but rather disordered care that is characterised by people who want to do the right thing, but who possess insufficient resources, skills and knowledge of child development to act in children's best interests.
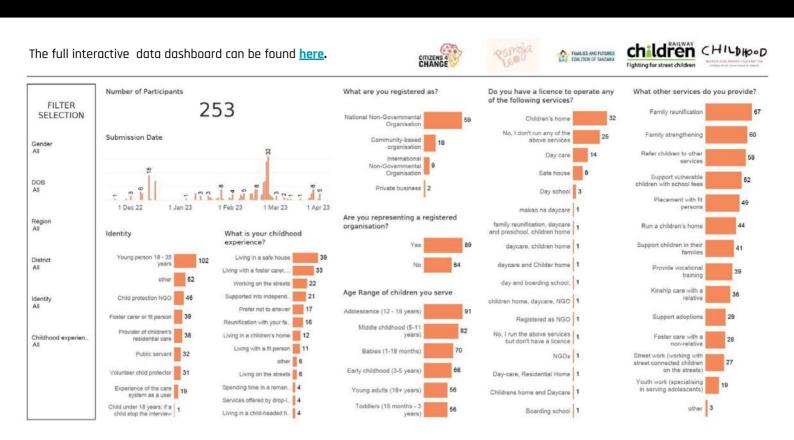
Young Adults who Grew up in Care Believe that Care Home Owners, Sponsors and Volunteers are Motivated by a Desire to do Good

The interviewees assume that the people running care homes are doing so to help children who are in vulnerable situations; such as those on the streets, with special needs, or are experiencing orphanhood or behavioural problems. They suggest that the centre owners are motivated by love of the people and fear of God; and not by ulterior or exploitative motives. Few interviewees are able to explain how the care homes are funded; but do say that both domestic and international sponsors are common. Many speak of feeling happy and special to be told that they had a sponsor; even if not all of them had a relationship with that sponsor. Similarly, most are positive about the presence of long and short-term volunteers in the residential care centres. They say that volunteers make the children happy by providing loving attention, and often then translate their volunteer support into sponsorship of children. Similarly, many were expected to perform for visitors to the centre, and again that this felt good, safe and that they were happy to do so as a way to foster and show off their talents. The care leavers did not articulate that they felt exploited by this situation, but we know from attachment theory that separation from people that young children have bonded with can be quite devastating.[15]

15. https://www.wearelumos.org/news-and-media/2018/11/20/new-voluntourism-documentary-exposes-impact-orphanage-volunteering-has-children/

A Care System Operated by Non-State Actors

The full interactive data dashboard can be found here.
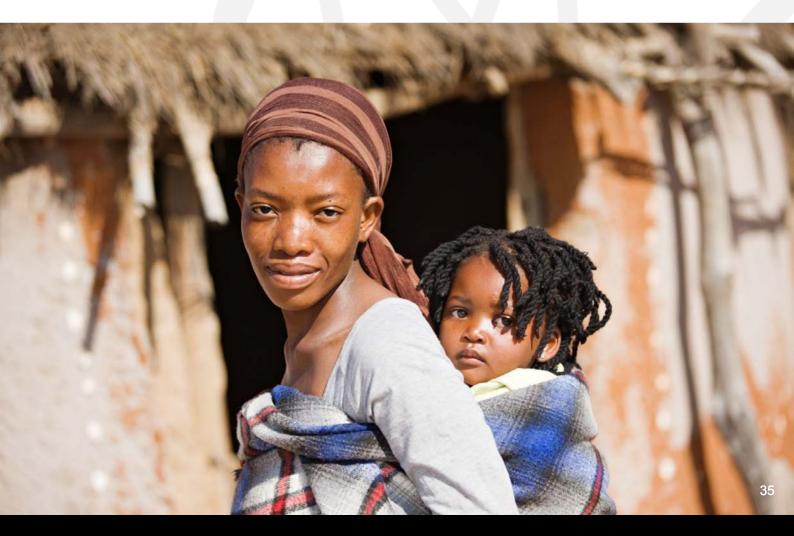
UNDERSTANDING CHILDREN'S CARE JOURNEYS IN TANZANIA **CONTEXT**

253 people participated in the survey, and were asked the question "Are you representing a registered organisation?"

50% (n=100) did not respond, citing non-applicable

35% said (n=89) 'yes' and

25% (n=64) said 'no'

Of those who said yes, 66% (n=59) represented a national NGO

20% (n=18) a Community Based Organisation

10% (n=9) an International organisation, and

2% (n=2) a private business

Most Care Operators are Licenced, but Children's Homes Lag Behind

Licences are not required for all operations, but there were **93 responses** to the question of whether their organisation had a licence. This is slightly more (n=4) than those who said that they represented an organisation and can be understood by the fact that organisations can have multiple licences. **27%** (n=25) had no licence because they do not run services that require one; and 1% (n=1) do run services but does not have a licence. **15%** (n=14) have a daycare licence, **10%** (n=9) have a licence to run a safe house; **6%** (n=6) have both a children's home and a daycare licence, and **5%** (n=5) have a licence to operate a school.

Thirty-eight respondents self-identify as a provider of children's residential care; but only **33** report actually having a children's home licence; and of those 33, **17** did not state their registration status. As expected, **28** respondents in Arusha said that they provide children's home services, **11** in Dar es Salaam; **11** in Mwanza; and **3** in Tanga. This reflects selection bias as the partners' data collectors conducted the survey within their professional networks. So for instance, Pamoja Leo focusses on family care services and so collected data from people with a similar background. But the results also reflect an actual fact that Arusha is one of the most densely populated regions in terms of residential care centres.

NGOs that focus on child protection champion family-based care

Survey participants were able to check multiple responses in response to the question asking them what services they provide, generating 552 responses. The data enables us to see the extent to which residential care providers, public servants and child protection NGOs provide family based care solutions.

- **Of the respondents, 12% (n=67) indicate that they provide family reunification services.** Within this 12%, the contributions are as follows: Child protection NGOs account for 49% of this, residential care homes for 34%, and public servants for 24%
- **Of the respondents, 11% (n=60) of respondents say that they strengthen families.** Within this 11%, the contributions are as follows: Child protection NGOs account for 43% of this, residential care homes account for 28%; and public servants for 23%
- **Of the respondents, 9% (n=49) place children with fit persons.** Within this 9%, child protection NGOs account for 47% of this, public servants for 8% and residential care home providers for 6%
- **Of the respondents, 7% (n=41) say that they support children in their families.** Within the 7%, child protection NGOs account for 44% of this, residential care providers account for 22%; and public servants for 22%
- **Of the respondents, 6.5% (n=36) offer kinship care with a relative.** Within this 6.5%, child protection NGOs account for 50%, residential care home providers account for 31%; and public servants for 17%
- **Of the respondents, 5% (n=29) say that they support the adoption process.** Within this 5%, child protection NGOs account for 62%; public servants for 38%; and residential care home providers for 31%
- **Of the respondents, 5% (n=28) offer children the opportunity for foster care with a non-relative.** Within this 5%; child protection NGOs account for 50%, public servants for 29% and residential care providers account for 26%.

The provision of family strengthening services varies by region. This is partly influenced by the service focus of partner organisations who conducted the survey and partly because of the uneven distribution of residential care centres, with a notably high concentration in Arusha[14]. In Tanga, the majority of survey respondents focus on providing family-based care, with only a few (n=3) operating children's homes. In Mwanza, just one respondent runs a children's home, **14** focus on street work, **5** on youth work, and the remainder on family-based solutions. In Dar es Salaam, **11** respondents operate children's homes, **13** refer children to other services, **10** support with school fees, but family-based work is less prominent.

Survey respondents also provide other services. **9%** (n=52) support vulnerable children with school fees. **5%** (n=27) work with street connected children on the streets; five of whom are also residential care providers and twelve of whom represent Child Protection NGOs. **11%** (n=58) of respondents refer children to other services; **7%** (n=39) provide vocational training; and **3%** (n=19) specialise in working with adolescents.

Services cater to children of all ages

The survey asked respondents about the age range of the children they serve, with multiple responses allowed. A total of **421** responses were collected, highlighting differences in age groups served across various regions in Tanzania. **22%** of respondents serve adolescents (12-18 years)[15]; **19%** cater to middle childhood (5-11 years)[16]; **17%** of respondents serve babies (1-18 months)[17]; and **16%** cater to early childhood (3-5 years)[18]. 13% of respondents serve young adults (18+ years)[19]. Finally, **13%** cater to toddlers (18 months - 3 years)[20]. When disaggregated by region the data shows that service providers in Arusha serve a broader age range, while those in Mwanza and Dar es Salaam serve children in middle childhood and adolescence and those in Tanga serve babies and toddlers. Again this reflects the partner's selection bias in recruiting survey respondents.

[14.] Arusha has a high number of care home providers (n=28), and an equal number (n=28) claim to provide family strengthening services as well.

[15.] 22% (n=91) of respondents serve adolescents (12-18 years) of which 35% (n=32) were in Arusha, 19% (n=17) in Dar, 27% (n=25) in Mwanza, and 16% (n=15) in Tanga

[16.] 19% (n=82) cater to middle childhood (5-11 years), of which 37% (n=30) are in Arusha, 15% (n=12) in Dar, 28% (n=23) in Mwanza, and 18% (n=15) in Tanga

[17.] 17% (n=70) of respondents serve babies (1-18 months), of which 46% (n=32) are in Arusha, 16% (n=11) in Dar, 13% (n=9) in Mwanza, and 23% (n=16) in Tanga

[18.] 16% (n=66) cater to early childhood (3-5 years), of which 47% (n=31) are in Arusha, 11% (n=7) in Dar, 18% (n=12) in Mwanza, and 21% (n=14) in Tanga

[19.] 13% (n=56) of respondents serve young adults (18+ years), of which 48% (n=27) are in Arusha, 14% (n=8) in Dar, 18% (n=10) in Mwanza, and 14% (n=8) in Tanga

[20.] 13% (n=56) cater to toddlers (18 months - 3 years), of which 41% (n=23) are in Arusha, 13% (n=7) in Dar, 16% (n=9) in Mwanza, and 27% (n=15) in Tanga
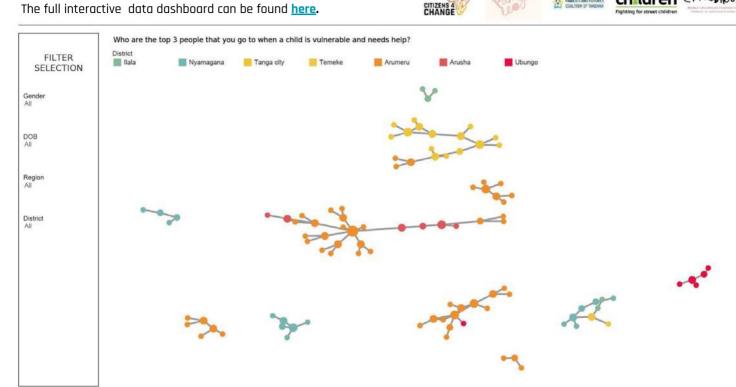
3.2.6 The Circle of Care Around Vulnerable Children is Fragile

Survey respondents were asked to think about people in their lives and to name the top three people that they go to when a child is vulnerable and needs help. These individuals can be considered to be the participants' reference groups - those who matter to them in a particular situation. These individuals constitute a fundamental protective factor - children's access to a safe and trusted adult. Social network analysis has been used to map these individuals and their social ties, enabling the identification of the most connected individuals and shedding some light on the nature of the circle of care around vulnerable children.

CITIZENS 4 CHANGE

The full interactive data dashboard can be found **here**.

UNDERSTANDING CHILDREN'S CARE JOURNEYS IN TANZANIA
NETWORK ANALYSIS

672 names were obtained, indicating that there is a large number of individuals who have the potentiality to respond when a vulnerable child is identified. However, once the data is further explored two issues of concern emerge.

One in eleven (9%) of the respondents could not name more than one source of help, suggesting that a significant proportion of individuals may not have access to a strong support network or may not know where to turn for assistance[21].

The survey question asked respondents to name three individuals they would go to for help when they encounter a vulnerable child. However, many respondents instead mentioned institutions such as the social welfare office, police, or local chairperson. This suggests a lack of personal connections or relationships with individuals who could provide support in situations involving vulnerable children. This may reflect broader issues related to social fragmentation, as well as potential challenges in building trust and connections with others in the community

Alternatively, it may reflect a more recent social practice where individuals are not taking up their responsibility to care for vulnerable children within their family or community, but instead are relying on public servants to provide support. This may indicate a shift in social norms and values related to child rearing and community responsibility.

It appears that the social networks in the different regions of Tanzania are relatively thin and disconnected. In Arusha, there are five discrete networks with the key nodes in two of them being individuals who run a children's home. In Tanga, there is no obviously highly connected individual that people go to, but three social workers were identified as a source of connection. In Mwanza and Dar es Salaam, the network is even more fragmented, with unconnected small clusters and no obvious central connections. This could indicate a lack of social cohesion and a limited ability for information and resources to flow through the community. This could have various implications, such as difficulties in accessing support, limited opportunities for collaboration, and challenges in mobilising collective action. It may also suggest a need for targeted efforts to foster stronger community connections and build social capital. Identifying the key individuals or organisations that can act as bridges between different clusters of people could be one potential approach to strengthening social networks and promoting greater community resilience.

[21.] Thirty one participants were unable to identify more than one individual that they go to in these situations; and an additional 28 were unable to identify a third individual

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DISCUSSION.

4.1 Participants' Main Concern: Balancing the Value Placed on Family with the Reality of Diminishing Social Cohesion

The results reveal that participants think that children belong with their families and that families should be supported to avoid separation. Participants' main concern is how to balance their family based values with the realities of an increasingly atomised, individualistic and institutionalised society where social cohesion is fragmenting and where it is becoming socially acceptable to contract out childcare to others.

On the one hand, participants recognise the importance of maintaining the values of family and community, and the need to avoid exposing children to harm in residential care centres. On the other hand, they are confronted with the reality that many families are unable or unwilling to provide adequate care and education for their children, and that community solidarity is decreasing, making it difficult to rely on traditional community or family based solutions to child vulnerability. In this context, the participants must navigate a complex set of tensions and trade-offs as they seek to respond to the needs of vulnerable children.

The paradox is that participants describe the pain of their childhood experiences, *and* believe that family is central to childhood, *and* argue that institutional care should only be used as a short-term safe refuge, *and* view residential care as a critical care option.

4.2 The Social Norm is to Meet Children's Basic Needs Over Their Psychological Well-Being

While there is a consensus on the need for family and community to take responsibility for a vulnerable child, children are frequently placed in the care of government authorities, NGOs, and children's homes. Respondents' conception of what constitutes vulnerability is broad and includes children with behavioural problems or disabilities, those experiencing poverty, violence, and orphanhood. These are children who do not fit within the norm and may pose some challenges to their caregivers. To some extent, they are now seen as legitimate candidates for institutional care, despite not necessarily having specialised needs that require professional care.

A legacy from the response to HIV orphans was the upsurge in residential care homes, which quickly became part of the care landscape. This has now combined with an enthusiasm for enrolling children in boarding schools, with children as young as three being sent away from their family. The long-term effects of this remains to be seen, but it has contributed to a normalisation of sub-contracting of child care to others. As Benedict Missani from the Ministry of Community Development, Gender, Children and the Elderly states, "parents have the responsibility of caring but as it happens most of them only know how to care and not to nurture" (Ibid). The middle class child may be sent off to boarding school. The equivalent for a child who lives in poverty or who is troublesome is to send them to a children's home; where they can also access education.

Despite the unwritten rules that children should be cared for by their families, and the recognition that residential care homes can cause harm, the negative impacts of separating children from their families and outsourcing parenting are often downplayed. A significant majority (79%) of the survey respondents who have personal experience of residential care as users support its existence but also clearly discuss negative consequences such as dislocation from family and community.

The interviews gave young people a rare opportunity to reflect on their childhood experiences. It is clear that a number of them struggle with their identity as they transition into young adulthood and may not yet have sufficient distance from their childhood experience to make sense of its impacts. The reasons why they continue to advocate for residential care options, rather than family based solutions, may be that they feel grateful for having access to shelter and education and the ability to escape from difficult home situations. They may be unable to see what alternative care options could have been, and may feel undeserving of better. That a multitude of negative experiences came up during the interviews illustrates these contradictions. For example a young person can report feelings of unsafety and appreciation that the residential home was a place of refuge.

The decision to place a child in residential care is made by care home owners and staff; parents, relatives, family friends; and social welfare officers. Prior to their participation in this study few of these people had questioned their assumption that residential homes are a critical care option. It is possible to hold multiple seemingly contradictory ideas at the same time; particularly if the unwritten rules are unconscious. This is the situation the study participants find themselves in. They are able at one and the same time to centre the family and community in a child's upbringing and to believe that residential homes are an appropriate care option. They can do this because adults who make decisions to enrol children in residential care homes do not face any sanction or social disapproval. Rather, they are seen to be loving and God fearing, performing a social service. As a result the effects of their choices are not widely scrutinised and they continue making decisions about young people's lives without fully considering what is in the children's best interests.

The social norm in this context is that while family is considered important, education is valued more and can take precedence over family. The majority of participants in the study believe that residential care homes are necessary for vulnerable children who experience difficult home conditions where families may pose a risk to the child. Although recognising that care homes are not an ideal long-term solution, and acknowledging that care homes may go against beliefs about what is best for children, they are still widely used.
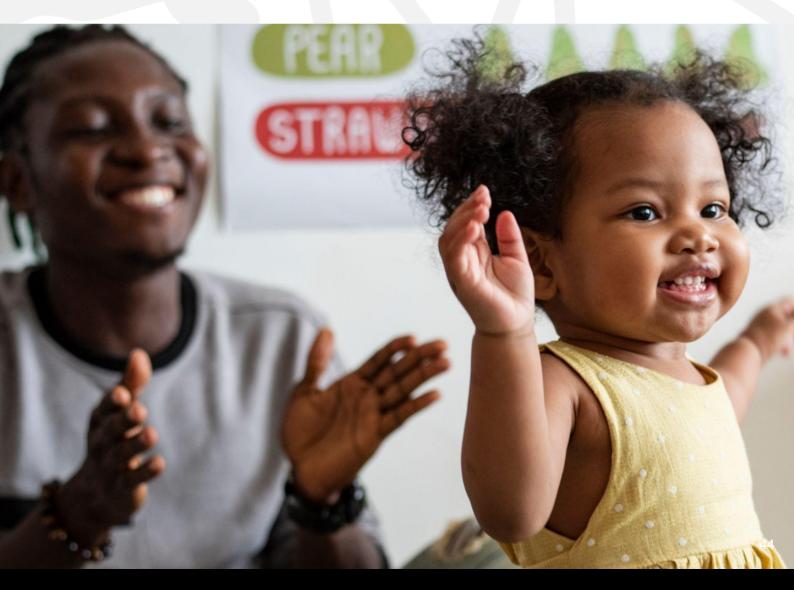
The social norm is to prioritise meeting children's basic needs, such as shelter and education, over their psychological well-being. This hierarchy of needs implies that vulnerable children are only entitled to have certain needs met, that psychosocial needs are not highly valued, and that the benefits of education justify placing children in care homes, even though it may cause psychological harm.

This norm is reinforced by a set of unwritten rules that dictate how young people are expected to behave. These include suppressing emotions, boys being strong and girls being submissive, and students always working hard, never giving up, and striving for academic excellence. These unwritten rules were revealed in a project with school students that aimed to create a child-led movement for safety and inclusion. They show that children feel a strong social expectation to conform, endure adversity, and silence their voices. Adult decision-makers often fail to listen to voices and preferences of children, viewing them as passive recipients rather than active participants. They tend to see vulnerable children as less entitled, deserving charity rather than recognising their legal rights. Consequently, child welfare is often approached in a reactive manner, focused on rescue rather than a coordinated effort to protect and ensure the well-being of children, with adults being held accountable for their actions.
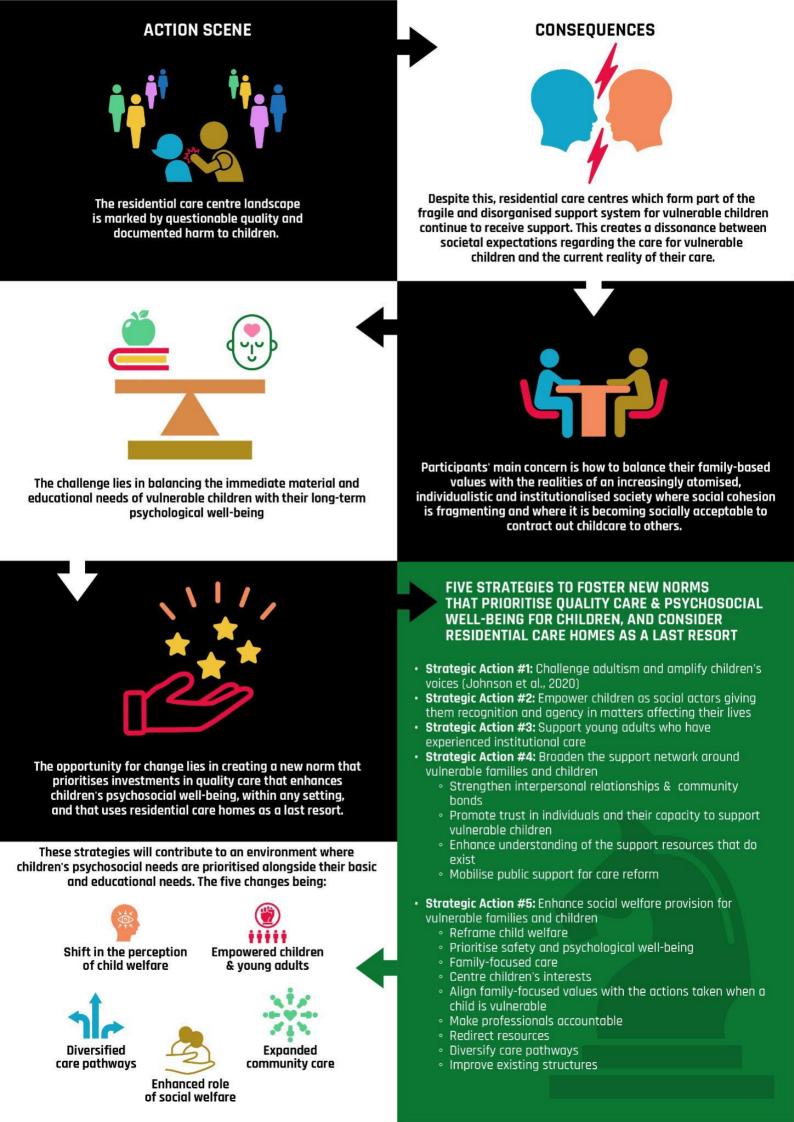
Regrettably, this disregard for young people's perspectives leads to the overlooking of their best interests. These can be summarised using the acronym "SAFE-CO," which represents Solidarity, Assurance, Family, Education, and Choice. When providing care for vulnerable children, the response should always prioritise safety, fostering a sense of solidarity and support around the young person. It should assure them that they can rely on others and have some level of certainty about their future. The care should center around the importance of family, as well as focus on providing education that promotes the child's holistic development. Lastly, it should offer the young person choices, empowering them to have agency in their own lives.

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5

THEORY OF ACTION TO REORIENT CARE FOR VULNERABLE CHILDREN: a multi-faceted approach to transforming the child care landscape

ACTION SCENE

The residential care centre landscape is marked by questionable quality and documented harm to children.

CONSEQUENCES

Despite this, residential care centres which form part of the fragile and disorganised support system for vulnerable children continue to receive support. This creates a dissonance between societal expectations regarding the care for vulnerable children and the current reality of their care.

The challenge lies in balancing the immediate material and educational needs of vulnerable children with their long-term psychological well-being

Participants' main concern is how to balance their family-based values with the realities of an increasingly atomised, individualistic and institutionalised society where social cohesion is fragmenting and where it is becoming socially acceptable to contract out childcare to others.

The opportunity for change lies in creating a new norm that prioritises investments in quality care that enhances children's psychosocial well-being, within any setting, and that uses residential care homes as a last resort.

FIVE STRATEGIES TO FOSTER NEW NORMS THAT PRIORITISE QUALITY CARE & PSYCHOSOCIAL WELL-BEING FOR CHILDREN, AND CONSIDER RESIDENTIAL CARE HOMES AS A LAST RESORT

- **Strategic Action #1:** Challenge adultism and amplify children's voices (Johnson et al., 2020)
- **Strategic Action #2:** Empower children as social actors giving them recognition and agency in matters affecting their lives
- **Strategic Action #3:** Support young adults who have experienced institutional care
- **Strategic Action #4:** Broaden the support network around vulnerable families and children
  - Strengthen interpersonal relationships & community bonds
  - Promote trust in individuals and their capacity to support vulnerable children
  - Enhance understanding of the support resources that do exist
  - Mobilise public support for care reform

- **Strategic Action #5:** Enhance social welfare provision for vulnerable families and children
  - Reframe child welfare
  - Prioritise safety and psychological well-being
  - Family-focused care
  - Centre children's interests
  - Align family-focused values with the actions taken when a child is vulnerable
  - Make professionals accountable
  - Redirect resources
  - Diversify care pathways
  - Improve existing structures

These strategies will contribute to an environment where children's psychosocial needs are prioritised alongside their basic and educational needs. The five changes being:

Shift in the perception of child welfare

Empowered children & young adults

Diversified care pathways

Enhanced role of social welfare

Expanded community care

There is no simple story when it comes to residential care for vulnerable children

The findings and discussions from this study highlight that the narrative surrounding the use of residential care for vulnerable children is far from straightforward. The young people who recounted their lived experiences explain that residential care is neither entirely beneficial nor entirely detrimental. This situation is paradoxical and complex, as children and their families are forced to make compromises in order to meet their fundamental needs and educational aspirations.

Residential care homes are a manifestation of inadequate investment in family support, community cohesion, and equal opportunities. Merely banning residential care homes, or embarking on an extensive programme of de-institutionalisation and shutting down these centres, only tackles the immediate issue: children raised in these environments are not experiencing the psychological well-being that enables them to thrive. Ceasing all operations of these centres does not address the root cause of the problem, which lies in the difficult conditions children encounter within their families and communities.

A Theory of Action to Guide Advocacy for Care Reform

A theory of action is a conceptual framework that shows how to move from the current state to a desired future state. Whilst a theory of change outlines the "why" and "what" - why a certain approach is believed to cause the desired change and what that change would look like, a theory of action outlines the "how" - how the change will be implemented to achieve the desired outcomes. This theory of action is intended to inform how the collaborating partners use the findings from this study to approach their advocacy for care reform.

The residential care centre landscape is marked by questionable quality and documented harm to children. Despite this, residential care centres which form part of the fragile and disorganised support system for vulnerable children continue to receive support. This creates a dissonance between societal expectations regarding the care for vulnerable children and the current reality of their care.

There is uncertainty about how many vulnerable children spend time in residential care centres. Those growing up in such environments often grapple with dual adversities: the adverse experiences that precipitated their placement in care, and the often challenging conditions within the care homes themselves. This latter issue, referred to as structural neglect by IJzendoorn et al. (2011), manifests as limited physical resources, unstable staffing, and insufficient caregiver-child interactions. Informed by attachment theory, we know that these early caregiving experiences significantly influence a child's adaptation or maladaptation throughout their life. Caregivers who are unavailable, insensitive, or inconsistently responsive often foster an insecure attachment relationship, adversely impacting the child's development. The effects become particularly profound when children lack individualised caregiving and when their deprivation coincides with early developmental sensitive periods (Berens & Nelson, 2015; Wade, Fox, Zeanah, & Nelson, 2018). There remains a notable research gap in understanding the perspectives of people who experienced institutional care as children and who are living with its impacts as they enter young adulthood.

The social expectation in Tanzania is that family forms the bedrock of a child's upbringing. This belief is underscored by seven unwritten rules. Rule #1 emphasises the centrality of a mother figure in a child's upbringing. Rule #2 stipulates that, in the event of a parent's death, the child's relatives should make decisions about their future and upbringing. Rule #3 requires that an abandoned child must be reported to authorities and receive temporary community support. Rule #4 advocates for a residential care centre as a safe haven for children facing violence until a trusted family member can provide long-term care. Rule #5 assigns shared responsibility among the community, government, and institutions for assisting impoverished children. Rule #6 insists that social service providers cater to children with disabilities and special needs. Lastly, Rule #7 proposes that misbehaving children should face punishment. Study participants acknowledge that residential care homes can cause harm to children. This recognition, however, coexists with their continued support for care homes, and presents us with a cognitive dissonance in societal attitudes towards child care.

In response to the needs of vulnerable children, residential care homes often serve as a refuge from difficult home conditions. This study suggests that children raised in care homes often appreciate the assistance they received amidst adversity. However, life in care often involves a quest for a safe haven, frequently marred by the harsh reality of unmet expectations. As children exit care, the focus tends to shift towards skill acquisition rather than community integration, leaving a lingering sense of unarticulated loss in their post-care lives. The circle of care surrounding vulnerable children is fragile and care pathways are disordered, underscoring the need for more thoughtful and effective approaches to child welfare and the development of a cohesive childcare system.

Participants' main concern is how to balance their family based values with the realities of an increasingly atomised, individualistic and institutionalised society where social cohesion is fragmenting and where it is becoming socially acceptable to contract out childcare to others

The results are paradoxical and contradictory, revealing a strong belief in the importance of family ties in child-rearing, coupled with the perception that residential care homes serve as suitable alternatives for children exposed to domestic violence, those from economically disadvantaged backgrounds, or living on the streets.

Participants speak to their painful childhood experiences, firmly uphold the centrality of family in a child's upbringing, and simultaneously view residential care as a critical care option, ideally used as a short-term refuge and mediated by the social welfare authorities. In this intricate web of tensions and trade-offs, participants grapple with how best to meet the needs of vulnerable children.

The challenge lies in balancing the immediate material and educational needs of vulnerable children with their long-term psychological well-being

The complex dynamics at play reflect a shift in social norms and values concerning child rearing and community responsibility, with a growing tendency to outsource childcare. The prevailing social norm is to prioritise meeting children's basic needs, particularly their educational needs, over their psychological well-being. This suggests a prevalent belief that vulnerable children are only entitled to have certain needs met, and that the advantages of acquiring education validate placing children in residential care homes, despite potential psychological harm.

These findings underscore the societal expectations where education is highly prized, over psychological safety, which is less valued. Access to quality education is a significant factor driving the demand for residential care. A considerable majority of participants (80%) perceive residential care homes as a suitable care option for children from economically disadvantaged families. Similarly, 81% of participants recognise the valuable educational opportunities that residential care facilities can provide for vulnerable children. For many participants, the benefits of educational access surpass the psychological costs potentially incurred from growing up in these care facilities. This presents a significant challenge in balancing the immediate material and educational needs of children with their long-term psychological well-being.

The opportunity for change lies in creating a new norm that prioritises investments in quality care that enhances children's psychosocial well-being, within any setting, and that uses residential care homes as a last resort

The opportunity lies in the dissonance that exists between people's beliefs about how vulnerable children should be cared for and the actual practice of putting children in care homes. The current orphanage model, while pervasive and entrenched, is a recent import and is fragile due to its undermining of the unwritten societal rules that centre family and community in the lives of Tanzanian children. Its fragility provides an opportunity for change, as increasing awareness of the negative impacts of institutional care on children's development and well-being calls for the promotion of family-based care as a preferred alternative.

The opportunity for change lies in creating a new norm that prioritises investments in quality care that enhances children's psychosocial well-being, and that uses residential care homes as a last resort when family-based care options cannot be found or put a child at risk of harm.

Reorienting Care: A Multi-Faceted Approach to Transforming the Child Care Landscape

To establish a new norm that prioritises investments in children's psychosocial well-being, within any setting, interventions need to be directed towards the key decision-makers in the process of a child's transition into residential care. This includes parents, relatives, or family friends who bring children to the centre; social welfare officers who consider these centres as a protective strategy; and care home owners and staff who manage the facilities.

Children should also be targeted as social actors with their own voices and preferences, using their perspectives and experiences to inform decisions that affect them over their entire lives. Young adults who have experienced care are particularly important, both as a source of knowledge and because interventions should aim to break the cycle of disadvantage so that they can provide support and care for their own children.

Efforts should also be made to widen the circle of care in communities, fostering stronger support networks and more holistic care systems for vulnerable children and families. Resources need to be directed at the Social Welfare department to invest in a diverse range of care pathways that promote a child's overall well-being, balancing their basic, educational, and psychosocial needs. This multi-faceted approach is crucial in transforming the existing care landscape.

Five Strategies to Foster New Norms that Prioritise Quality Care and Psychosocial Well-being for Children, and Consider Residential Care Homes as a Last Resort

Strategic Action #1: Challenge Adultism and Amplify Children's Voices (Johnson et al., 2020)

Create spaces where children can interact with their peers and engage constructively with adults in positions of power. Ensure children are surrounded by adults who listen to them and assist them in exercising their agency. Challenge the unwritten rule that children should be seen and not heard, and that they cannot contribute to solving social problems. Strive to ensure that children's voices are taken into account by their families and the authorities.

Strategic Action #2: Empower Children as Social Actors Giving Them Recognition and Agency in Matters Affecting Their Lives

Recognise and address children's experiences of the social pressure to conform, endure adversity, and suppress their voices. Shift adult decision-makers' perception so that they acknowledge children as social actors with distinct voices and preferences. Counter the tendency to view vulnerable children as recipients of charity rather than as bearers of legal rights.

Strategic Action #3: Support Young Adults who have Experienced Institutional Care

Elevate the voices and experiences of young adults who have experienced institutional care.

Prioritise interventions for young adults who have experienced residential care that focus on breaking the cycle of disadvantage. Acknowledge and address the profound sense of loss these young adults often feel, which stems from their disconnection from family and community, and appreciate the impact this has on their mental health.

Foster solidarity amongst these young adults to counter the feeling of isolation that many feel. Create safe spaces for them to reflect on their experiences, heal and grow. Offer trauma informed and therapeutic opportunities for dialogue so that they can articulate their experiences and regrets, and address the deep-seated effects on their sense of self from the loss of family and their struggle navigating the social world.

Strategic Action #4: Broaden the Support Network Around Vulnerable Families and Children

Strengthen interpersonal relationships and community bonds: Encourage individuals to re-engage with their responsibility of caring for vulnerable children within their family or community. Address the issues of social fragmentation and trust, and promote a greater sense of community involvement and support.

Promote trust in individuals and their capacity to support vulnerable children: Shift perceptions away from relying on faceless institutions to trusting in individuals and personal networks.

Enhance understanding of the support resources that do exist: Increase public awareness about the variety of resources available for vulnerable children. Ensure that individuals are aware of more than just one source of help.

Mobilise public support for care reform: Use surveys and interviews to gauge public interest in care reform and harness this interest to drive changes in how vulnerable children are supported in Tanzania.

Strategic Action #5: Enhance Social Welfare Provision for Vulnerable Families and Children

Reframe Child Welfare: Transform child welfare provision from an ad-hoc, rescue-oriented approach to a coordinated, rights-based system where adults are held accountable for ensuring children's welfare and protection.

Prioritise Safety and Psychological Well-being: Ensure that the care response for vulnerable children is always safe, fosters solidarity and a circle of care, reduces the uncertainty felt by children, centres family in the child's care, holistically educates the child, and provides the child with choices.

Family-Focused Care: Encourage social welfare officers to prioritise family reunification and protection within the home environment.

Centre Children's Interests: Ensure decisions prioritise the children's best interests, and that their voices are considered in decisions that affect them.

Align Family-Focused Values with the Actions Taken When a Child is Vulnerable: Promote congruence between adults' professed values about child protection (i.e. a family based approach) and their actual behaviours when they respond to a vulnerable child.

Make Professionals Accountable: Establish measures to hold professionals accountable who harm children or fail to protect them.

Redirect Resources: Harness existing resources within the system, such as those provided by child protection NGOs, and re-allocate them to enhance the capacity of the Social Welfare Department to engage in effective case management and family focussed interventions.

Diversify Care Pathways: Invest in a range of care pathways, including short-term emergency pathways, that promote early intervention to keep children with their families.

Improve Existing Structures: Utilise existing resources for continuous improvement, making existing structures more ethical and efficient. This includes utilising the capacities and skills within residential care centres to reimagine alternative care with the Department of Social Welfare.

These Strategies will Contribute to an Environment where Children's Psychosocial Needs are Prioritised Alongside their Basic and Educational Needs

Change #1. Shift in the Perception of Child Welfare: Transition from ad-hoc, rescue-based to a coordinated, rights-focused system.

Change #2. Empowered Children and Young Adults: Children are recognised as social actors whose voices are respected, and young adults who have experienced care break the cycle of disadvantage.

Change #3. Expanded Community Care: A broader community support network for vulnerable children and families, with strengthened trust and responsibility within communities.

Change #4. Enhanced Role of Social Welfare: Social welfare departments transform into proactive, rights-based child protection entities with increased accountability.

Change #5. Diversified Care Pathways: A variety of safe, family and community-based care options are available and preferred over residential care, with resources effectively redirected to these alternatives.

Finally, we recommend these future lines of inquiry be pursued to better why and how Tanzanians care for vulnerable young people

1. **Investigate the assumption that closing residential homes will lead to a shift towards family and community care.** Examine the interaction between communities and the residential care centres, given that many residential care homes have emerged from citizen action and are part of the community landscape. Consider what robust interventions within families and communities could make residential care superfluous.
2. **Explore the potential function of residential care as a mechanism to alleviate the unpaid care burden often borne by women.** Investigate the dynamics that may influence this trend, including parental motivations and the boarding school model.
3. **Delve into the changes in care practices for vulnerable children over time, specifically the shift from the post-HIV pandemic scenario to the present.** Examine the potential evolution of care practices and the implications for vulnerable children.
4. **Determine the demand for a care leaver association, considering potential reluctance due to a desire not to identify as care-leavers.** Explore possible reframing of the concept to emphasise solidarity and combat isolation.

6

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7

CASE STUDIES.

7.1 NARRATIVE INTERVIEW WITH AKINA NATELA

* All names in the case studies have been changed to maintain confidentiality

CITIZENS 4 CHANGE

Dar Es Salaam, 8th December 2022

Background

Akina Natela is a 20-year old woman from Shinyanga, raised in a residential care centre in Dar Es Salaam since the age of four. This case study follows Akina's story of her origins, experiences of the care centre, and reflections on its importance to her and generations of children.

Case Study

Akina Natela was taken across the country from Shinyanga to a children's care centre in Dar Es Salaam at age four. She's not sure who brought her there, but she arrived with her older sister and younger brother. It was later revealed her father's land was seized by the government and he could no longer support his children. She knows nothing about her mother and wishes it to stay that way.

"I was only four so all I remember is wanting to play".

Akina has no memories of childhood except for at the centre. The centre was owned by the government, operated by a mix of male and female caregivers, and supervised by a Social Welfare Officer. She strongly believes the centre is focused on providing practical education, creating an understanding of love, and cultivating a sense of belonging to wider society.

"They treated us as if we were their own children! They taught us self-awareness, how to live outside the centre… they talked to us with love".

She truly thrived with the centre's care. Despite not having a personal sponsor as other children did, Akina relished meeting any visitor or sponsor, eagerly listening to their stories or advice.

Akina always felt the centre was a safe place, it was a home. Visitors had to follow strict rules to ensure safety of the children and staff devoted time to young children and children with special needs.

Akina attended kindergarten in the centre and, with the financial help of the centre, attended primary and secondary education at a nearby school. After graduating, she attended vocational training also funded by the centre.

"Education really is a saviour… all children should be serious about it".

In the time approaching her 18th birthday, her caregivers began preparing her for leaving the centre. Following government policy, she became an 'independent youth' at age 18.

"They taught me how to engage with society, how to stay safe from disease, to be careful, be respectful, and to know the environment in which I come from".

In addition to the psychological preparation, a caregiver secured Akina a job in industry to begin supporting herself. "[The centre] found us rooms and paid our rent, they continue to support us until we're stable". This support, both emotional and financial, is vital to ensuring youths can survive and thrive after staying in care.

Akina is content with her life. She stays in regular contact with staff and friends from the centre and regularly visits for events. Despite all this, Akina still struggles with her sense of connection to family.

"(Interviewer) If you had a safe and stable family, would you go back in time and stay with them or choose life in the centre?"

"I haven't seen my father in 10 years… He came, greeted us, and left. I wish I could have lived with my mother and father because a family has abundant love… your parents can show you that complete love".

The great support during and after Akina's time at the care centre is invaluable. Despite feeling she missed out on family love and care, she holds a strong bond to the staff and friends she found to be her family.

7.2 NARRATIVE INTERVIEW WITH DAVID SIMON

Dar Es Salaam, 18th December 2022

Background

David Simon is a 26-year old pharmacy technician and businessman. David spent his entire childhood in residential care in Mwanza after being left there by his mother as a newborn. This case study explores David's past, his thoughts on his upbringing, and reflections on the dynamics of childcare.

Case Study

David Simon spent the first six months of his life alone in Bugando Hospital, Mwanza. His mother abandoned him there shortly after giving birth and he was eventually transferred to the Thamini Children's Home (name changed). Throughout name and owner changes, David spent the next 20 years in this care centre.

David knows nothing about his parents. Even after desperate searches, they have never been reunited.

The Thamini Children's Home was funded and operated by Canadian missionaries but employed 'mothers' to care for the children. Many children attended school and had all resources provided by sponsors. This all changed when David was thirteen as Lovely Homes took over the centre.

Under new management, David's entire upbringing would change. Many of the children were brought to the centre as babies or toddlers, often seeing the centre as their only home. The turmoil of major changes left young children like David feeling confused and trapped.

"At times we were scrambling for food".

"It instilled fear... but also courage, it taught us independence".

David's distance from his childhood translates to seeing the growth he drew from it. He also sees the darker aspects of a childhood in care. He was taught independence yet granted no agency. "No decisions of my childhood were made by me".

Life in the care centre was rife with bullying and violence. Whether it was bullying from peers or corporal punishment from his 'caretakers', David never felt safe. It was known amongst all that some staff had illegal sexual relationships with some children, cultivating a culture of "staying quiet".

"Children would run away and live on the streets just to escape".

David finds the difficulties he encountered were not simply the 'ups and downs of life', but were always influenced by the individuals in management. Many didn't fully understand, let alone practise, the values preached by the owners. Everyone had a different approach, leading to more uncertainty for the young children in their care.

As David approached university, the care centre moved him into a separate house with his age-mates where they were taught to look after themselves. Sponsors from the centre even paid for his university fees and living costs while he stayed in Dar Es Salaam.

Once he finished the course, he had nowhere to return to. No longer allowed to stay at the centre and no longer receiving financial support or mentoring, David has to survive on his own.

"Living in the centre was like everything you get is a 'favour', you never have a right to something. So I always just take what I can get and settle down".

David's sense of guilt at receiving support continues to this day. Although proud of his independence, David admits "I have no connection to the centre or my peers... We all struggle on our own". The sense of abandonment is palpable.

"My wish is just to have parents".

"I never want my child to grow up in the environment I did".

7.3 NARRATIVE INTERVIEW WITH SHARON ZUHRA

CITIZENS 4 CHANGE

Dar Es Salaam, 18th December 2022

Background

Sharon Zuhura is a 25 year old Early Years teacher who spent her entire childhood in residential care in Mwanza, Tanzania. This case study explores her story, her aspirations, and her thoughts on life living in care.

Case Study

Sharon Zuhura is not entirely sure of her origins. The documents in her first care centre claim she was found on the shores of Lake Victoria, abandoned by her parents. However, Sharon's mother later claimed a different story. Her mother says they were too poor to raise a child, so her husband took Sharon to a care centre as a two-month old. She remained in residential care for 22 years.

Despite being desperate to learn about her family and past, even searching through office documents, the care centre staff wouldn't tell her anything.

Sharon attended an international school where she "learned to be a global citizen" and had dreamt of going abroad. As the care centre changed their policy, Sharon was forced to switch schools without any real explanation.

Sharon reflects on these changes and accepts them for the ebb and flow of life, but the lack of an explanation is difficult to process. Funding, as she soon realised, was a perpetual problem. The care centre utilised sponsors and donations to fund any education but had no sustainable financial plans for the children whom they promised an education to.

As Sharon changed schools, she had to repeat a few years to achieve certain certificates before moving onto university where she received a loan from the National Board of Education.

The home Sharon lived in underwent several name and management changes whilst she lived there, first being known as Thamini Children's Home. Sharon loved the Thamini Home, it was "really comfortable". After it was taken over by Lovely Homes, a Canadian Missionary charity, her care became more complicated. Both at the time and reflecting on it, Sharon is suspicious of the staff's motivations to care. "They messed us up a lot... the changes disturbed me". The lack of transparency and honesty was always a source of distress for Sharon.

"I received everything. Clothes, shelter, education, food etc. But the emotional support was never there".

Through the discussion, Sharon opened up about the darker experiences of her childhood at the care centre. Although physical violence from staff members was rare, bullying and abuse amongst children was commonplace. It is only after finding enough distance from her experiences that Sharon can vocalise them. Sexual abuse was known, but never reported. The centre's staff, the figures Sharon should have found comfort in, simply told her to stay quiet, "don't lie" about being abused. Sharon reflects on her sense of loneliness and abandonment as growing from being discouraged to share any traumatic experiences.

Eventually, Sharon met her mother in an organised reunion. Sharon never wanted it, vocally protesting her mother's attempts to reconnect.

"I just wanted to meet her and leave it at that. I don't want a bond with her".

"Do you still have any connection with peers from the care centre?"

"No, not really. We're all struggling on our own".

Sharon feels failed by both family and institutions.

Sharon is deeply cynical about reuniting children in care with their family. She's lived the reality that awaits children who are sent back to unprepared or unwilling families, finding herself alone once again.

Nevertheless, through the trials of a childhood in care, Sharon has found a sense of purpose and meaning. She has drawn value and lessons from her experiences, but never wishes them unto another child in care.

7.4 NARRATIVE INTERVIEW WITH NATHALIE FRANK

CITIZENS 4 CHANGE

Tanga, 23rd November 2022

Background

Nathalie is a 20-year old nursery school teacher from Iringa. She was brought up in a care centre in Tanga where she now lives. This case study follows Nathalie's journey through childhood and her reflections on life at home and in a care centre.

Case Study

Nathalie was orphaned when she was five-years-old. She has no memories of her parents but recalls being adopted by a family relative into his home in Tanga. Nathalie's now step-mother quickly took a dislike to her.

"The short reason why is because I have HIV which I inherited from my parents".

The stigma around HIV/AIDS in Tanzania remains an issue for many. Nathalie was constantly othered and excluded by her step-mother, not allowed to drink the water in the house, sleep on a mattress, or go to school. She was even hidden from guests who visited.

Eventually, the neighbours raised their concerns and sought out the help of a nearby care centre. After a year of "torture" living with this step-mother, Nathalie was taken into the care of a group of nuns.

"Even though I was small, I was involved in the decisions made".

The care centre was funded by donors, sponsors, and the farming done by the same nuns. They bought Nathalie new clothes, enrolled her in school, and provided the support she had been deprived of. Nathalie always felt they were experienced and safe carers.

Although Nathalie never had a personal sponsor, visitors often came to the centre. When she was younger, she genuinely enjoyed singing and dancing for visitors. As she grew up, she felt ever more looked down upon by visitors for being an orphan.

"Visitors would spray themselves (with sanitiser) after touching me… it made me feel so low".

Seeing parents visit their children was a further source of pain for Nathalie. Many children were in care as their parents couldn't afford to raise them themselves, but would nonetheless make the effort to visit. Nathalie has always longed to have such loving parents.

Nathalie finished primary and secondary school with the help of the centre, but struggled with bullying and social exclusion. Nevertheless, her caregivers were quick to be there. As Nathalie struggled with eyesight issues, the nuns took her to receive treatment and glasses. They comforted her, looked after her wherever possible.

"When I was leaving (the centre) I found myself in tears… they were a mother to me".

Upon turning 18, Nathalie had to leave the centre. Her caregivers secured a job for her, found somewhere safe to live, and they remain in regular contact. She remains close to a few friends she grew up with and is learning to "let go of the mistreatment [Nathalie] faced".

"I think children from care centres are more gentle… they know how to live with people".

Nathalie still wishes she had parents, but never regrets the care she received at the centre. She strongly believes society and communities need to look after their children, providing care, attention, and support in desperate situations.

One day, Nathalie hopes to train as an art teacher.

7.5 NARRATIVE INTERVIEW WITH JUMA MANASE

CITIZENS 4 CHANGE

Dar Es Salaam, 8th December 2022

Background
Juma is a 20-year old student living in Dar Es Salaam and finishing his Secondary Education at a boarding school in Tabora. This case study follows Juma's journey into care and his reflections on its importance in his life.

Case Study
Juma was born and raised in the town of Njombe, southern Tanzania. He attended primary school until 13-years-old but his mother could no longer afford the fees. Forced to stay home, working on chores and raising his younger sibling, Juma felt trapped.

"I could only leave the house at 3pm and be home by 6pm … even the chickens are out longer than me!"

The burden of responsibilities and care was quick to overwhelm him. When visiting family in Morogoro, he seized the chance and ran away. Juma just started walking. Hitchhiking and sleeping wherever he could. Painting windows in towns along the way earned him enough for a bus fare to Dar Es Salaam. Upon arriving in Dar, he slept in a mosque and received some cash from the Imams. In a mix up, he was soon arrested by the police rounding up beggars in the city centre. Once he explained his story, the police asked if he would stay at the Good Hope Care Centre (Name changed) if they took him. He didn't hesitate to accept.

Juma has stayed at the centre for five years since.

The care centre was government owned but funded by donors. Various sponsors would visit, providing Juma with "a variety of different ideas, so it was a good thing". Juma strongly believes caregivers were professionals and nothing short of benevolent.

"They (his caregivers) say that losing a chance should never mean you lose your life".

Upon arriving at the centre, Juma felt "so new so [he] learned to accept everything". He was eager to return to school, never finding himself socially different to students from family homes.

"Even though I had caregivers, there was no difference between me and a child with parents".

The centre also covered the costs of any healthcare. "I wouldn't wait to be overwhelmed and sick before asking for help, I would always ask to go to the hospital even for small things".

On turning 18, Juma could not stay at the centre according to Tanzanian law. However, the centre has moved him into a house with a peer, and continue to pay for his school fees as he finishes Form Six in Tabora.

In the year approaching his departure from the centre, training on how to integrate with society and developing key life skills were held every holiday. After leaving, he remains in contact with his caregivers, regularly checking on his well-being.

Reflecting on his experience of care, Juma sees no harm from his life in care. It was an escape from a worse life. He hasn't contacted his mother since 2015 and doesn't plan to.

"Education is the most important. It doesn't have to be in a classroom, learning to live in society is the important skill".

8

APPENDICES.

8.1
DEFINING TERMS

Alternative care: This includes formal and informal care of children without parental care, including kinship care, fostercare, other forms of family-based or family-like care placements, supervised independent living arrangements for children and residential care facilities.

Foster-care: Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved and supervised for providing such care. In the context of Tanzania this often takes the form of the Fit Person programme.

Kinship care: Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature. Kinship care is both a form of permanent family-based care and a form of temporary alternative care.

Fit family / persons: Is a person of full age who is of high moral character and integrity and of sound mind who is not a relative of the child and capable of looking after a child, and has been approved by a social welfare officer as being able to provide a caring home for a child

Supervised independent living: Settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers.

Institutional care: Large residential care facilities, where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity.

Residential care: Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.

Small group homes: Where children are cared for in smaller groups, with usually one or two consistent carers responsible for their care. This care is different from foster-care in that it takes place outside of the natural 'domestic environment' of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children. Small group homes may be community based or run by institutions such as a SOS.

8.2 THE SURVEY QUESTIONNAIRE

This survey was translated and delivered in Swahili using the Sprockler mobile app

Survey intro & consent

We have come here on behalf of the FFCT, Pamoja Leo, Railway Children (name as appropriate). We are collecting information from adult citizens to enable our organisations to better understand the nature of support that surrounds vulnerable children. Your responses will be confidential, and you can leave the interview at any point with no repercussions. If you indicate that you, or someone in your household, may have been the victim of abuse or is currently experiencing harm I am obligated to report that to the Village Executive Officer and District Social Welfare Officer who may conduct an investigation. This survey will take 20 minutes.

Do you consent to participate in this survey? Yes No

DEMOGRAPHICS

1.1 Your telephone number
1.2 Your name
1.3 Your year of birth
1.4 Your gender

1.5 Your location

REGION

Arusha
Dar es Salaam
Kilimanjaro
Mwanza
Tanga

DISTRICT

Arumeru	Moshi	Tanga City
Arusha	Muheza	Ubungo
Hai	Nyamagana	
Ilala	Pangani	
Ielemela	Same	

8.2 THE SURVEY QUESTIONNAIRE

1.6 Are you (Multiple choice)

- Child under 18 years
- Young person between 18 - 35 years
- Owner of a children's home owner
- Staff in a children's home
- Volunteer in a children's home
- NGO employee working in child protection
- Government social welfare officer
- Government community development officer
- Mother of a child who has spent time in care or been reunified
- Father of a child who has spent time in care or been reunified
- Sibling of a child who has spent time in care or been reunified
- Relative a child who has spent time in care or been reunified
- Fit person
- Local leader representing street or ward government
- Member of MTAKUWA child protection committee
- Health professional
- Community volunteer
- Child protector
- Adoptive or foster parent
- Other, please elaborate

1.6.1 As a child did you experience any of the following? (Multiple choice)

- Living on the streets
- Living in a child-headed household
- Working on the streets
- Services offered by drop-in centres
- Living in a children's home
- Living in a safe house
- Living in a small group home in the community
- Living in an institutional group home (like SOS)
- Supported into independent living
- Spending time in a remand home
- Living with a foster carer, kinship carer or adoptive parent
- Living with a fit person (Mtu wa kwaminika)
- Reunification with your family

1.7.1 Are you a registered organisation? Yes / No <if no skip to Q7.1.2>> If yes, what are you registered as

- Private business

- Community-based organisation

- National Non-Governmental Organisation

- International Non-Governmental Organisation

- Faith-based organisation

- Other

1.7.2. Do you have a licence to operate? Yes / No / Currently applying for a licence <if no skip to Q7.1.3>> If yes, what are you licenced as?

- Boarding school

- Children's home

- Day care

- Day school

- Safe house

- Other

- Skip

1.7.3 What other services do you provide? (Multiple choice)

- Run a children's home

- Refer children to other services

- Family reunification

- Family strengthening

- Support vulnerable children with school fees

- Provide vocational training

- Foster care with a non-relative

- Kinship care with a relative

- Placement with fit persons

- Facilitate adoption

- Street work

- Youth work

- Support children in their families.

- Other

1.7.4 What is the age range of the children you serve? (Multiple choice)

- Babies (1-18 months)

- Toddlers (18 months - 3 years)

- Early childhood (3-5 years)

- Middle childhood (5-11 years)

- Adolescence (12 - 18 years)

- Young adults (18+ years)

2. Social expectations: The following questions ask you to reflect on what people in this community do or think they should do, when a child is vulnerable.

- 2.1. What do people do if a child's mother dies?

- 2.2 What do people do if a child's father dies?

- 2.3 What do people do if both parents die?

- 2.4 What do people do if a child is found abandoned?

- 2.5 What do people do if a child is experiencing violence?

- 2.6 What do people do if the child lives in poverty?

- 2.7 What do people do if the child has a disability?

- 2.8 What do people do if the child has behavioural problems?

- 2.9 What do people do if someone offers the opportunity for a child to access residential care &/or education?

3. Reference groups: Who are the top 3 people that you go to when a child is vulnerable and needs help?

**3.1 What is the name of the #1 you go to when a child is vulnerable and needs help?
What is the telephone number of that person? (#1)**

What is their role? (Multiple choice)

- Community Based Organisation
- Children's home
- Community Development Officer
- Councillor
- Religious
- Friend

- NGO
- Police
- Your parent
- Your sibling
- Other relative
- Social welfare officer

- Street or village chairperson
- Tea
- Ward Executive Officer
- Other

Why do you go to them? (open-ended)

3.2 Name #2:

Role (Multiple choice)

- Community Based Organisation
- Children's home
- Community Development Officer
- Councillor
- Religious
- Friend
- NGO
- Police

Why do you go to them? (open ended)

3.2 Name #3:

Role (Multiple choice)

- Community Based Organisation
- Children's home
- Community Development Officer
- Councillor
- Religious
- Friend
- NGO
- Police

3.4 Why do you go to them? (open ended)

Telephone number #2:

- Parent
- Sibling
- Other relative
- Social welfare officer
- Street or village chairperson
- Teacher
- Ward Executive Officer
- Other, please elaborate

Telephone number #3:

- Your parent
- Your sibling
- Other relative
- Social welfare officer
- Street or village chairperson
- Teacher
- Ward Executive Officer
- Other

4. Belief systems about children's needs: To what extent do you agree with the following statements?
Responses on a scale: 7 - Strongly agree, 6 - Agree, 5 - Slightly agree, 4 - Neither agree nor disagree, 3 - Slightly disagree, 2 - Disagree, 1 - Strongly disagree

- To what extent do you agree that it is best for children to grow up with their families as long as its safe?

- To what extent do you agree that residential care homes are a good care option for children who experience conflict and violence in their own family?

- To what extent do you agree that residential care homes are a good care option for children whose families are poor, and unable to provide for their basic material needs?

- To what extent do you agree that residential care homes are a good care option for vulnerable children because they offer children access to education?

- To what extent do you agree that it is better that a child who is on the streets be cared for in a residential care home than remain on the streets?

- To what extent do you agree that children who grow up in a residential care homes are harmed by the experience?

- To what extent do you agree that all children in residential care homes should continue to have contact and the opportunity to build relationships with their families?

5. The next five questions ask you about your motivation to support vulnerable children

- How important is it to prevent children from being separated from their families?
  - Not important
  - Less important
  - 50/50
  - Important
  - Very important
- How important is it to have residential care centres for children who cannot safely live with their families?
  - Not important
  - Less important
  - 50/50
  - Important
  - Very important
- How important is it to strengthen families?
  - Not important
  - Less important
  - 50/50
  - Important
  - Very important

This year, what action have you personally taken to strengthen families so that they can care for children? (Predetermined responses)
  - No action
  - Raise awareness about children's rights
  - Reported violence or abuse to the authorities
  - Helped child access education
  - Took a child into my home
  - Referred a vulnerable child to a residential care home
  - Parented positively or encouraged another adult to do so
  - Donated money or gifts
  - Helped a young person to keep themselves safe
  - Participated in training
  - Provided training to others
  - Other, please elaborate

8.2 THE SURVEY QUESTIONNAIRE

Would you like to continue to participate in efforts to end institutional care of children in Tanzania?

Yes / No

- If yes, how are you keen to become involved
- Respond to surveys
- Participate in training
- Take in & care for a non-biological child
- Take in & care for a related child
- Advocate for care reform
- Other, please elaborate

8.3 THE NARRATIVE INTERVIEW GUIDE

This was translated and delivered in Swahili

Introduce study, & obtain consent

We have come here on behalf of the FFCT, Pamoja Leo, Railway Children (name as appropriate). We are collecting information from people who spent time in care as children to enable our organisations to better understand the nature of support that surrounds vulnerable children and the effects of living in a residential care home on young people's lives. Your responses will be confidential, and you can leave the interview at any point with no repercussions. We understand that this may be difficult to talk about and can provide referral to support services if needed. It is fine to skip certain questions if you feel they are difficult to respond to. If you indicate that you, or someone in your household, may be experiencing harm I am obligated to report that to the Village Executive Officer or District Social Welfare officer who may conduct the investigation. The interview will take between 60-90 minutes.

Do you consent to participating in this interview? Yes / No

Do you consent to us writing up your story as a case study, whilst maintaining your anonymity? Yes / No

1/ Could you tell me about yourself?

- What is the name you go by?
- Would you like to receive the findings from this study? If so, what is your telephone number or email address?
- How old are you?
- Are you currently single or married? Do you have children?
- Are you currently employed?

2/ Could you describe what happened in your life that resulted in you ending up in a residential care home?

Probing questions

- Could you walk me through step by step what happened?
- How long were you in care?
  - How many different residential care homes did you live in?
- At each point who were the key individuals who made choices about your care?
- How much were you consulted about what you wanted in terms of your care?
- Who was running or volunteering in the care home?
  - What do you think was their motivation for running the care home?
  - Was the home funded locally or internationally?
    - Did you have a relationship with sponsors or donors?
      - If yes, how did you feel about having a sponsor?
    - What do you think are the positive and negative aspects of having long and short-term volunteers in residential care?
    - If visitors came to the centre were you expected to perform?
      - How did you feel about singing or dancing for visitors?
- Was there any support available for your family other than providing you with residential care?
  - Was your education funded by the organisation? To receive this support did you have to stay in the residential care home or could you have returned home and still received educational support?

3/ Could you describe your time living in care?

Probing questions

- What did you think would happen when you entered the residential care home?
  - Is that what actually happened?
- How safe did you feel living in the residential care home?
  - How physically safe did you feel?
  - How psychologically safe did you feel?
- While you were in care, what types of care and support did you receive?
  - Do you think there were sufficient, trained caregivers in the home?
- What was your relationship with your family like whilst you were in care?
  - Did the residential care home welcome visits or in other ways support contacts with your family while you were there?

4/ Could you describe how your time in care came to an end?

Probing questions

- When did you leave the last residential care centre you had lived in? How old were you?
  - Why did you leave care?
    - Was it because of your age?
    - Because you reunited with your family?
    - Because you ran away?
    - Because the residential care home closed?
- Were you prepared for leaving the residential care home?
- Was any attempt made at family reunification before then?
  - How did you experience that?
- Were you prepared to leave care and become self-reliant as you entered young adulthood?
- What support do you think should be provided to ensure that children and young people are successfully integrated into families and communities? (Including preparation for leaving care, support reuniting with families, and support after care)

5/ As you reflect on your life after leaving care

Probing questions

- How do you think spending time in care as opposed to your family has affected you? (Your sense of self, your opportunities, your relationships with your family)
  - Please give us some examples of the impact of residential care on your life.
- Do you have any regrets?
  - If your care journey could have been different what would you have wanted?
- Did you stay connected with the staff, sponsors or friends from your time in care?
  - How supportive are those relationships now?
- In your opinion, what are the positive and negative aspects of having long and short-term volunteers in residential care?

5/ Thinking about opportunities for care reform

Probing questions

- Can you see any particular risks that children face when they grow up in care?
- Do you think there are better ways to support vulnerable children?
- Are there reforms in the social welfare system that you would recommend in order to better protect vulnerable young people?
- Are you interested in getting involved in care reform / changing the way vulnerable children are supported in Tanzania?
  - And if yes, in what ways?

Is there something in particular that you would like to recommend to decision-makers with power over the way Tanzania cares and supports vulnerable children?

Next steps

- Would you like to participate in an online validation meeting that will include FFCT members and staff from the partner organisations where we will share the research findings? Yes / No

- Would you like to receive a copy of the findings? Yes / No

  - If so, what would you prefer?

    - By email

    - By SMS

  - Please give us your contact details