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Protective factors promoting participatory rights for early childhood children in residential care facilities in Harare, Zimbabwe

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ABSTRACT

This qualitative study explored protective factors in implementing participatory rights for six-to-seven-year-old children living in seven residential care facilities in Harare, Zimbabwe. The study consisted of seven semi-structured interviews using open-ended questions with seven directors. The residential care facilities were purposefully sampled based on the style they adopted, namely five homes adopted the household unit and two the dormitory style. Through thematic data analysis, four themes were identified that promoted protective factors for implementing participatory rights of children in the early years of development residing at the homes, namely: the use of an open-door policy, the household unit style, foster care intervention programmes, and the availability of mass media. Based on the findings several recommendations are made on how to further protect the participatory rights of the children. Although the study was conducted in Zimbabwe, it has global value because there are residential care facilities in all countries.

KEYWORDS

African charter on the rights and welfare of the child; residential care facility; participatory rights; protective factors; six-to-seven-year-old children; United Nations convention on the rights of the child

Introduction

Our study investigated the implementation of participatory rights for six-to-seven-year-old children in seven residential care facilities in Harare, Zimbabwe. This is a rarely researched cohort as previous studies have focused on preschool and education in the early years (Juaristi, Larrea, and Muela 2024; Papakosma 2024). This could mean that their concerns are usually not given full attention. Children in early childhood, also termed early childhood development (ECD), refers to children below the age of eight years (Minnet 2010). Internationally, the term ‘early childhood’ was first recognized in 1990 at the Jomtien Conference in Thailand. The conference was a follow-up to the UNCRC of 1989 to ensure that children’s rights in the ECD phase are promoted (Alderson 2016). In Zimbabwe, the term ECD was first recognized in 2004 when the Secretary Circular 14 of 2004 ordered government schools to have an ECD class A which included three to four-year-olds and class B which included four-to-five-year-olds. This study

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focused on the seven directors who were managing the residential care facilities. Some of the reasons why children end up in children's homes are because they are orphaned, their parents may be alive but not in a position to take care of them, and some may be from abusive backgrounds (Nazeer and Khurram 2017). Therefore, the general belief that all children in residential care facilities are orphaned, is sometimes incorrect.

Save the Children South Africa (2018, 4) says 'Child participation refers to the active involvement of children in the decisions, processes programmes and policies that affect their lives'. Despite that, these children are in the ECD category and are raised in residential care facilities they have a say in matters that impact their wellbeing such as protective factors that promote the implementation of their participatory rights. However, these factors, especially regarding the ECD cohort, are underresearched, from both adult and children's perspectives. This study aimed to address this research gap by enquiring how six-to-seven-year-old children's participatory rights were implemented since they are not often given priority in residential care facilities. This is a crucial area of study because six-to-seven-year-old children, despite being young, have participatory rights, of which the protective factors promoting their implementation need to be investigated. The research question addressed by this study is: What are the protective factors promoting the implementation of participatory rights for ECD living in residential care facilities in Harare, Zimbabwe?

Zimbabwe ratified the UNCRC of 1989 in 1990 and signed an agreement to uphold the rights of children. This means as a state, Zimbabwe must ensure that children participate in matters that affect them as espoused in the UNCRC of 1989. We were thus, compelled to carry out this study to find out about the protective factors promoting the implementation of participatory rights of ECD children in residential care facilities of Harare.

Gillett-Swan and Sargeant (2018) believe that freedom of expression is a worldwide right guaranteed by several international and regional human rights legal frameworks, however, disparity exists in how it is applied to special groups. ECD children in residential care facilities are classified under the special group of orphans and vulnerable children (OVCs) and hence may not be accorded their participatory rights. OVCs are in most cases socially excluded, as they are stigmatized and discriminated against because society does not always consider them of value (Kibachio and Mutie 2020). This is because they are seen as young, naïve and incapable of making reasonable contributions to society or their lives. This is worrisome, as all children should be considered important despite their circumstances and challenges.

Residential care facilities in the African context

Residential care facilities also known as children's homes, residential care facilities or orphanages in some countries are facilities providing care and support for children who are no longer able to live with their families (Gallagher Convention Centre 2023). These residential care facilities employ trained and qualified personnel to nurture the children. UNCRC (1989) supports residential care facilities, as article 20 says that when a child is deprived of a family environment, then placement in suitable institutions is necessary for the children's care.

The idea of residential care facilities is a Western idea which was introduced by missionaries to care for abandoned children (Akintayo 2021). In the African context, such

children are expected to be cared for by relatives or extended family members based on the African proverb that says, 'It takes a village to raise a child'. The acceptance of sending children to residential care facilities suggests that the proverb and the ideology of ubuntu are being eroded. Ubuntu is a concept which highlights the mutual reliance of individuals on one another and emphasises the importance of recognizing one's obligations to both fellow humans and the surrounding environment (Masondo 2017). This means that in cases when a child needs family care, in the absence of biological parents, extended family members and the community are obliged to contribute and assist. Gwenzi (2019) argues that nowadays, the family structure is often in the form of residential care facilities.

Residential care facilities, although an alternative to childcare, come with their own challenges. These challenges form part of the debates about residential care facilities in the African context. Traditionally, the majority of African cultures prefer community-based care and familial responsibility towards children who find themselves in precarious situations (Davidson et al. 2017). The option of residential care facilities sometimes clashes with these values, resulting in debates about the appropriateness of such facilities. There are also concerns over the quality of care in residential care facilities due to issues of poor funding, leading to insufficient staff, unfavourable living conditions and inadequate healthcare services (Frimpong-Manso, Agbadi, and Deliege 2022). The placement of orphans and vulnerable children in residential care facilities further raises discussions on concerns about children's rights, for example, whether this arrangement meets the best interests of the child (Goldman et al. 2020). Hence, family and community care approaches are preferred in the African context. The feasibility of residential care facilities in the African context is further challenged by the high costs of setting up and maintaining them, which in some cases can result in unfavourable outcomes for children. Owing to the high costs involved and limited capacity, only a few children are assisted, leaving many who need such support to suffer. These complexities have led to activists of children's rights advocating for better standards in residential care facilities.

The Ubuntu ideology which emphasizes the importance of community and relationships can be implemented to foster the support and creation of safe environments for children to ensure that protective factors that promote their participatory rights are strengthened. Ubuntu takes a collaborative approach to decision-making that prioritizes the perspectives of children (Masondo 2017). By engaging young individuals in conversations regarding their lives and rights, they develop a sense of agency and self-assurance, equipping them with the skills to advocate for themselves and their peers.

The African Charter on the Rights and Welfare of the Child [ACRWC] (1990) recognizes that childhood constitutes a unique and significant phase of human development. This highlights the necessity of considering children as active agents in their own existence and communities, rather than simply as passive recipients of adult care. In terms of participatory rights, Article 12 of the Charter explicitly emphasizes the entitlement of children to articulate their opinions freely regarding all issues that affect them and to fully participate in cultural and artistic life (ACRWC 1990). Article 4 of the Charter also says that children capable of communicating their views should be allowed an opportunity for their views to be heard (ACRWC 1990). This participatory framework promotes children's involvement in decision-making processes and cultivates a sense of autonomy. Therefore, residential homes need to promote the participatory rights of children as advocated by the African Charter.

Residential care facilities in Zimbabwe

According to Gwenzi (2019), in Zimbabwe, a residential care facility is a registered form of alternative care for children who can no longer be cared for by their biological families. In both definitions, the common feature is that such institutions care for disadvantaged children. In Zimbabwe, there are two types of residential care facilities, namely the household unit style and the dormitory style. The household unit style replicates a family environment where a small number of children are cared for by a caregiver (Gwenzi 2019). The dormitory style is a conventional institution style in which a large number of children are housed in dormitories and under the care of a few caregivers (Kamwendo 2023). In this study, residential care facility A had 100 children and residential care facility F had 85 children. The residential care facilities in Zimbabwe are registered under the Ministry of Public Service Labour and Social Welfare (MoPSLSW). The National Orphan Care Policy (1999), designed by the Government of Zimbabwe (1999) says institutionalization should be the last option after all other avenues like adoption, extended families have been exhausted. Despite being the last resort, several circumstances like orphanhood, poor economic situation, natural disasters and unemployment in Zimbabwe have led children in this country to be in residential care facilities (Gwenzi 2019). This shows the importance of residential care facilities in providing an enjoyable childhood for children from difficult backgrounds. These residential care facilities are therefore mandated to promote all children's rights including participation rights.

Defining children's rights

According to Alderson (2016), children's rights are human entitlements that should be accorded to children, such as the right to freedom of association and to be treated equally. Children should be accorded their rights because they are human beings just like adults. Children's rights are classified into three categories, namely provision, protection and participatory (Alderson 2016). Provision rights see to it that the well-being of children is catered for, protection rights ensure the safety of children, and participatory rights ensure that children participate in matters that affect their lives. This study focuses on participatory rights because they are the most controversial and adults are not always willing to accord children these rights.

Concept of participation

Participatory rights were explored in this study as they ensure that children take an active role in every decision that affects their lives. Lansdown (2014) further consolidates that participation is about children having the opportunity to express their views to influence decision-making processes. Child participation is important because it is a tool children can use to realize other rights. Participatory rights are conceptualized in several articles of the UNCRC of 1989 namely articles 12 and 13 (freedom of expression), article 14 (freedom of thought), article 15 (freedom of association) and article 17 (have access to information) (McMellon and Tisdall 2020). Hence, ECD children ought to be accorded these participatory rights. UNCRC (1989) articles 12 and 13 state that children have a right to express their views, article 15 stipulates that children have the right to interact

with others and article 17 mentions that children should be given the right to access information which may impact their lives. The gap in the UNCRC of 1989 is that it does not specify the actual age range when the children can exercise these rights. Therefore, when children are accorded these rights, adult guidance is needed to assist with informed decision-making.

In the South African context the Children's Act 38 of 2005, section 129 observes that children may participate in consenting to their medical treatment at the age of 12 years and above (Ganya, Kling, and Moodley 2016). However, child participation remains limited based on situations. For example, children do not have the constitutional right to vote until they are over 18 years. Although the six-to-seven-year-old age group is still young, they have a voice in certain circumstances as adults should not dictate everything to them. There is a need for adult guidance, with the best interests of the child being put first (UNCRC 1989: Article 3) when giving children participatory rights. For example, children cannot be given the liberty to choose anything that can endanger them just because they have the freedom to choose. In this way, they would be acting against their best interests.

Protective factors promoting children's participatory rights

UNICEF (2021) found that protective factors are attributes that lessen or eradicate risks, thereby increasing the health and well-being of children. This may include factors like a child-friendly environment, mechanisms put in place to promote the right to be, and adequate resources. Due to the scope of this study, not all factors are discussed. Protective factors like a friendly environment with accommodative adults ensure that children freely express their needs ensuring that participatory rights are met.

For participation rights to be effectively exercised, there is a need for a child-friendly environment which is safe and has trusting adults who create opportunities and motivate children to participate. A child-friendly environment entails creating possibilities for children to be independent and have a platform to participate to their fullest potential (Bettmann, Mortensen, and Akuoko 2015). Bettmann et al.'s (2015) study in Ghana further revealed that mother-type love attention is a protective factor required by children in orphanages so that they are empowered to participate. This implies that to promote the right to be heard, caregivers should act as *loco parentis* for the ECD children in residential care facilities.

The household unit style is also a protective factor that may aid in promoting the right to be heard and to choose. McGinnis (2021) study established that most of the residential care facilities in South Korea had household units of seven to 10 children with full-time caregivers so that children could have a close relationship with caregivers to express their concerns. Such an opportunity may be difficult in a dormitory style where the child-caregiver ratio is usually high making it difficult for the caregivers to listen to all the children. Similarly, in Zimbabwe, Sibindi and Dube (2016) noted that in most residential care facilities, children live as a family unit, and choose clothes to wear and food to prepare and eat, as they would in a normal home. Thus, it can be argued that the type of living style used in a residential care facility can either enable the effective implementation of participatory rights or hinder them.

Theoretical and conceptual foundations

The rights-based framing of participation underscores that participation is not merely a privilege but a fundamental right for individuals, especially children (Alinovi 2022). Rights-based framing of participation is informed by children's rights as prescribed in the legal instruments namely the UNCRC (1989) and the ACRWC (1990). It entails that each person has the inherent right to express their opinions and engage in the decision-making processes that affect them making participation legal and ethical (Alinovi 2022). This calls for residential care facilities to take a rights-based approach to ensure that children's participation rights are promoted.

Furthermore, the social constructivist framework, which is founded on the view that realities are socially constructed for the persons who hold them (Pilarska 2021) informed the study. The theory denotes that knowledge is created through interactions with others and influenced by the cultural, historical, and social environments in which individuals live (Pilarska 2021). This means that knowledge creation is shared through negotiations and different experiences. In this study, the social constructivist paradigm allowed the researchers to explore the views of directors on the protective factors that promoted the implementation of participatory rights in the sampled residential care facilities.

The study was further informed by the theoretical foundations of Bronfenbrenner's bioecological systems theory which were developed to explain how development reflects the influence of several environmental systems (Bronfenbrenner 1979). Bronfenbrenner (1994) designed a bioecological systems model and labelled different aspects of the environment that influence children's development, namely the microsystem, meso-system, exosystem, macrosystem and chronosystem. We chose this theory because the child's relationship with the immediate environment, the interconnectedness of the systems, laws governing a country and economic factors among others, have lasting impacts on the development of the child who is at the centre of the overlapping systems. If the existing systems impact the child positively, this creates protective factors that may promote the implementation of participatory rights in early childhood.

Methods

A qualitative approach was used in this study because we sought to understand the phenomena of people's lives in a context-specific setting (Cypress 2021). Thus, a qualitative approach was applicable in investigating the protective factors promoting the implementation of participatory rights for ECD children in Harare. A multiple case study design of seven residential care facilities was used. Although making use of a multiple case study is expensive and time-consuming (Remenyi 2022), this enabled us to obtain rich data which we used to understand the phenomenon (Gustafsson 2017), in this case relating to protective factors promoting the implementation of participatory rights for ECD children in the selected residential care facilities in Harare.

Sampling and sample

Purposeful sampling was used as it targets the sample with appropriate data (Creswell 2013). The sample included seven residential care facilities, five adopting the household

unit style and two the dormitory style in Harare, Zimbabwe. All the residential care facilities were registered under the Ministry of Public Service Labour and Social Welfare (MoPSLSW). The selected homes were given codes from home A to home G, hence DFA meant director from residential care facility A while DFG meant director from residential care facility G. Homes B, C, D, E and G were household styles and Homes A and F were dormitory styles. The criteria for selection were that the directors must have resided in the residential care facilities for at least one year. Directors could be of any age, gender or race and four were male and three were female. There were six Black African directors and one White director. A director in Zimbabwe should have a master's in social work. The six directors were suitably qualified; however, one director only had a Diploma in Social Work. All the directors were 38 years or older and all had more than 10 years' working experience.

Data collection

Semi-structured individual interviews were used to collect data since they gave us room to ask open-ended questions based on the topic under investigation (Adeoye-Olatunde and Olenik 2021). Ponizovsky-Bergelson et al. (2019) believe that the goal of qualitative interviews is to produce rich data; therefore, the interview guides consisted of open-ended questions on the protective factors promoting the implementation of participatory rights to allow participants to provide rich data without limitations. An example of an open-ended question used in this study was 'What are the factors that enable you to promote participatory rights for the six-to-seven-year-old children in your home?' Directors responded in English as they were more comfortable expressing their views in this medium.

Trustworthiness and ethical considerations

The University of Johannesburg Ethics Committee granted permission to carry out the study under the ethics clearance number Sem-1-2021-048 because the authors are affiliated with the University of Johannesburg. Confidentiality and anonymity are ethical practices that protect the privacy of human subjects in research when collecting, analyzing and reporting data (Allen 2017). Therefore, participants were assured of confidentiality by using private rooms for interviews and were accorded codes for anonymity instead of using their real names. Generally, participants were comfortable with sharing their views as they were mainly positive. To avoid any conflicts among different gatekeepers, permission was sought from the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) in Zimbabwe before approaching the directors responsible for the homes. The researchers were aware of the potential inherent researcher-participant power imbalances where the participants could feel pressured to agree to participate given that the researchers had permission from higher authorities. Therefore, participants were informed that participation was voluntary, and they had the right to withdraw from the study at any point without negative consequences. The directors signed the consent forms before the face-to-face interviews. To avoid the challenges of informed consent, the researchers used simple terminology and the language participants were conversant in to explain the research protocols. The researchers also explained the

aims and requirements of the study, including the benefits and potential risks to ensure that the participants were well informed. Participants were given the opportunity to ask questions before commencing data collection to clarify any concerns. The transcribed data was encrypted and stored in a password-secured external hard drive only known by the researchers.

Transcriptions and data analysis

Our study used thematic data analysis following the six-step sequential method for identifying, analysing and reporting themes within data given by Braun and Clarke (2006). Braun and Clarke (2006, 78) state that thematic analysis is a vital qualitative method that should be learned by researchers as ‘it provides core skills that will be useful for conducting many other kinds of analysis’. In step 1 we looked through the transcribed data from the audio recordings to become familiar with it. Step 2 involved coding and categorizing the repeated data in line with protective factors promoting the implementation of participatory rights. We identified patterns from the codes in step 3 from the directors’ recurring responses. Themes were reviewed in step 4, and valid data remained to answer the research questions on protective factors that contributed to the implementation of participatory rights for ECD children in the residential care facilities of Harare. Lastly, we conceptualized and attached meaning to the themes. We further refined the themes and used them in the report writing supported by direct quotes from the directors. Relevant literature and Bronfenbrenner’s (1995) bio-ecological system theory were integrated into the discussion of protective factors identified in the study.

Results

The findings of the study indicated four protective factors promoting the implementation of participatory rights. These formed the four themes: the use of the open-door policy, the use of the household unit style, the foster care integration programme and the availability of mass media.

Use of the open-door policy

The open-door policy in residential care facilities promotes the child’s right to be heard – this entails listening to the voices of children when they express their thoughts, needs and feelings. In this study, the open-door policy referred to allowing children the freedom to exercise their right to be heard without any limitations, as DFD (female: household style) said: ‘Firstly, I encourage the children to come straight to my office if they have any problems. The children can also go to any mother [caregiver] that the child feels comfortable talking to’. At Home F, DFF (male: dormitory style) shared:

... my six-to-seven-year-old children they are free to come directly to me. I am their father and a child should be free to say anything to the father or mother that is how I raised my children. The children can also talk to the caregivers. We always organize in-house training so that our caregivers are attentive and listen to the needs of the children.

Use of household unit style

All directors indicated that using the household unit style promoted the participatory right to choose. This entails that children should be allowed to have their own thoughts and opinions, for example, what they can eat and wear as long as it does not stop others from enjoying their rights. DFC (female: household style) said:

We used to have a dormitory style but we changed that style because we want our children to learn to participate in their daily living. Also in their households, we encourage our caregivers to involve the six-to-seven-year-old children in all decisions in the home. They agree with the children on what to cook for that day and our caregivers go with the children to the storeroom so that the kids choose clothes on their own.

In home D, DFD (female: household style) concurred: 'We are now using the family set-up since it enables our children to take part in everyday decisions like what to cook, how to arrange furniture as well'. DFA (male: dormitory style) had this say:

Another issue because of the dormitory style, especially the six-to-seven-year-old children do not participate on what they want to eat. When we cook beans, we expect them to eat the beans. On the school, they do not choose which school to go to, they are just told you are going to this specific school except for those who have excelled, they choose which school to go to if finances permit. So, the participation right at this home is not feasible to a higher extent since the style of the home is not a family unit.

Use of foster care integration programme

The use of the foster care integration programme also promoted the implementation of the right to freedom of association. In Zimbabwe, the foster care integration programme is an initiative by the Department of Social Development (DSD) where community members offer to foster children in residential care facilities by contributing to their welfare. This is done through staying with them during weekends or holidays, with the possibility of fully adopting them when they exit the facility. While children are allowed to build friendships and relationships with other people, restrictions on the exercise of this right are only allowed in line with the laws and necessities in a democratic society considering the best interest of the child. DFE (male; household style) shared:

The integration programme permits children to go in the community. We try that each child, (especially the young ones) has foster parents so that children have a feel of what community life is and be able to associate with other people in the community.

DFB (female: household style) shared the same views as DFE and explained:

'We also have this integration programme where we look for families who take our six-to-seven-year-olds for weekends and holidays. We do this so that we promote the right to freedom of association'.

DFC (female: household style) said:

'We are comfortable for our six-to-seven-year-old children to go out for our integration programme so that they have a change of environment and they interact with other people in a different setup'.

Availability of mass media

Our findings displayed that the availability of mass media enabled the residential care facilities to implement the children's participatory right of access to information. Children have the right to access information from different sources such as the Internet, radio and television. DFG (female, household style) contributed: "Watch television but under supervision. I have noted that grade ones and two children prefer to watch cartoons, dancing programmes and drama in local languages'. At home E, DFE (male: household style) said: "Each household has a tablet and we have Wi-Fi, we also subscribe the DSTV on monthly basis, we have radios and we have televisions in each household. Our six-to-seven-year-old children became aware of Covid 19 through the television'.

Discussion

The objective of this article was to explore the protective factors that contribute to the implementation of participatory rights in residential care facilities in Harare, namely an *open-door policy*, *household unit style*, *foster care integration programme* and *availability of mass media*.

An open-door policy

Our study exhibited that an *open-door policy* was used in all residential care facilities in Harare to promote the participatory right to be heard. Children have the right to freedom of expression (UNCRC 1989). For children to express their views freely, at the receiving end they should be listened to and heard. The right to be heard requires adults who listen to children deeply and seriously, give them due respect and consider their views (Boadu, Osei-Tutu, and Osafor 2020). Our study unveiled that children had the platform to freely voice their needs without fear of the caregivers or directors, unlike in Ghana, where children had emotional experiences as they feared the caregivers and were not able to express their needs (Boadu, Osei-Tutu, and Osafor 2020). Our study is significant as it showed that children expressed their needs to the directors and caregivers. The directors and caregivers were approachable which implied that there was a positive relationship between the ECD children and the adult residential care facility staff. This tallies with the bioecological systems theory that positive interactions in the microsystem enable positive and optimal child development (Bronfenbrenner 1994). In this respect, it can be argued that the microsystem was conducive for children to freely participate in expressing their needs in an open system, unlike a closed system where children's views are suppressed. This implies that policies and practices that allow children to express themselves and participate in decision making should be strengthened where they exist and introduced where they are non-existent. Our study was based on findings from adult perspectives. Therefore, directors may give socially desirable answers which may not portray the views of children. This implies that research needs to be extended to get children's views. Since according to the constructivist worldview knowledge creation is shared through negotiations and different experiences (Pilarska 2021), involving children in conversations about decision-making and allowing them to express their opinions allows them to exercise their agency and be active participants in matters that affect them.

Household unit style

The household unit style was also identified as a protective factor promoting participatory rights. The MoPSLSW through the NRCCS of 2017 encourages residential care facilities to use household units. These are smaller residential homes where children live as a family, hence, the MoPSLSW calls for the elimination of the dormitory style. Kostina's study (2020) in Myanmar shows that a dormitory style suppressed children's participatory rights as 90 children under the supervision of a few nuns (caregivers) were not provided opportunities to choose food and clothes. Thus, in our study, the reason why the directors supported the household unit style was to allow the implementation of participatory rights. This is further confirmed by Gwenzi's (2019) study which established that to promote child participation, most residential care facilities in Zimbabwe adopted the family-type approach to substitute the dormitory set-up that had been there before. Our findings indicate the need to transform the set-up styles used in residential care facilities. Although this can be a challenge given the high costs of adopting the household style, this needs to be made a policy requirement and a condition for operating residential care facilities to ensure participatory rights are advanced. In the existing dormitory styles, guiding policies and practices should be put in place that mandate caregivers to create opportunities for children to exercise their participatory rights. This could be done by allowing children to freely express their opinions and involve them in decision-making processes where necessary. Research could focus on feasible ways to develop and implement these policies and practices. We recommend that further research focus on the challenges impeding the implementation of participatory rights in dormitory-style homes and suggest possible solutions. Guiding principles on how participatory rights may be promoted in dormitory-style homes should be given by the MoPSLSW. The findings further imply the need for staff workshops on promoting participatory rights in dormitory-style residential care facilities.

In line with the bioecological system theory, the effective function of government ministries such as the MoPSLSW located in the macrosystem positively impacts the child's development (Bronfenbrenner 1994). In this respect, the MoPSLSW calls for residential care facilities to use the household style to promote participatory rights. Therefore, in a household unit style, children are likely to choose what they want to eat and wear among other things as there are smaller numbers of children to manage. Such opportunities align with the rights-based approach which recognizes that children have rights which they can claim and participate actively in decision-making processes that impact their lives (Alinovi 2022).

Foster care integration programmes

The introduction of a *foster care integration programme* was another protective factor as it allowed ECD children to enjoy the right to associate with other people outside the residential care facilities. Article 15 of the UNCRC says children have the right to freedom of association (UNCRC 1989). Since the National Residential Care Standards [NRCCS] (2010) says that children are not allowed to visit other places unaccompanied by adults, the foster care integration programmes are designed to promote interaction with the outside world by allowing children to go and visit or stay with other

members of their communities for a short while. This aligns with constructivism which says knowledge is created through interactions with others (Pilarska 2021). The interactions encouraged in this study enabled ECD children to become part of the bigger outside world where they could also learn about their participatory rights and how to exercise them. Community members termed ‘foster parents’ are those who apply to provide for the well-being of their children and collect them for weekends and holidays from the residential care facilities after meeting all the regulations set by the Department of Social Development (NRCCS 2010). Our study contradicts one done by UNICEF (2021) which found that in Ethiopian residential care facilities, there were no visiting policies as none of them referred to orphan children and the integration of children into society. Children in our study were allowed to leave the residential care facilities for weekends and holidays. The DSD should be commended for making efforts to enable children to associate with the larger community.

The DSD promotes the right to freedom of association on a broader scale. According to Bronfenbrenner (1994), a positive interaction between two microsystems at the mesosystem promotes positive child development. In our study, this was evident in the good relationships between the directors and the community members who volunteered to foster the children, which enabled them to enjoy their right to freedom of association with the outside world. Thus, the integration programme provided opportunities for children to exercise the right to freedom of association. Our study adds insight into the importance of involving the public in co-caring for children in residential care facilities – in line with the proverb ‘it takes a village to raise a child’ – to promote the implementation of participatory rights. Policies should, therefore, advocate more opportunities to promote the right to association for children by allowing them to interact more with the world outside their residential care facilities. In that regard, with adult guidance, children should be consulted on how they prefer to interact with others.

Availability of mass media

The directors indicated that mass media helped ECD children in residential care facilities to have access to current information. The UNCRC of 1989 (article 17) stipulates that children have the right to access information. Blanchard and Moore (2010) shared that digital media positively impacts the opinions of ECD children. Our study displayed that ECD children in all the homes had access to the radio, television and internet which equipped them with current information on the COVID-19 pandemic. These findings indicate a strength practised by residential care facilities in that they give children an opportunity to watch television programmes as a way of accessing information. However, this contradicts a Nigerian study by Adeyoyin et al. (2019) in two residential care facilities in Ogun State, which showed that children lacked access to health information because of a lack of resources like the internet, radio and television. Thus, our study is novel in showing the importance of giving young children access to appropriate information. Residential care facilities in Zimbabwe should be commended for providing this right to ECD children despite being young. This aligns with the bioecological systems theory where at the macrosystem level, mass media is a broader component which affects the child’s perception (Bronfenbrenner 1994). This further aligns with the rights-based

framing of participation which states that participation is not just a privilege but a fundamental right for individuals, especially children (Alinovi 2022). Hence, there should be policies mandating that residential care facilities expose children to appropriate mass media since it is their fundamental participatory right to access information. Given the challenges associated with inappropriate information on social media, this implies that there should be an adult supervision policy and relevant content so that children can enjoy their participatory rights in residential care facilities. Treating ECD children as immature and undeserving of this right contradicts the principles of the rights-based approach to children's rights.

Strengths and limitations of the study

Just like every study this one had the following strengths and limitations. The investigation of the six-to-seven-year-old range is one of the major strengths of this study as this cohort is usually not prioritized. Although the study used a small sample and was time-consuming, the in-depth qualitative analysis approach provided rich data on the phenomenon under investigation. Future researchers could focus on this phenomenon in other contexts like schools and prisons among others.

Conclusion

The findings exhibited some protective factors that promoted the implementation of participatory rights for the six-to-seven-year-old children in residential care facilities in Harare. These were an open-door policy, the use of a household unit style, foster care integration programmes and the availability of mass media. The protective factors in our study were aligned with the principles of the UNCRC (1989), and the African Charter (1990), which emphasize participatory rights for children. The study concluded that a few protective factors existed in the sampled facilities which promoted the participatory rights to early childhood in residential care facilities of Harare, Zimbabwe. This suggests that the residential care facilities could have been experiencing the many challenges associated with promoting children's rights as discussed earlier in the debates on the feasibility of such institutions in the African contexts. This calls for further research on how to increase protective factors that enable children to enjoy their participatory rights in such contexts. The findings of our study, although carried out in Zimbabwe, have global implications as the issue of participatory rights for children in general remains contentious.

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References

- Adeoye-Olatunde, O. A., & Olenik, N. L. 2021. "Research and Scholarly Methods: Semi-Structured Interviews." *Journal of the American College of Clinical Pharmacy* 4 (10): 1358–1367. <https://doi.org/10.1002/jac5.1441>.
- Adeyoyin, S. O., E. O. Ekundayo, O. Akinlade, and O. R. Ewulo. 2019. "Health Information for Vulnerable Orphans in Ogun State." *Health* 4 (1): 12–24.
- African Charter on the Rights and Welfare of the Child. 1990. *African Union Commission Bureau*. Addis Ababa.
- Akintayo, T. 2021. "Options for Africa's Child Welfare Systems from Nigeria's Unsustainable Multicultural Models." *Sustainability* 13 (3): 1118.
- Alderson, P. 2016. "The Philosophy of Critical Realism and Childhood Studies." *Global Studies of Childhood* 6 (2): 199–210. <https://doi.org/10.1177/2043610616647640>.
- Alinovi, M. 2022. A Child Rights-Based Approach To Participation In Education-Engaging Children As Agents Of Change By Integrating Participation As An Essential Component Of School Systems [Unpublished master's thesis]. University of Oslo.
- Allen, M. 2017. *The SAGE Encyclopaedia of Communication Research Methods*. Thousand Oaks: SAGE. <https://doi.org/10.4135/9781483381411>.
- Bettmann, J. E., J. M. Mortensen, and K. O. Akuoko. 2015. "Orphanage Caregivers' Perceptions of Children's Emotional Needs." *Children and Youth Services Review* 49 (1): 71–79.
- Blanchard, J., and T. Moore. 2010. The Digital World of Young Children: Impact on Emergent Literacy. <https://apo.org.au/node/20839>.
- Boadu, S., A. Osei-Tutu, and J. Osaford. 2020. "The Emotional Experience of Children Living in Orphanages in Ghana." *Journal of Children's Service* 15 (1): 15–24. <https://doi.org/10.1108/JCS-10-2018-0027>.
- Braun, V., and V. Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101.
- Bronfenbrenner, U. 1979. *The Ecology of Human Development: Experiments by Name and Design*. Cambridge: Harvard University Press.
- Bronfenbrenner, U. 1994. *Ecological Models of Human Development: An International Encyclopaedia of Education*, Vol. 3, 2nd ed. Oxford: Elsevier.
- Bronfenbrenner, U. 1995. *Developmental Ecology Through Space and Time: A Future Perspective*. Washington, DC: American Psychological Association.
- Creswell, J. W. 2013. *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. 4th ed. London: Sage.
- Cypress, B. S. 2021. "Asking "Meaning Questions" in Evidence-Based Reviews and the Utility of Qualitative Findings in Practice." *Dimensions of Critical Care Nursing* 40 (5): 288–294. <https://doi.org/10.1097/DC0000000000488>.
- Davidson, J. C., I. Milligan, N. Quinn, N. Cantwell, and S. Elsley. 2017. "Developing Family-Based Care: Complexities in Implementing the UN Guidelines for the Alternative Care of Children." *European Journal of Social Work* 20 (5): 754–769.
- Frimpong-Manso, K., P. Agbadi, and A. Deliege. 2022. "Factors Associated with the Family Reintegration Stability for Children with a Residential Care Experience in Ghana." *Global Studies of Childhood* 12 (1): 56–69. <https://doi.org/10.1177/20436106221077699>.
- Gallagher Convention Centre. 2023. *What is a Children's Home?* <https://www.ajg.com/uk/news-and-insights/2023/august/what-is-a-childrens-home/>.
- Ganya, W., S. Kling, and K. Moodley. 2016. "Autonomy of the Child in the South African Context: Is a 12-Year-old of Sufficient Maturity to Consent to Medical Treatment?" *BMC Medical Ethics* 17 (1): 1–8.

- Gillett-Swan, J., and J. Sargeant. 2018. "Assuring Children's Human Right to Freedom of Opinion and Expression in Education." *International Journal of Speech-Language Pathology* 20 (1): 120–127. <https://doi.org/10.1080/17549507.2018.1385852>.
- Goldman, P. S., M. J. Bakermans-Kranenburg, B. Bradford, A. Christopoulos, P. L. A. Ken, C. Cuthbert, and E. J. Sonuga-Barke. 2020. "Institutionalisation and Deinstitutionalisation of Children 2: Policy and Practice Recommendations for Global, National, and Local Actors." *The Lancet Child & Adolescent Health* 4 (8): 606–633.
- Government of Zimbabwe. 1999. *National Orphan Care Policy Reviewed 2020*. Harare: Government Printers.
- Gustafsson, J. 2017. "Single Case Studies vs. Multiple Case Studies: A Comparative Study." [https://www.divaportal.org/smash/get/diva2:1064378/FULLTEXT01.pdf%20\(1](https://www.divaportal.org/smash/get/diva2:1064378/FULLTEXT01.pdf%20(1).
- Gwenzi, G. D. 2019. "Representations of Family in Residential Care: Perspectives from Residential Care Staff in Zimbabwe." *Scottish Journal of Residential Child Care* 18 (2): 450–460.
- Juaristi, O., I. Larrea, and A. Muela. 2024. "The Enculturation Process in Early Childhood Education and Care: A Mixed Methods Study." *European Early Childhood Education Research Journal* 32 (4): 658–671.
- Kamwendo, L. 2023. "Challenges and Prospects of Children's Homes: Opportunities for Transition from Dormitory to Family Unit Setup." *The Fountain: Journal of Interdisciplinary Studies* 7 (1): 121–143.
- Kibachio, D. N., and P. M. Mutie. 2020. "Challenges Affecting Orphans and Vulnerable Children (OVCS) in Embu County." *International Journal of Sociology* 2 (1): 18–36.
- Kostina, O. (2020). "Myanmar: limitations and violations of children's rights in orphanages." Unpublished PhD thesis. Nova School of Law. <https://doi.org/10.25330/696>
- Lansdown, G. 2014. "25 Years of UNCRC: Lessons Learned in Children's Participation." *Canadian Journal of Children's Rights/Revue Canadienne des Droits des Enfants* 1:1. <https://doi.org/10.22215/cjcr.v1i1.12>.
- Masondo, C. N. 2017. "Enhancing the Effectiveness of Principals in Implementing Inclusive Education Using Ubuntu Approach" Unpublished doctoral dissertation. University of the Free State.
- McGinnis, H. A. 2021. "Expanding the Concept of Birthparent Loss to Orphans: Exploratory Findings from Adolescents in Institutional Care in South Korea." *New Ideas in Psychology* 63:100892.
- McMellon, C., and E. K. M. Tisdall. 2020. "Children and Young People's Participation Rights: Looking Backwards and Moving Forwards." *The International Journal of Children's Rights* 28 (1): 157–182. <https://doi.org/10.1163/15718182-02801002>.
- Minnet, P. 2010. *Child Care and Development*. 6th ed. London: Hodder Education.
- National Residential Child Care Standard. 2010. *Zimbabwe Public Service Labour and Social Welfare*. Harare: Government Printers.
- Nazeer, A., and S. Khurram. 2017. "Causes and Circumstances of Enrolment and Moving Out of the Children in Child Care Centres and Orphanages." Secours Islamic France. <https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/causes-circumstances-of-enrolment-moving-out-of-the-children-in-child-care-centers-o>.
- Papakosma, M. 2024. "Conceptualizing Diversity in ECEC Policy: Implications for the Role of Diverse Preschool in Sweden." *European Early Childhood Education Research Journal* 32 (4): 591–606.
- Pilarska, J. 2021. "The Constructivist Paradigm and Phenomenological Qualitative Research Design." In *Research Paradigm Considerations for Emerging Scholars*, edited by A. Pabel, J. Pryce, and A. Anderson, 64–83. Bristol: Channel View. <https://doi.org/10.21832/9781845418281-008>.
- Ponizovsky-Bergelson, Y., Y. Dayan, N. Wahle, and D. Roer-Strier. 2019. "A Qualitative Interview with Young Journal: What Encourages or Inhibits Young Children's Participation?" *International Journal of Qualitative Methods* 18:1609406919840516. <https://doi.org/10.1177/1609406919840516>.
- Remenyi, D. 2022. *Case Study Research: The Quick Guide Series*. Johannesburg: UJ Press.

- Save the Children, South Africa. 2018. "National Child Participation Framework." https://www.savethechildren.org.za/sites/za/files/migrated_files/documents/e32b69e4-157c-45f0-aa4d-2b8fcd63387c.pdf.
- Sibindi, L., and K. Dube. 2016. "The Efficacy of the Family-Based Model for the Care of Orphans at SOS Children's Village in Bulawayo, Zimbabwe." *International Journal of Humanities and Social Studies* 4 (11): 172–178.
- United Nations. 1989. "Convention on the Rights of the Child." <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>.
- United Nations International Children's Emergency Fund [UNICEF]. 2021. "A review of child sensitivity in social policies in Ethiopia." <https://www.unicef.org/ethiopia/media/6571/file/Policy%20Review%20Report%20.pdf>.