Flaws In Preparing Children With Disability For Life After Institutional Care In Zimbabwe: Implications For Social Work Practice

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ABSTRACT

This paper identified the flaws in preparing children with disabilities for life after institutional care living in Zimbabwe. With the utility of a qualitative paradigm and a phenomenology research design, the study discovered that institutions of care have limited choices for vocational skills training courses due to financial paucity. The paucity of financial resources has also been found to compromise the effectiveness of preparing children with disabilities for life after institutional care. The findings revealed that there are also inherent systemic weaknesses and loopholes in the design of care plans which cast a shadow of confusion on the re-integration process. Limited family support and involvement were also found to weaken the acceptability and simulation of these children into the community. Underpinned by a social model of disability and social work lenses, the study recommended immense advocacy for the participation of children with disabilities together with their families in the preparation of care plans to ensure inclusion and sustainable reintegration. Furthermore, the paper pushes for closer monitoring and evaluation of institutional care facilities to guarantee alignment and compliance of care plans with national policy frameworks that guide the placement and re-integration of youth with disabilities back into the community.

Key terms: Care leaving; Care plans; Social work; Youth; Disability; Zimbabwe

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Introduction and Background

The transition from childhood to adulthood is significant to the welfare of adolescents with disabilities as it ensures independence and a sense of maturity (Adeboy, 2015; Daly, 2012; Ministry of Labor and Social Services, 2011a). Nonetheless, it is a crucial process which depends on the preparedness of an individual as well as the support mechanisms put in place to sustain life after exiting institutions. While many organizations such as Non-Governmental Oganizations (NGOs) complement governmental efforts within the institutions of care and even for care leavers (Daly, 2012; Bond, 2018; Holt and Kirwan, 2012; Van Breda, 2018), the flaws in preparing young people with disabilities to exit care facilities are glaring in Zimbabwe and other resource-constrained countries of Africa (Van Breda, 2018; Chakwati, 2016; Mhongera, 2016; Gwenzi, 2014).

Importantly, the programs institutions of care are aimed at providing primary care for those in need of care and to provide a safe environment for the children in need of care - children with disabilities included (Ministry of Labor and Social Services, 2011b; FrimpongManso, 2010; Lombard and Mhongera, 2014; Bond, 2018). The number of children placed in institutional care increased in Zimbabwe despite wide recognition that institutional care is a borrowed phenomenon associated with negative consequences for children's cognitive development (UNICEF, CASS, and GoZ, 2013). Children experience multiple emotional problems and have inadequate resources to effectively deal with the problems which result in antisocial behaviors as they tend to be emotionally withdrawn and experience emotional loneliness (Holt and Kirwan, 2012). In addressing the issue of institutionalization of children in Zimbabwe, the Ministry of Labor and Social Services, (2011b)encourages regular contact with family members and good care planning should not be forgotten. Save the Children (2015) supports this argument pointing out that institutionalised children perform poorly on intelligence tests and to be slow learners with specific difficulties in language and social development due to stigmatisation and labelling they face on residential care.

There is a growing realization that inclusion means different things in different contexts (Herbert, 2011). This may mean recognition in the constitution, being accorded the right to education, health, and for someone living with a disability, this may translate to being part of a safe and enabling environment with an accommodating family (Chireshe, 2013; Dziro and Rufurwokuda, 2013; Bond, 2018; Holt and Kirwan, 2012). However, this is not the case with many children living in institutions of care where they often feel like they are excluded from the whole society, often unable to be liberal like other children. An exhaustive search of the literature on young adults transitioning to adulthood from institutional care found a few studies that focus on care leaving for children with disabilities, it is usually children in general not specific to those with disabilities. Most studies focus on youth transitioning from residential care and assume that the nuclear family is the best environment to ensure that their social functioning is restored (Cameroon, Hauari, and Arisi, 2018; Dziro and Rufurwokuda, 2013; Frimpong-Manso, 2012; Van Breda, 2018).

Upon release, any young care leavers with disabilities have common needs such as employment, mending family relationships, accommodation among others (Bond, 2015; Daly, 2012; Mendes, 2011; Ministry of Labor and Social Services, 2011a). These needs are heightened because some of the services get discontinued after living institution of care, leading to a continuous poverty and dependency life cycle which is a drawback of development. This entails that for a sustainable transition to adulthood, there is a need for a participatory approach to the care plans which might foster independence. Care leaving is a process that requires much therapeutic intervention and if not properly arranged often leads to a dependent transition to adulthood (Bond and Van Breda, 2018; Mhongera, 2016; Dziro and Rufurwokuda, 2013; FrimpongManso, 2016). Such a process of care leaving is largely related to issues of participation and sustainability of the care plans from the day of inception to the day of exiting care (Bond, 2015; Bailey, Loehrke, and French, 2011).

However, the translation of care leaving plans depends on the availability of resources. The paucity of resources in governmental institutions in developing countries such as Zimbabwe, greatly compromises the effectiveness of the transitioning process(Bond, 2018; Holt and Kirwan, 2012; Adeboye, 2015). The paucity of resources often leads to shortcuts in the application of care plans for children in need of care, so much that institutions are left with no options but to just provide the basic needs for the children. This is a contradiction to the Sustainable Development Goals which inform the integration processes in Zimbabwe. While the agenda, reintegration guidelines, and monitoring indicators for the promotion of children's welfare are articulated in SDG 4-10 (UN,2015), the availability of financial resources determines the implementation of these processes. The unavailability of resources in developing countries thus often makes it difficult to implement their policies with the majority of government-led institutions failing to sustain even the daycare of children living with disabilities(Ministry of Labor and Social Services, 2011a; Mhongera, 2017; Mhongera and Lombard 2016).

From a social work standpoint, it is critical to also point that cultural values have shifted from extended family to nuclear families due to diverse challenges in the world making it difficult to look after a distant care leaver worse off with a disability (Mushunje, 2017). This is because disability on its own is associated with diverse challenges which are exacerbated by being out of the institution's care, leading to multiple challenges in the societies. Such challenges are impelled by the limited access to decision-making by those in need of care (Anghel, 2011; Huynh, 2014; Williamson and Greenberg, 2010; Adeboy, 2015). Findings from other studies show that adolescence with disabilities in institutions of care constitute a vulnerable group due to the circumstances prompting their engagement in institutions of care, the time spent residing in the institutions exposes them to susceptibility when it comes to resilience and independence as they transit to adulthood. The chances of independent living in adulthood are compromised due to the possible discontinuation of life aftercare support. An exploration of the flaws in preparing young people with disabilities is therefore important as it may inform on the best model needed to ensure successful re-integrated of youth living with the disability back into society.

PROBLEM STATEMENT

Zimbabwe as a nation has been supporting children in institutions of care through governmental and non-governmental efforts as evidenced by her commitments to different initiatives and treaties crafted by the United Nations (Gwenzi, 2015; Lombard and Mhongera, 2016; Ministry of Labor and Social Services, 2011b; Government of Zimbabwe, 2013). However, findings from the National Association of Societies for the Care of the Handicapped (NASCOH) (2011; 2014) show that young people with disabilities face difficulties in their transition to adulthood as others are still dependent on the institutions of care for daily survival with some still being discriminated against in their societies. Through discrimination, young people with disabilities' access to opportunities is limited as they are subjected to negative attitudes which do not foster integration within the society (Bond and Van Breda, 2018; Rogers, 2011; Tanur, 2012; Mhongera, 2016). This inevitably compromises their independence and the ability to be self-sustanable as they navigate through life. It is the inextricable relationship between preparing young persons with disabilities for care leaving and successful transition to independent adulthood which has prompted the undertaking of this study to discuss the flaws in preparing young people with disabilities to exit care. The results could be used to enhance these systemic flaws for easier transition.

Social model of disability

The Social model of disability can be traced through the the publication of the Fundamental Principles of Disability by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976. It argues that it is the society which disables physically impaired people as disability is imposed on top of their impairments by the way society unnecessarily isolates and excludes people living with disability from full participation in society (UPIAS 1976:14). As such, the society needs to be restructured, fostering a change of behaviour and attitudes on how people with disabilities are percieved. In concurrence Oliver (1983) submits that disability is defined and caused by the society justifying the need to accommodate people with disabilities through attitudinal and structural changes. The problem is therefore the disabling world which limits the participation of people with disabilities from contributing towards their wellbeing.

SPECIFIC QUESTION

What are the flaws in the care of children with disabilities to exit care in Zimbabwe?

METHODOLOGY AND ETHICAL ISSUES

This section will articulate the research approach, design, sampling method, data collection methods used, and ethics that were considered.

STUDY APPROACH AND DESIGN

This study adopted a qualitative approach leaning on the descriptive and explorative aspects. A phenomenology qualitative design was preferred because it recognizes the thoughts, perceptions, attitudes and, views of the research participants about the flaws in preparing young people with disabilities to exit care (Babbie, 2010).

SAMPLING PROCEDURE AND TECHNIQUES

To select the participants of the research, non-probability sampling techniques were used. While snowball sampling was used for representatives from care leavers by their availability, a purposive sampling methodology was used for key informants to handpick participants (Pellerin, 2012; Dahlberg and McCaig, 2010) with the requisite knowledge about the preparation of young people with disabilities to exit care. Information on people with disabilities in out-of-home care was extracted from the NASCOH database where all organizations working with the disabled are registered. The total number of participants from both data sources was twenty-five (25). The number constituted twenty (20) care leavers with disabilities who made up 3 focus group discussions. The five (5) key informants were included in the study as they once survived in institutions of care and they had the first-hand experience regarding the preparedness of children with disabilities as well as processes on leaving the institutions of care and life aftercare. Two (2) superintendents and two (2) caregivers of institutions of care were also included as they had in-depth information on the preparedness of young people with disabilities to exit institutions of care. Another (one)1 key informant from the ministry of social services was included in the study as she was an informant on issues as care plans and financing of institutions of care in Zimbabwe.

RESEARCH METHODS AND TOOLS

The current study used the focus group discussions for the young care leavers with disabilities and individual key informant interviews for various representatives from institutions of care. The lead researcher facilitated three (3) focus group discussions which were conducted at three (3) separate venues. Two (2) superintendents representatives from institutions of care offered to have the FGDs carried out at their premises. The other 3 (three) key informants' interviews, were conducted at various key informants 'offices to cushion them from the financial burden associated with traveling. An interview guide was used for key informant interviews while the focus group discussion guide was used to facilitate the FGDs. The questions on these two tools were almost the same except that direct questioning was used for young care leavers with disabilities while third-party questions were used for key informants, depending on their areas of expertise. Data collected using these methods and tools were thematically analyzed through the processes of familiarization to generate themes and codes (Babbie, 2010).

ETHICAL CONSIDERATIONS

The study was guided by informed consent, confidentiality, avoidance of harm, voluntary participation, and assent ethics (Braun and Clarke, 2008). For legality purposes, the lead researcher further obtained an ethical clearance from the National Disabled Persons Organisation.

LIMITATION AND DELIMITATION OF THE STUDY

The study focused on institutions of care for children with disabilities in Harare only and not on generic NGOs. These institutions of care for children with disabilities were specializing in different aspects such as the provision of daily care for children with disabilities, education, and providing psychosocial support. Also, the study focused on care leavers who were identified as the beneficiaries of organizations that participated in the current study, sharing their challenges and how young people with disabilities are prepared to exit care. This was preferred because it would have been difficult to identify young people with disabilities from the communities due to the sensitivity of the phenomenon in Zimbabwe. While the sample size may limit the generalizability of the findings to Zimbabwe as a country and beyond, the verbatim and triangulation of data sources and peer debriefing with the supervisor have augmented the trustworthiness of the findings.

FINDINGS AND DISCUSSIONS

The results of the study show that institutions of care are inadequately resourced to allow for the proper preparation of children for their re-integration back into society. Also, there was limited participation from the families of children with a disability which further compromised the integration process. These are explored more in the findings and discussion section below:

Limited vocational training choices due to resource paucity

Findings from the study revealed that while children with a disability residing in institutions of care are supposed to choose the vocational course they want, this choice is often taken away due to financial challenges. there were limited choices on vocational skills for young persons with disabilities in institutions of care. Even for the vocational courses, the research participants revealed that sometimes the children are confined to only the theoretical aspect of the training due to lack of finances. These sentiments are given below:

> *Some of us are not good at school. They say that we can choose any course we want to do but when we do choose, sometimes we are told that we are not able to do that because there is no money. So you end up doing whatever is there. That's what happened with me* (Care leaver)
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> *Due to lack of expertise on the different natures of disability, there is no variety when it comes to vocational skills training such that our children hardly have choices we no longer specify according to disability and want, those in need of care have to attend some form of skills training before exiting institutions of care*. (key informant 4, institution B, caregiver)
>
> *As soon as they are enrolled into the institution of care they are expected to undergo a complete course on vocational skills training of their choice. However, there is no variety as we offer courses according to the available expertise and training equipment which leaves out care leavers without more choices on the course training they prefer.* (Key informant 1, institution A, superintendent)
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> *…….if they are interested in education we support them, if not they venture into some vocational training programs as basket weaving, carpentry, pottery, fish farming which are however just being done even in the absence of resources since it's a mandate that these children in need of care should be undergoing the skills training. As you know that there is a paucity of resources, we just make time for carpentry and illustrations are done theoretically forcing the young people to imagine what carpentry is, when resources permit they have their practicals* (key informant 3, DPO A)

The sentiments above describe the financial predicament that institutions working with children with disabilities are in. The verbatim also reveals that since these institutions are aware of the self-determination right to be accorded to children with disabilities, they are unable to fulfill this in terms of vocational training because of financial implications. A misalignment is therefore noted between the correct procedure as enshrined in various statutory instruments and what is on the ground. This indicates the importance of financial viability if policies are to be translated into programs and projects that can ensure effective interventions (Mafa and Kang'ethe, 2019), such as family re-integration of children with disabilities. Consequently, care leavers are inadequately prepared to face independent lives when they exit institutions of care, thereby exposing them to multifold socio-economic vulnerabilities. In line with Choruma's (2010) findings, when persons with disabilities are not empowered, this may push them to adopt maladaptive coping mechanisms such as the use of substances leading to a cycle of social ills. The fact that they are trained in some vocational skills training that they may have little interest in suggest that they may not utilize such skills for their livelihood, over above the reality that some of the training lacks the practical component which is critical for job competence. As the social model of disability suggests, there is need for a paradigm shift from just offering training but to actually empower them with skills that they need and can use for their sustenence.

Limited family support and participation

Besides financial challenges, the findings of the current study showed that the there-integration of young care leavers with disabilities was further compromised due to limited family support. This was attributed to the erosion of kinship ties and the weakening of the family support system. Death and relocation were also identified as contributing factors to the breaking up of family relations with some viewing the institutions as the only 'home' they have. The findings show that relatives would not show up to collect their children for holidays, weekends, and special days. While some family members would call instead, others did not communicate at all. This is shown in the verbatims below :

> *The only place I knew was being in the institution of care as l had no place to go on holidays. l would remain at the institution doing gardening with others who had no places to go for a vocation as well. imagine having no place to go for the vocations what about after exiting institutional care. (Caregiver)*
>
> *The only person who supported me was my mother who passed away two years ago. l am yet to start a new family as the only relatives l knew is his brother who has since relocated to Mozambique, and I have no communication with him. I feel like I have had no one to help me since I exited the institution.*
>
> *At times the family members do not visit the young people in institutions of care, they are given times to collect them for holidays or weekends, some parents hardly show up to collect their children so that they can reintegrate within the short vocational period. We end up receiving phone calls that they are not able to collect their children. At times they send their relatives who are closeby to the institutions of care who hardly come to visit the children in institutions of care* (key informant 2 institution B)

The verbatim above let us in on some of the family dynamics surrounding care leavers with disabilities. It is clear that while some may have significant family support, there is a remnant of care leavers that are left to fend for themselves despite their disabilities. The state of hopelessness and despondency is also shown with some youth that regard institutions of care as their only home. This may translate into psycho-emotional and socio-economic. These findings mirror those of Choruma (2010) who argue that young people with disabilities encounter stigma and rejection even from their family members which makes the reintegration process a tiresome and hard milestone to achieve. This suggests the possibility of homelessness and loneliness for these care leavers, more so given the fact that they may not possess adequate skills that can ensure their economic independence as discussed in the previous theme. Isolated families is another disabling barrier noted in the social model of disability (Oliver, 1983) because the society has a tendency to label the families with a member with a disability, which may cause them to distance themselves from their family member with a disability. This then deprives people with disability of the social, emotional and financial support which they need during placement and after exiting institutions of care. Chireshe (2013) stresses out that persons with disabilities need to be supported when they exist institutions of care to facilitate their simulation back into society. From a social work perspective, these findings attest to the role of the family for the well-being of any person, especially those with special needs.

Lack of clarity in terms of discharge plans

The findings from the study also revealed that both caregivers and young people with disabilities residing in institutions of care do not have a proper understanding of the terms of the discharge plans. The research participants revealed that while they were aware of the fact that they would exit the institution when they reach 18 years, they were not informed on their relationship with the institution when they leave and whether or not they would continue receiving some sort of support. In concurrence, the key informants also spoke of the confusion cloud which seemed to hover over the discharge plans as well as its terms, highlighting that this greatly compromised the integration process. This is shown in the verbatim below:

> *I don't remember ever being told clearly what will happen*

> *to me when I exit the institutions. All I knew was that when I reach 18 I am supposed to leave. I wish they had explained to me that they will have nothing to do with me. I would have made arrangements on what to do or look for some relatives or something because I need someone who can help me with my disability (Care leaver)*
>
> *As caregivers we do not know what guides us, all we know is once they attain 18 years they are supposed to exit care, that is what we can share as the care plans to our children in need of care. (Care leaver)*
>
> *They are supposed to leave, according to the law at 18 they need to be outside the institution ... why? Because the institution is for children and children are defined by age. At 18 they are adults. (Superintendent, Child Care Institution)*

The participants' direct quotes reveal a limitation in the preparation of the discharge of youth living with disabilities. show that there is a lack of clarity when it comes to discharging plans which lacks consistency on how children with disabilities in need of care should be prepared for independent living in their adulthood as they progress in life. It appears as though care leavers have little participation regarding the preparation for their discharge. While care leaving occurs every year, the reality is that the children lack participation in the discharge plans if they are in existence within various institutions of care. As a result, most young care leavers with disabilities out of institutions of care end up straggling to meet their daily needs causing a dependency syndrome due to lack of clarity of the discharge plans. Similar sentiments were shared by Nhapi, (2020) who notes that institutions of care in Zimbabwe are good in the provision of basic needs to children in need of care but remain silent on the discharge plans for children with disabilities which are enforced a very short period before a child exit care. They all seem to suggest that there is still confusion when it comes to caring plans due to lack of clarity from National Residential Child Care Standards which does not give detail on how children with disabilities should be prepared Ministry of Labour and Social Services (2011b). In the interactions with the key informants from various institutions of care who look after children with disabilities no solid plans or strategies that informs the care leaving process for children with disabilities were noted.

IMPLICATIONS OF FINDINGS AND RECOMMENDATIONS

The current study has diverse implications for social work practice as the profession aims at restoring the wellbeing of individuals as well as strengthening capacities of dominant potentialities in a sustainable manner (Fargion,2014; Ife, 2012; Healy, 2008). Although the study was carried out in Zimbabwe, the implications for social work practice apply to other low-income countries which exhibit the above-mentioned flaws in their discharge plans. The findings from the foregoing discussion indicate that participation of young people with disabilities in need of care is minimal which makes sustainability and self-independence unattainable. The objectification of participation of those in need of care to actively participate and be involved in the care plans is a call for concern that needs to be looked at throughout all the structures at the micro, mezzo, and macro level.

Firstly, the findings from this study revealed that some care leavers with disabilities were not fully prepared to exit institutions of care. This shows an implementation gap because even though the Children's Act (Chapter 5:06) and International Protocol for Alternative Care which is meant to engage care leavers in the process of care leaving respectively are not being fully followed to ensure a smooth exit and integration of youth with disabilities. Specifically for young people with disabilities, there is a lack of engagement in the care process. As such, young people with disabilities' right to participate in matters that concern them continues to be infringed upon. This is disempowering because when young people are denied to participate, they are not prepared to make decisions in preparation for life after the institutional care. Failure of young care leavers with disabilities to be prepared to face the demands of life outside institutional care may perpetuate a cycle of dependency, poverty, and other concomitant social ills.

This calls for the need to underscore a participatory approach undertaken when preparing discharge plans for children with disabilities. This should also be done from the onset to sensitize them and guide them throughout the process accordingly. This would further facilitate early identification of the needs and capabilities of each child to guide and ensure that the care plans are compatible with each child's disability. In so doing, even their vocational skills would be informed by proper assessment making it possible to make decisions that are in the child's best interest and the one most appropriate care placement and services that suited with the nature of the disability (Children's Act). For this process, a specific instrument that guides the provision of care for children with disabilities can be developed to facilitate such an assessment, being guided by various instruments on disability, institutional care, and children. Developing a comprehensive database on the care leaver population that accurately records impairment types would help to develop knowledge of this population over time, inform service development to more effectively meet their needs as they transition from care, and facilitate comparative analysis of needs and outcomes of care leavers with disabilities. To correct this anomaly, social workers as advocates of the marginalized and disadvantaged groups may spearhead discussions that promote the inclusion and participation of children with disabilities as provided for in the Constitution of Zimbabwe (2013). Disability sensitization workshops and outreaches can be prioritized to tackle legal illiteracy to both children living with disabilities, institutions dealing with these children as well as the society at large. Such an educational approach is sustainable as it challenges ignorance, a major factor that compromises the facilitation of proper implementation of legal instruments. , measures necessary to curb flaws in care leaving for young people with disabilities.

Additionally, the findings revealed that familial attitudes were impeding the reintegration of young care leavers with disabilities back into their communities. These attitudes translated to minimal support from the family set-up which exposed this careleaver to psychological, social, and economic vulnerabilities. Mandapa, 2014; Choruma, 2011; Mudzingwa, 2017) argue that manifestations of acts reflecting the discrimination and stigmatization of young people with disabilities still exist within societies despite the presence of legislative instruments which support them. Efforts by Disabled Person Organizations DPOs targeting people with disabilities only may not be sufficient to bring about a just society where persons with disabilities may feel included. While empowering people with disabilities is crucial, the inclusivity of those without disabilities should also be ensured through awareness-raising and concientisation. Social workers as mediators should spearhead the partnership of institutions of care to challenge attitudes that weaken the simulation of care leavers with disabilities back into society.

The findings indicate that care leavers' disabilities experienced discrimination and stigma on multiple grounds of their care leaver and disability status. Such discriminatory treatment negatively affected their self-esteem which led to socially isolated lives and restricted opportunities for education, training, or employment. Discriminatory treatment also encouraged some young people to deliberately conceal their identities and withdraw from societal services to disassociate from imposed labels as a care leaver or person with disabilities. There is a need to raise awareness of the rights of these young people to be protected from discrimination, alongside the provision of more effective therapeutic support to develop positive self-identities that counteract negative stereotypes. Finally, the inclusion of care leavers with disabilities in their local communities, drawing on their interests and talents, and building their inter-connected community networks would help to promote positive peer relations and protective social relationships.

Maybe there is a need to reconsider the models being used to ensure that communities and families embrace and support persons with disabilities. This may be a reflection that such models may be obsolete and insufficient and should be reconsidered. Possibly there is a need to move away from traditional ways such as the charity model and adopt an integrated and multi-sectoral approach that recognizes the inherent strength of young people with disabilities and how best they can benefit from the family and society. For these community sensitization exercises, increased social media presence of the general public can be utilized as channels for disability campaigns. Apart from that, the Council of Social Workers and National Association of Social Workers Zimbabwe (NASWZ) with the leadership of international associations such as NASW-global and International Federation of Social Workers (IFSW) may influence the discussions on public, national and global policy reforms to incorporate issues on care leaving for young people with disabilities to promote disability sensitization. If not managed properly, a status quo where people with disabilities are not fully supported within their communities may prove to be a structural flaw. It may characterize how people with disabilities are treated in all facets of life - a situation that may be disastrous for social functioning.

The findings attributed most of the challenges to the paucity of financial resources. This is attributable to the macroeconomic challenges Zimbabwe finds itself in. The presence of statutory instruments without financial support is not sufficient to accelerate integration processes. This state of affairs implies that persons with disabilities can never improve until they are adequately supported to ensure their economic and sustainable independence. They may never be able to fully enjoy their rights as they will have to perpetually depend on other people for their livelihood. While the Constitution compels the government to ensure the welfare and well-being of its citizens including those with disabilities (Mafa and Kang'ethe, 2019), there is a need for social workers to ensure that the government rises to its responsibility through pushing for accountability and transparency in governance. There is a need to advocate for the urgent update and amendment of existing disability and institutional laws so that they can effectively respond to the care leaving process. Laws should be clear on the responsibility of each stakeholder and the implications associated with each violation. It is therefore critical for social workers to be active in policy and legal issues, mobilizing other relevant stakeholders as front-runners of social justice who are responsible for the social functioning of care leavers with disabilities in Zimbabwe.

CONCLUSION

The study has underscored the flaws in preparing children with disabilities for life after institutional care. These flaws have been found to compromise the integration as well as the welfare of careleavers in Zimbabwe. Social work as advocates of the marginalized groups including people with disabilities and children as well have been positioned to foster discussion and the amendment of policies that govern the placement, preparation, and integration of persons with disabilities. A hybrid of policy implementation and provision of financial support is essential for ensuring sustainable and independent transition into society. Systematic and participatory approaches in the drafting and implementation of care plans, the flaws in preparing children with disabilities for life after institutional care may be adopted to strengthen the transition and integration process.

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