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Abstract- The behavioral and emotional dysfunctions that children who have spent a significant amount of time more than five years in residential care institutions in Zambia have encountered are examined in this study. Using theoretical frameworks like Bowlby's Attachment Theory and Erikson's Psychosocial Development Theory, the study explores the ways in which prolonged institutionalization leads to social difficulties, emotional instability, cognitive delays, and dysfunctional behaviors. The study used a qualitative case study methodology to offer valuable perspectives to policymakers, social workers, psychologists, and caregivers. It is anticipated that the results would support family-based care alternatives and guide the creation of better caregiving models. The study also adds to the body of knowledge regarding social work and child psychology in Zambia.

Keywords: Zambia, residential care, emotional development, behavioral disorders, and institutionalization.

I. Chapter One Introduction

1.1 Background of the Study

Globally, residential care institutions provide a critical safety net for children who are orphaned, abandoned, or otherwise without parental care. These facilities aim to study Background For children who are orphaned, abandoned, or otherwise without parental care, residential care facilities offer a vital safety net on a global scale. These establishments seek to offer emotional support, healthcare, education, and protection. Nonetheless, a number of studies indicate that children's psychological, emotional, and social development may suffer as a result of prolonged institutionalization provide protection, education, healthcare, and emotional support. However, numerous studies suggest that long-term institutionalization may have detrimental effects on children's psychological, emotional, and social development (Browne, 2009; Williamson & Greenberg, 2010).

The increasing number of vulnerable children has led to the widespread use of residential care in Zambia and many other developing nations. Despite being meant as a short-term fix, a lot of kids stay in these institutions for a long time—often more than five years—because there are no plans for family reunification or community-based alternatives (Kalinda, 2018). This extended stay raises questions regarding the quality of the emotional care given and the developmental environment.

The specialized care usually offered in family settings stands in stark contrast to the absence of consistent, supportive ties in institutional settings. According to attachment theory, these early relationships with caregivers are essential for social competence and emotional control (Bowlby, 1988). According to Johnson and Gunnar (2011), children who

are denied these experiences frequently exhibit maladaptive tendencies like violence, disengagement, poor impulse control, and identity uncertainty.

Nevertheless, empirical studies on the particular emotional and behavioral dysfunctions linked to long-term care are scarce in Zambia. The majority of local studies concentrate on educational outcomes, health access, or material welfare. By investigating the psychological and emotional effects of institutionalization on children in Zambian residential care settings, this study aims to close this gap.

1.2 Problem Statement

Highly structured routines, a lack of individualized attention, and a lack of constant emotional warmth all essential components of a child's psychological health are frequently seen in long-term residential care. Long-term institutional settings have been linked in numerous international studies to the development of complex psychiatric diseases and maladaptive behaviors. According to Rutter et al. (2007) and Nelson et al. (2014), children who grow up in such settings frequently show symptoms of attachment disorders, delayed cognitive development, increased aggression, anxiety, depression, and difficulties establishing positive social interactions.

Although there is strong evidence of these affects worldwide, nothing is known about how much of these effects are also present in Zambia. Zambia's distinct socioeconomic and cultural environment provides an essential backdrop for researching the effects of institutionalization on children. Institutional care is becoming the standard method of child protection because to the growing number of orphans brought on by HIV/AIDS, poverty, and family breakdown. However, the majority of facilities lack qualified caregivers and professional mental health support, making them ill-equipped. The lack of structured therapeutic interventions in Zambian institutional settings exacerbates children's emotional fragility, as noted by Mwansa and Bwalya (2012).

Moreover, the psychological harm inflicted in these environments frequently remains undetected and untreated, resulting in persistent difficulties as an adult. Adolescents and adults who struggle with impulse control, emotional regulation, attachment formation, and interpersonal connection maintenance are children. Many of these children struggle to integrate into society as they grow out of the system, which feeds the cycles of marginalization, poverty, and social dysfunction.

A major gap in academic literature and effective child welfare measures is the dearth of empirical research on the psychological and emotional effects of long-term residential care in Zambia. As a result, the effectiveness of treatments is limited since they are either adopted from other contexts or carried out without evidence-based adaptation. The dearth of empirical studies on the psychological and emotional effects of long-term residential care in Zambia creates a serious gap in the body of knowledge and in effective child welfare practices. As a result, interventions are either adopted from other contexts or carried out without evidence-based modification, which reduces their efficacy.

1.2 General Objective

To examine the relationship between the length of stay in residential care facilities and behavioral dysfunction in children.

1.3 Objectives of the Study

1. To identify the types of behavioral and emotional dysfunctions common among children who have lived in residential care facilities for more than five years.
2. To examine how prolonged institutionalization contributes to dysfunctional behaviors such as aggression, withdrawal, and poor impulse control.
3. To explore the psychological and social challenges faced by children due to long-term care in orphanage facilities.
4. Determine how child welfare practices in Zambia can be improved to reduce the negative impacts of institutionalization.

1.4 Research Questions

1. What behavioral and emotional dysfunctions are prevalent among children who have stayed in residential care for more than five years?
2. How does long-term institutionalization contribute to dysfunctional behavior in children?
3. What psychological and social challenges do children face in long-term institutional care?
4. How can child welfare practices in Zambia be improved to reduce the negative impacts of institutionalization?

1.5 Significance of the Research

For many parties involved in the wellbeing of children, especially those living in long-term institutional care, this study was extremely important. There was an urgent need to assess how institutionalization affected children's emotional and behavioral development because of the growing number of children who are placed in residential facilities as a result of orphan hood, abandonment, abuse, or poverty. With an emphasis on the Zambian setting, this study aimed to offer a thorough grasp of the psychological effects of extended institutional care.

Contribution to Practice and Knowledge

The research made a significant contribution to the current corpus of knowledge in the domains of social work, developmental studies, and child psychology. The impacts of institutional care had been the subject of extensive international study, but there is still a dearth of localized studies conducted in Zambia and other Sub-Saharan African countries. The study provided context-specific data that represented the sociocultural, institutional, and economic aspects of child welfare in Zambia by concentrating on children living in residential care facilities.

Additionally, the study provided empirical information that could guide social workers', child psychologists', and mental health practitioners' education and practice. The research gave practitioners the information they needed to create focused interventions by identifying particular behavioral and emotional dysfunctions linked to long-term institutionalization. These included social-emotional learning programs designed specifically for children in institutional settings, attachment-based therapies, and trauma-informed care.

Implications for Policy

This study's ability to impact institutional care reforms and child welfare policy was another important factor. The research was also used as an advocacy tool to push for social and legal reforms that supported children's rights to develop in familial, emotionally supportive homes by illuminating the developmental hazards of extended institutionalization.

Enhancing Residential Care Methods

Administrators and caregivers of residential care benefited from the study's practical insights. Many caregivers were not completely aware of how institutional dynamics impacted children's behavior and attachment, including regimented routines, staff schedule rotation, and a lack of emotional investment. Programs for training caregivers that prioritize child-centered practices, trauma-informed methods, and emotional responsiveness could be created using the findings. Encased research was necessary for policymakers and child protection organizations to support reforms and direct the distribution of resources. The results of the study could help shape laws that:

- Set time limits for a child's placement in institutional care;
- Give family-based care options like foster care, kinship care, or facilitated adoption priority.

- Require children in care to undergo psychiatric testing and get continuous emotional support.
- Establish caregiver-to-child ratios that encourage dependable and caring bonds.

Moreover, the findings may inform the design of psychosocial support programs within residential care facilities, including counseling, mentorship, recreational activities, and peer-support groups. Enhancing the emotional climate of these institutions can significantly mitigate some of the negative outcomes associated with long-term care.

Relevance to the Zambian Context

Due to a lack of funding and inadequate alternative care options, Zambia's care system still mainly relies on institutional settings. By examining the unique effects of residential care on Zambian children, this study filled a vital national need and contributes to the localization of international findings. The knowledge acquired could help government agencies, local NGOs, and community leaders prioritize reintegration initiatives, change care methods, and fund family-strengthening initiatives.

Academic and Research Importance

Lastly, this study has laid the groundwork for future research in the fields of institutional care, child welfare systems, and child development. It made it possible to do long-term research, compare institutional and family-based care, and create intervention models that are appropriate for different cultural contexts. Students, academics, and professionals in the domains of education, psychology, and social work will find value in a resource that illustrates the intricate relationship between Zambian child development and care settings.

1.6 The Study's Limitations

A few limitations were associated with this study that would be put into account when the findings are interpreted. First, the study was conducted only in urban residential care facilities, and hence these findings cannot be generalized. The conditions, resources and care giving practices in urban institutions are commonly different in terms of urban areas as compared to the rural environments. Some of the challenges that can be faced by children in rural areas include a lack of availability of professional psychosocial services, fewer educational programs and less surveillance by the government or non-governmental agencies such as UNICEF Zambia. This could result in the experiences and results of children in rural residential care not being well represented and therefore it would be hard to generalize the results to all the institutionalized children nationwide.

Second, the research was based on self-reported information which was gathered among kids and carers. Even though self-reports are relevant in explaining the experiences of people and perceptions, it is prone to various types of bias. They may have elicited socially desirable responses, and particularly when talking about personal matters of emotional health, neglect, or caregiving. Caregivers may have paid too much attention to positive aspects of the provided care, and children may have underreported negative experiences because of fear, loyalty, or poor ability to recall such experiences accurately. This might have compromised the reliability and validity of the collected data due to recall bias and misinterpretation of questions. Third, the children who were below the age of five were also not included and this restricted the scope of the study. Emotional, cognitive, and social development are critical during the early childhood period and studies have found that institutionalization at such an early age may have long-term and severe effects in particular. The study could have missed some of the most vulnerable children and the youngest effects of institutional care by excluding this age group. But their contribution was complicated by ethical concerns with respect to informed consent, protection of children and possible psychological trauma of very young subjects. As a result, the evidence is mostly based on the experiences of older children and might not be a full representation of the developmental impact of early institutionalization.

Moreover, the study was cross-sectional and thus did not provide a chance of establishing cause and effect relationships. The results were gathered at one point in time and thus one was not able to see how well the children would change as time goes by. To trace the developmental success and whether psychosocial outcomes observed could be directly linked to institutional care or other antecedent factors (past traumas, family history, or socioeconomic status) would be better accomplished with longitudinal studies.

Lastly, the sample size and the profundity of the data collection may have been constrained due to time, finances, as well as, access to certain facilities. Such practical issues might have minimized the diversity of participants and the depth of qualitative information. Nevertheless, the study is not without its limitations, but nonetheless it still gives valuable information and forms an essential background in future research that might cover rural facilities, younger children and a longitudinal study that would give a more depth meaning of the experiences that children go through when in residential care.

1.7 Scope of the Study

This paper aimed at examining the behavioral and emotional malfunctions of children that have experienced long-term residential care in Lusaka District, Zambia. The main goal was to get a deep insight into the psychological and social problems children in the institutional child-rearing face and how the long-term absence of the family-based care can affect their development. Special consideration was focused on children aged six to eighteen years who are those who have lived five or more years in institutional care. This sample was deemed suitable since long-term effects of residential care environments will be more likely to be uncovered, thus, offering useful data on the cumulative consequences of institutionalization.

The research was confined geographically to a few registered residential care facilities in the Lusaka District. Lusaka was selected since there are a high number of child care institutions in the area than in any other part of the country hence making it a convenient place to conduct the research due to the availability of information. The district further had better access in terms of data collection, monitoring and coordination to the facility administrators and any other authorities such as the ministry of community development and social services. This however limited the findings to only Lusaka thus it might not be a true representation of the experiences of children in rural or remote areas where resources, staffing, and service delivery may not be the same.

With regard to content, the study discussed various dimensions of wellbeing of children which are very important. It discussed different types of behavioral malfunctions, such as aggression, social withdrawal, impulsivity, defiance, and antisocial inclinations, which may disrupt normal socialization and performance at school. Other emotional dysfunctions that were studied in the research include anxiety, depression, attachment problems, low self-esteem and

emotional instability since they are usually linked with disrupted care giving experiences and early adversity. Moreover, the research aimed to determine how the length of institutionalization is related to psychosocial results of children, assuming that the longer the experience of being in the care, the stronger the developmental issues could be. Furthermore, institutional caregiving practices such as caregiver-child ratios, consistency of caregivers, disciplinary practices, and access of psychosocial support services were also considered in order to determine how the quality of care in institutions may either diminish or enhance emotional and behavioral problems in children.

The methodology used in the study was a case study design backed by a mixed method approach. This methodology was a mixture of quantitative and qualitative methods to show a detailed and encompassing insight into the problem. Measurable data regarding the behavioral and emotional indicators was collected via questionnaires whereas the personal experiences and perceptions could be explored more in depth with the help of interviews with children, caregivers and administrators. Daily routine and interaction observations within the facilities were used to contextualize reported behaviors because document reviews were used to give supplementary institutional and policy data. The combination of these approaches allowed making the findings more credible due to data source triangulation. In spite of these strong points, the research was narrow in scope. It excluded children in foster care, kinship care, and other family-based care settings since the point was to narrow down on the institutional settings. On a similar note children under the age of six years were excluded because of ethical and developmental reasons, such as issues of informed consent and vulnerability as well as the fact that the psychology of very young children is difficult to accurately evaluate. As a result, the results can only be applicable to school-going children and adolescents under residential care and not in all child welfare settings in Zambia.

Moreover, the study conclusions were not as generalizable as they could have been since the study did not have an institutionalization (control or comparison group of non-institutionalized children). In the absence of a comparison of the results with those of children growing up in family or community contexts, one could hardly dictate to what degree the specified behavioral and emotional problems could be directly related to the impact of institutionalization as opposed to the impact of pre-existing factors like poverty, trauma, or family disruption on children. Causal interpretations would also be enhanced by inclusion of comparative groups in future studies that would give a better view of the exclusive impacts of residential care on child development.

1.8 Definitions of Key Terms

Behavioral Dysfunction

Refers to persistent patterns of maladaptive behavior that interfere with a child's social functioning, including aggression, defiance, withdrawal, hyperactivity, and poor impulse control.

Emotional Dysfunction

Refers to difficulties in emotional regulation and expression, including anxiety, depression, fearfulness, emotional detachment, low self-esteem, and mood instability.

Residential Care Facilities

Institutions that provide long-term housing, care, and supervision for children who are orphaned, abandoned, or separated from their families.

Long-Term Institutionalization

The continuous placement of a child in a residential care facility for a period exceeding five years.

Attachment

An emotional bond formed between a child and a primary caregiver, which plays a critical role in emotional security and social development.

Insecure Attachment

A form of attachment that develops when care-giving is inconsistent or emotionally unresponsive, often resulting in emotional and behavioral difficulties.

Psycho-social Development

The process through which individuals develop emotionally, socially, and psychologically across different stages of life.

Institutional Caregiver

A staff member responsible for the daily supervision, care, and emotional support of children living in residential care facilities.

II. Chapter Two Review Of Literature

2.1 Overview

This chapter examines academic research on institutional care and how it affects kids' behavior and emotional growth. It draws attention to theoretical frameworks, local and global viewpoints, and gaps in the body of current literature. John Bowlby's Attachment Theory posits that the bonds formed between children and their primary caregivers are fundamental to healthy psychological development (Bowlby, 1969, 1988). According to Bowlby, children are biologically predisposed to seek attachment to caregivers as a means of survival. These early attachments serve as an "internal working model" that shapes the child's expectations of self-worth, relationships, and the world around them.

2.2 Conceptual Framework

Secure vs. Insecure Attachments

This study design has been founded on the distinction between attachment styles of security and insecurity as put forward in the Attachment Theory. Secure attachments are formed when parents regularly fulfill emotional needs of a child in a sensitive and reliable manner. Children who have attached themselves securely have the tendency to develop healthy social skills, emotional regulation and a stable sense of self-esteem. Conversely, insecure attachments of avoidant, ambivalent and disorganized types develop in situations where caregivers are inconsistent, neglectful or abusive.

The rotating nature of the personnel, the lack of individualized care, and the often poor caregiver-to-child ratios of an institution are obstacles to the formation of secure attachments. Thus, many children develop insecure attachment styles. Insecure-avoidant children could subdue their emotional needs, avoid intimacy, and have difficulty in empathy. Insecure-ambivalent children can be clingy and fearful of being abandoned as well as emotionally unstable. Lack of coherence in attachment is a phenomenon that is often witnessed among children who have suffered trauma or have had chaotic attachment experiences, leading to serious relational difficulties, aggressive behavior, and emotional instability.

2.4 Conceptual Framework

The theoretical framework of this paper demonstrates the correlation between the dysfunction in behavior and emotional functioning of children and long-term residential care.

Independent Variable

Residential stay in the care homes.

Duration of stay

Caregiver-child ratio

Consistency of care-giving

Routines and environment in institutions.

Intervening Variables

Quality of emotional care

Access to psycho-social support.

Caregivers training level.

Availability or unavailability of attachment figures.

Dependent Variables

Behavioral dysfunctions (aggression, withdrawal, impulsivity, antisocial behavior) Emotional dysfunctions (anxiety, depression, emotional instability, attachment disorders) The framework presumes that the long-term effects of institutionalization with its lack of consistent care-giving and poor emotional responsiveness are detrimental to the formation of attachment in children and the psycho social development. These obstructions are in the form of emotional and behavioral malfunctions. These effects can be mitigated by enhanced care-giving practices and psycho social interventions.

CONCEPTUAL FRAMEWORK DIAGRAM



2.2 Review of Theories on the Research Topic

Theoretical theories are essential in the interpretation of behavioural and emotional dysfunction exhibited by children in residential care facility in the long term. The basis of this study is majorly on the Attachment Theory and Psychosocial Development Theory which collectively describe how environment of care giving when young, emotional and developmental experiences influence the behavior of children, their emotional regulation and social functioning. Such theories are especially applicable in describing implications of a long period of institutionalization whereby care giving tends to be inconsistent and somewhat emotional.

2.2.1 Attachment Theory

Attachment Theory is a theory that was developed by John Bowlby (1969, 1988) to offer a fundamental explanation of the effect of childhood emotional attachment between a child and a care giver on psychological development. Bowlby held the view that children are born with the biological tendency to establish strong emotional bonds with the

primary caregivers as a survival strategy. These formative attachments shape what Bowlby termed internal working models that help the children in their expectations regarding relationship, emotional safety and self esteem during their lifetime.

Secure attachment occurs when the caregivers are attentive and responsive to the needs of a child in a way that is emotionally sensitive. Securely attached children are more prone to have emotional stability, good coping mechanisms, good social relationships and adaptive behavior. By contrast, the insecure attachment styles include avoidant, ambivalent, and disorganized, which appear when caregiving is unreliable, unresponsive, or neglectful (Ainsworth et al., 1978; Bowlby, 1988).

Attachment formation in the residential care facility is usually affected by high caregiver-child ratios, high staff turnover, strict routines and lack of individual attention. It has been found out that children brought up in institutions often grow up insecure or disorganized attachment styles, this are related with aggressiveness, withdrawal, anxiety, emotional detachment and the inability to establish trusting relationships (Main and Solomon, 1990; Rutter et al., 2007). These effects are also aggravated by prolonged institutionalization because children lose their attachment figures more than once and do not have stable emotional attachments.

Attachment Theory has thus a significant role to play in this study since it reveals the fact that long-term residential care has been demeaning emotional security and has led to behavioral and emotional dysfunction in children. The theory offers an effective guide to the analysis of the issues of attachment problems, emotional, and dysadaptive behavior realized by children who are institutionalized in Zambia.

2.2.2 Erikson Psychosocial Development Theory.

Another useful perspective of interpreting the emotional and behavioral consequences of children in long-term residential care is the Psychosocial Development Theory by Erik Erikson. Erikson (1963) presented the theory of human development wherein he suggested that human development transpires in eight stages with each stage being marked with central psychosocial conflict that must be overcome to ensure healthy development. The inability to solve these conflicts may lead to emotional problems and consequent maladaptive behavior in adulthood.

A number of stages introduced by Erikson are especially important to residential care children. Stages of trust versus mistrust and autonomy versus shame and doubt during early childhood rely greatly on nurturing, regular care giving. In case of neglect or emotional unavailability, or lack of regular care when children are placed in an institution- they can develop a mistrust, insecurity, and low self-esteem (Erikson, 1963).

Middle childhood is the stage of industry versus inferiority since the needs are centered on motivation, recognition and assistance so that the individuals can experience a sense of competence. A learning environment that lacks one-on-one care and emotional affirmation of the kids may lead them to develop a sense of inadequacy or inferiority with the resultant withdrawal, poor performance, and behavior problems. During adolescent stage, identity versus role confusion stage plays a major role in development of the self concept. There are no strong role models and emotional direction with young people having most of their life in residential care, increasing the likelihood of confusion of identity, emotional and anti-social behavior (Erikson, 1968).

The theory by Erikson identifies the effects of institutionalization that may prolong over time on the capacity of children to successfully complete the stages of development thus leading to dysfunction in the long run both in emotional and behavioral aspects. The theory can be especially handy in explaining why the prevalence of low self-esteem, emotional instability, and identity-related problems is quite high among adolescents staying at residential care facilities.

2.2.3 Trauma and Developmental Deprivation Theory.

Besides the Attachment and Psychosocial Development theories, there is another theory called Trauma and Developmental Deprivation Theory, which allows shedding additional light on the consequences of institutional care. According to Perry (2002), emotional neglect and boredom experienced on a chronic basis due to the deficiency of stimulation during the critical periods of development may cause changes in the brain development and emotional control mechanisms. Children who have a long history of deprivation can be characterized by escalated stress reactions, emotional dysregulation, and the behavioral coping patterns.

Children are usually subject to chronic developmental deprivation because institutional settings do not give sufficient emotional stimulation, care-giving, and psychological support. Research, including the Bucharest Early Intervention

Project, had shown that children in institutions displayed serious emotional, cognitive, and behavioral deficit in contrast to the ones in family-based care (Nelson et al., 2007; Nelson et al., 2014). These results contribute to the fact that institutional care at the long-term level may affect the neurodevelopmental and emotional outcomes in a long-term manner.

2.2.4 Applicability of the Theories to the current Study.

In combination, these theories present a solid conceptual basis of studying behavioral and emotional dysfunction among children in long term care residential homes. Attachment Theory is used to explain the impact of disrupted caregiving relationships on the development of emotional insecurity and maladaptive behavior. The Psychosocial Development Theory by Erikson depicts how the institutionalization disrupts the proper developmental stage resolution leading to low self-esteem, confusion in identity and emotional instability. The Trauma and Developmental Deprivation Theory also describes the accrued psychological trauma of the emotional neglect.

These theories can be applied to that of Zambia to elucidate the reasons why children held in long-term residential care facilities might be aggressive, withdrawn, anxious, depressed, and suffer difficult attachments. They further emphasize the role of emotionally responsive care giving, psychosocial support, and family based care options in the development of healthy children. It is these theoretical lenses that inform the interpretation of results and make policy and practice recommendations in child welfare.

2.2 Review of previous empirical studies on your research topic

This section reviews empirical studies examining the behavioral and emotional effects of long-term residential care on children. The review is organized into global and regional perspectives to provide a comprehensive understanding of the phenomenon and to situate the present study within existing scholarship.

2.2.1 Global Empirical Studies and Debates on the Research Topic

Another significant literature in the international information has looked into psychosocial implications of institutional care on children. A study that has had the greatest impact is Bucharest Early Intervention Project (BEIP) held at Romania. According to Nelson et al. (2007), the children who were raised institutionally showed a lot of emotional withdrawal, anxiety, attachment disorders and cognitive delays than those who were placed in foster care. Subsequent reports were positive, with employment in the family-based care strategy at an early stage demonstrating a large enhancement in emotional and intellectual results (Nelson, Fox and Zeanah, 2014).

In a similar manner, the English and Romanian Adoptees (ERA) study by Rutter et al (2007) reported the persistent nature of reported behavioral problems among children who were deprived in institutions, arguing that the children showed inattention, disinhibited social engagement, emotional dysregulation, and difficulties with peer relationships. Notably, the irrelevance of the institutional stay was closely associated with the severity of dysfunction.

In a meta-analysis study by van Ijzendoorn, Luijk and Juffer (2008) the children who were institutionalized had a very high probability of developing insecure and disorganized attachment patterns as opposed to non-institutionalized children. Aggression, emotional instability and lack of good impulse control were closely related to disorganized attachment.

Johnson, Browne and Hamilton-Giachritsis (2006) also reported that institutional rearing was associated with poor social development and elevated behavioral difficulties especially in an environment where there was high rate of turnover of caregivers and minimal individual attention.

Regardless of the overwhelming evidence of negative outcomes, there are still debates. Browne (2009) states that smaller residential homes with permanent caregivers will help to reduce certain detrimental impacts. But, according to Dozier et al. (2012), the family-based care is still better regarding the establishment of a secure attachment and the regulation of emotions.

In general, the existing empirical data throughout the world show that the prolonged institutionalization is coupled with emotional and behavioral dysfunction, especially in the presence of low-quality care-giving and unstable attachments.

2.2.2 Local Empirical research and Discourses.

2.2.2.1 Empirical North American Studies.

Similar tendencies have been detected in the studies on the residential treatment centers and group homes in North America. According to Ryan and Testa (2005), children in the group residential care exhibited more levels of externalizing behaviors such as aggression and delinquency than those in foster families.

In a longitudinal study that used children in residential group settings as the sample, Pecora et al. (2009) found that the youths were more likely to have depression, low self-esteem, and relationship instabilities.

Lee and Thompson (2009) studied therapeutic residential care and discovered that there were improvements on behavioral control in the short term. Nevertheless, they warned that they might do little in the way of compensating fundamentally missing attachment deficits.

In North America, there are controversies over whether there is a way of making therapeutic residential models able to make up for attachment disruption. There is some evidence that behavioral control could be enhanced, but to achieve emotional stability in the long term, the relational links have to be regular.

2.2.2.2 Latin America and the Caribbean Empirical Studies.

A Brazilian study conducted by Cavalcante, Magalhães and Pontes (2010) indicated that the level of anxiety and social withdrawal among institutionalized children as well emotional dysregulation was higher as compared to children in a family setting.

According to McCall (2011), children in the Latin American orphanages often had developmental delays and problems with peer-relating relationships, especially in over-overcrowded orphanages.

Whereas other researchers claim that institutional care can offer material stability in situations of using abject poverty, it is always evidenced that there are emotional and relational gaps related to long-term institutionalization.

2.2.2.3 Empirical Studies in Europe

The best empirical evidence on the developmental impacts of institutional deprivation is given by European research which is cited most significantly. Longitudinal and comparative researches carried out in various European nations have continuously indicated that children brought up in institutional settings continue to face chronic emotional, behavioral and social problems, even after leaving the settings. Indicatively, ground breaking studies by Michael Rutter et al. (2007) trailed children that were adopted out of severely deprived Romanian orphanage and discovered that a good number of them still experienced attachment disorders, cognitive delays, and behavioral problems even in their adolescence. Although the children were placed in supportive family settings, the impact of early deprivation was not easily countered thus showing the long-term and even permanent effects of early institutional care on development.

Equally, a study conducted by Poppy Vorria et al. (2003) compared children brought up in residential institutions in Greece with those brought up in family environments and indicated a significant difference in the psychosocial functioning. Institutionalized children were found to have lower social competence; poorer relationships with peers and increased rates of behavioral and emotional issues. This evidence indicated that the lack of personalized, stable care giving and regular emotional attachment in institutional settings may be detrimental to children in the aspect that it may interfere with children developing secure attachments and the appropriate social skills. The study highlighted the significance of family-like setting in enhancing positive emotional and behavioral outcomes.

These studies together with other studies done in Europe have had a strong impact on child welfare policy discourse in the region. Advocates and scholars including Kevin Browne et al. (2006) have maintained that institutional care in large scale subjects children to the risk of harm and does not satisfy their developmental needs. Consequently, these trends have led to a rise in the trend of deinstitutionalization among the European countries that have given increased advocacy on foster care and adoption among other family-based care as a more effective and humane form of care. These reforms are based on the emerging belief that children are most likely to prosper in healthy family surroundings and not in the impersonal home-based settings. Taken together, European studies can thus offer a solid empirical and policy basis upon which to rethink the enduring use of institutional care and where to focus child protection systems on family-based care systems.

2.2.2.4 Empirical Studies in Asia

The Asian evidence further argues in favor of the fact that institutional care is linked with increased emotional and behavioral vulnerabilities of children. The trends that can be followed in the studies done in other cultural and social

settings are more or less similar, indicating that the adverse developmental effects of the long-term institutionalization can be more cross-geographical and cross-cultural. As an example, a study conducted by Deyi Li et al. (2017) in China has discovered that the intensity of depression, anxiety, and social withdrawal in children raised in institutional settings was considerably more than in children brought up in a community or family setting. These children were not always able to cope with peer relationships and emotional expression, which means that the absence of a standard, high-quality caregiving in institutions can impair not only the psychological but also the social competence.

Equally, a research study carried out in India by Rajesh Kumar (2014) studied children that were in orphanages and found several psychosocial issues associated with extended residential care. The results showed that there was poor emotional control, low level of self-esteem, low academic confidence, and evidence of attachment insecurity among the children who had experienced long periods in institutions. Another impact was that many of the children exhibited the inability to cope with stress and establish trusting relationship with the caregivers and peers, thus affecting their educational achievement and general adaptation adversely. This results in the underlining of how institutional settings can be inadequate in giving the stable emotional support and individual attention needed in healthy child development. Collectively, these Asian studies would indicate that, regardless of culture, economy, and social structure of diverse nations, the emotional and behavioral risks of institutional care are very similar and consistent across situations. Regardless of whether it was in China or India or elsewhere in the world, the children brought up in large residential homes are prone to the same tendencies of being anxious, depressed, social withdrawn, and having problems with attachment. This uniformity helps to advance the larger argument that the issues are more based on structure related features of institutional care as such, turnover of caregivers, large child to caregiver ratios and poor access to long-standing, fostering relationships. Therefore, the evidence base of the world community supports the arguments that child welfare systems should focus on the family-based and community-oriented options that are more favorable to establish the emotional safety of children and their further growth.

2.2.2.5 Empirical Studies in Australasia

Research from Australia and the wider Australasian region further highlights the long-term psychosocial challenges associated with residential and institutional care, particularly during the critical transition from care to independent living. Studies in this context have emphasized that the effects of institutionalization often extend beyond childhood and adolescence, shaping young people's mental health, identity formation, and social integration well into early adulthood. For example, Judy Cashmore and Marian Paxman (2006) reported that young people transitioning out of residential care frequently experienced heightened mental health challenges, including anxiety, depression, and low self-esteem. Many participants also faced social exclusion, limited support networks, and difficulties securing stable housing, education, or employment. Without consistent familial or community support, these young people were more vulnerable to isolation and poor life outcomes.

Similarly, Philip Mendes and Pamela Snow (2016) found that adolescents leaving residential care often struggled with identity confusion and emotional instability. Having grown up in settings characterized by frequent caregiver changes and limited opportunities to form secure attachments, many young people lacked a strong sense of belonging or continuity. The absence of stable adult mentors or long-term supportive relationships made it particularly difficult for them to navigate the complex demands of adulthood, including decision-making, employment, and interpersonal relationships. As a result, care leavers were at greater risk of poor psychosocial adjustment compared to their peers raised in family environments.

Collectively, Australasian research strongly advocates for reforms that prioritize early family reunification, where safe and feasible, as well as the development of culturally responsive and relationship-based care models. These approaches emphasize stability, permanency, and meaningful connections with family, community, and culture as protective factors that promote resilience and positive development. The evidence suggests that strengthening family-based alternatives and providing sustained aftercare support can significantly improve long-term outcomes for young people transitioning from residential care, reinforcing the broader international consensus that institutional care should be a last resort rather than a primary child welfare strategy.

2.2.2.6 Empirical Studies in Africa

The psychosocial outcomes of children in institutional care have been comparatively researched in Sub-Saharan Africa as compared to Europe, Asia, and Australia. However, the existing evidence suggests mostly similar patterns with those found in other territories which indicate that institutionalization is closely linked with increasing emotional and behavioral risks without depending on the specifics. Recent research in the area suggests that children brought up in

residential care tend to develop more psychological distress and have lower social adaptation than those looked after in family or community-based set up.

Indicatively, Lucie Cluver and Frances Gardner (2007) found out that the state of emotional distress experienced by children in institutional care was found to be significantly higher in South Africa than the state of emotional distress experienced by children raised in extended family structures. Children placed in institutions were at higher risk of identifying symptoms of anxiety, sadness and social isolation, and children in care of relatives had more robust social support systems and familiarity to culturally appropriate practices of care giving. The paper has demonstrated the importance of family and community connections to protect and buffer children against adverse psychological outcomes.

On the same note, in Kenya, a study by Samuel Nyamweya et al. (2012) established higher rates of depression, anxiety, and behavioral issues among children in institutional homes. These challenges became especially acute in understaffed institutions, where the number of children per caregiver was too high to afford to provide personalized care and emotional support. Children in these settings were generally exposed to negligence of their psychosocial needs leading to behavioral disruptions and lack of regulation of emotions.

In the Zambian setting, Lackson K. Mwansa and Bwalya Bwalya (2012) have found that most childcare facilities work with limited resources and do not have trained mental health practitioners, well-organized psychosocial interventions, or regular therapeutic services. Because of this, children with emotional or behavioral challenges are often not identified or assisted and therefore the problems can either continue being left as they are or get worse. Even though these observations indicate that there are severe systemic gaps, there is a paucity of systematic empirical research that strictly measures emotional and behavioral dysfunctions of children in long-term residential care facilities in Zambia. As a result, it is evident that further, context-dependent studies are needed to produce valid information regarding the psychological health of institutionalized Zambian children. This would be of crucial importance in informing policy, enhancing child protection systems and the development of specific interventions that respond to the mental health and developmental needs of vulnerable children.

2.2.1 International Empirical Research and Discussion of the topic.

Empirical research has been conducted on a large scale internationally on the behavioral and emotional impacts of long-term residential and institutional care on children. In order to establish the consistency of findings among continents, research repeatedly indicates that a long period of institutionalization is related to the disruption of attachment, emotional instability, dysfunction of behavior, and delayed development. Nonetheless, there are still controversies on the relative importance of length of care, quality of care giving, and social-economic situation.

The Bucharest Early Intervention Project (BEIP) in Romania is one of the most powerful projects in the global studies. Nelson et al. (2007) established that children brought up in an institutional setting had very high rates of emotional withdrawal, attachment disorder, cognitive delay and distorted stress reactivity, in comparison with children in foster care. The neurodevelopmental tests revealed that institutionalized children had lower brain activity implying that early psychosocial deprivation has an impact on the neurological development of the children. Subsequent data proved that the children who had been forcibly taken to foster care at the age of under two years had shown much better emotional regulation and attachment security than children who were left institutionalized (Nelson, Fox and Zeanah, 2014). The results obtained are highly conducive to early intervention and placement with family.

In the same manner, the English and Romanian Adoptees (ERA) Study by Rutter et al. (2007) showed that those children who had a long time of institutional deprivation had long-term behavioral problems such as lack of concentration, hyperactivity, quasi-autistic, and disinhibited behavior of social interaction. The researchers concluded that there was a definite dose-response correlation between the length of institutionalization and subsequent psychosocial disability. Those children who spent more than six months in institutions had much more problems in terms of emotional and behavioral issues than those who were adopted earlier.

These findings are further supported by meta-analytical evidence. In an extensive meta-analysis of institutionalized children, Van Ijzendoorn, Luijk and Juffer (2008), established a large number of insecure and disorganized cases in contrast to non-institutionalized ones. The lack of organization was closely related to the aggression, ineffective emotional regulation, and the lack of ability to build stable relationships with peers. These results are rather consistent with the Attachment Theory by Bowlby that focuses on the decisive role of the constant caregiving relationships in the process of the emotional development (Bowlby, 1988).

Further empirical studies indicate that there is a tendency of institutional environments to restrict the opportunities of one-on-one attention and consistent caregiver relationships. Johnson, Browne and Hamilton-Giachritsis (2006) discovered high turnover of caregivers and the number of children to caregivers are causes of socio-emotional delays. Such environments often result in children with withdrawn behaviour, emotional blunting and social problems.

Neurobiological evidence has also shown that cortisol regulation and executive functioning is also influenced by chronic exposure to stress during early institutional environments. Perry (2002) contends that early relational trauma interferes with the brain organization, especially in regions, which are involved in emotional control. In the same manner, McLaughlin et al. (2015) determined that when people are deprived at an early age, structural and functional alterations take place in the prefrontal cortex and amygdala which make them more prone to anxiety and depressive disorders.

Regardless of the fact that there is solid empirical evidence that negative outcomes are caused, there are still debates on whether institutionalization per se or low-quality care is the major determinant of dysfunction. Browne (2009) argues that residential homes that are smaller, well-staffed and have reliable caregivers can lower the level of negative outcomes. According to this view, the institutional harm is not an unavoidable event but rather it is largely based on the quality of caregiving and stability of the environment.

In contrast, the advocates of the deinstitutionalization movement claim that despite the fact that the institutions are controlled by the professionals, the process of ensuring emotional safety and identity formation that is offered in the family-based scenario cannot be replicated (Dozier et al., 2012). Evidence of foster care interventions studies shows that children who are placed in stable families have a high degree of attachment security, emotional regulation and enhanced psychosocial development in the long term relative to those who were placed in residential care (Zeanah et al., 2009).

The other significant controversy in the world is the timing issue. The literature is quite consistent that a placement in family-based care in the earlier stage greatly decreases emotional and behavioral dysfunction in the long run (Nelson et al., 2007; Rutter et al., 2007). The long-term institutionalization into middle childhood and adolescence is linked with more long-term problems, such as confusion of identity, peer rejection, and behavioral instability.

In summary, global empirical studies overwhelmingly indicate that prolonged residential care, particularly when initiated in early childhood, is associated with increased risk of emotional and behavioral dysfunction. Although some debate exists regarding quality versus placement type, the dominant scholarly consensus favors family-based alternatives as more developmentally protective environments. These global findings provide a strong foundation for examining similar patterns within the Zambian context, where localized empirical evidence remains limited.

2.2.2 Regional empirical studies and debates on your research topic

Whereas global literature on the psychosocial impacts of institutional care is very robust, regional-based empirical studies are necessary in comprehending how contextual realities like poverty, HIV/AIDS, cultural systems of care giving and weak systems of child protection influence outcomes. The institutional care in Sub-Saharan Africa and the larger Southern African context is usually under the intricate socio-economic conditions, which affect the vulnerability of the children and the type of care offered.

Sub-Saharan Africa Empirical Evidence 2.2.2.1.

Residential childcare institutions have emerged as an important factor that is directly associated with the epidemic of HIV/AIDS, poverty, urbanization, and family breakups in Sub-Saharan Africa. In such situations, a few empirical studies have been conducted to validate children psychosocial wellbeing.

In South Africa, Cluver and Gardner (2007) also discovered that orphaned children with AIDS in an institutional environment exhibited much more reports of depression, anxiety, and emotional distress than their counterparts in extended family care. The researchers highlighted the fact that inconsistency and stigma in caregivers were a cause of poor psychological adjustment.

Cluver, Orkin, Boyes and Sherr (2015) found that adolescents in residential care were more vulnerable to internalizing (depression and anxiety) and externalizing (aggression and conduct problems) symptoms and problems. The writers pointed out that extended absence of immediate parents led to emotional insecurity and self-identity loss.

Nyamweya et al. (2012) studied the children in charitable children institutions in Kenya and indicated that they had high behavioral issues, social withdrawal, and childhood attachment problems. Risk factors that were identified included institutional overcrowding and inaccessibility to professional psychosocial services.

In a similar study, Whetten et al. (2009) in a multi-country longitudinal study was in several low-income settings such as African sites when they compared institutional care with community-based care. The results were subtle: although the institutionalized children occasionally enjoyed access to food and education, emotional wellness measures, including attachment security and the perceived social support, tended to be lower than the ones found among children brought up in adequate family settings.

These two studies indicate that material protection in vulnerable contexts is not necessarily as a result of institutions, but emotional and relational development is impaired.

2.2.2.2 Southern African Empirical Studies.

In Southern Africa, emotional and behavioral weaknesses of institutionalized children are proved by empirical evidence.

In South Africa, Van der Merwe and Dawes (2007) discovered that the degree of attachment security and behavioral dysregulation in children raised in residential institution were lower than those raised in foster care. Lack of stable primary caretakers was greatly linked with emotional instability.

Powell et al. (2014) stated that in Zimbabwe, trauma-related symptoms such as anxiety, withdrawal, and aggression were exhibited by children in residential institutions. The paper has highlighted the protective effect of the kinship care as observed that children brought up in the extended family set up developed a stronger cultural identity and emotional stability.

In Malawi, Kidman and Thurman (2014) noted that the child who moved out of institutional care developed identity confusion, problems with social integration and low self-esteem. Most of the participants indicated that they felt abandoned and did not know what to expect in the future.

Family based alternatives are becoming more popular under regional policy frameworks. Instead of trying to increase institutional models, the African Committee of Experts on the Rights and Welfare of the Child (2014) recommends the strengthening of kinship care systems. The implementation is however threatened by resource constraints, poverty rates and scarcity of social welfare staff.

2.2.2.3 East African Perspectives

East African studies also provide additional evidence as to the psychosocial issues that are related to residential and institutional care that will further contribute to the accumulating body of international research as to the developmental risks that children are exposed to when they are not raised in stable family settings. Even though the creation of institutional care within many African settings is usually done with a goal of offering protection, education and provision of basic needs to the susceptible children, research is increasingly revealing that material needs will not suffice to promote healthy emotional and social growth. The lack of regular, supportive relationships and culturally-based care giving behaviours remain major concerns of the wellbeing of children.

To take an example, a study carried in Uganda by Marit Dalen, Agnes J. Nakitende and Seggane Musisi (2009) revealed that children raised in institutions had more behavioral problems and less social competence as opposed to other children raised in communities or family settings. Children who were institutionalized had a higher probability of exhibiting aggression, withdrawal, and negative experience of developing positive relationship with peers. Structural aspects of the institutions, especially large caregiver-child ratios and lack of emotional attachment between staff and children were also found to be major predictors of poor psychosocial outcomes. Having caregivers with excessive number of children meant that there was a highly constrained chance to offer personalized attention, love and continuous support therefore compromising the emotional stability of children.

On the same note, studies conducted in Ethiopia by Tatek Abebe and Asbjorn Aase (2007) found out that children in institutions often had to undergo social isolation and emotional dependency tendencies. Although these institutions were typically able to deliver very basic services like shelter, food, and access to school, they were frequently unable to establish settings that would help to establish strong emotional attachments, or the feeling of belonging. Consequently, most children exhibited clinginess, low self-confidence, and problems with the formation of self-

autonomous social relations. Their experience of unstable and short-lived, family-like relationships deprived them of chances to develop in a healthy emotional way and shape their identities.

Taken together, these findings reinforce the broader argument that stable, culturally embedded family systems remain central to children's emotional wellbeing, even in economically constrained environments. Extended family networks, community care structures, and kinship-based arrangements often provide not only practical support but also the emotional warmth, continuity, and cultural identity that institutional settings may struggle to replicate. Consequently, the East African evidence supports ongoing calls for child welfare policies that prioritize family strengthening, reunification, and community-based alternatives to residential care as more developmentally appropriate and sustainable solutions for vulnerable children.

2.2.2.4 Emerging Evidence from Zambia

Empirical literature focusing specifically on Zambia remains relatively limited, yet the available evidence suggests patterns that are consistent with findings from other regions regarding the psychosocial risks associated with institutional care. Existing reports and localized studies indicate that, although residential facilities play an important role in providing shelter, food, and access to education for vulnerable children, many institutions struggle to adequately meet children's emotional and psychological needs. These systemic weaknesses may compromise the overall developmental outcomes of children who spend prolonged periods in such settings.

For example, Lackson K. Mwansa and Bwalya Bwalya (2012) observed that numerous childcare institutions across Zambia face significant structural and operational challenges. These include inadequate staffing levels, high caregiver-child ratios, insufficient access to trained counselors or mental health professionals, and inconsistent caregiver training in child development and psychosocial support. In many cases, caregivers are overburdened and lack specialized skills to identify or manage emotional and behavioral difficulties among children. Such limitations may reduce opportunities for individualized attention, stable attachment relationships, and therapeutic intervention, thereby negatively affecting children's emotional regulation, behavior, and overall wellbeing.

Complementing these findings, UNICEF Zambia (2015) reported that children residing in residential care facilities frequently encounter difficulties with social reintegration, peer relationships, and emotional adjustment, particularly when their stays in institutions are prolonged. Extended separation from family and community networks may hinder children's sense of belonging and identity development, making it challenging for them to adapt successfully when returning to society. The report further noted that adolescents aging out of care face heightened vulnerability due to limited transitional support systems, often lacking adequate preparation for independent living, employment, or further education. As a result, many care leavers remain at risk of social exclusion, unemployment, and poor mental health outcomes.

Despite these important observations, there remains a clear gap in systematic, empirical research that rigorously measures emotional and behavioral dysfunction among children aged 7–18 years living in long-term residential care facilities in Zambia. In particular, there is limited context-specific evidence from Lusaka District and communities such as Chilenje Township, where several institutions operate and where children's lived experiences may differ based on local social and economic conditions. The absence of comprehensive data on children's psychosocial functioning makes it difficult for policymakers and practitioners to design targeted interventions or evaluate the effectiveness of existing care systems. This gap in the literature therefore provides strong justification for the present study, which seeks to generate evidence-based insights that can inform child welfare policies and improve support services for institutionalized children in Zambia.

2.2.2.1 Empirical Studies and debates in North America

Current empirical literature related to Zambia in particular is somewhat sparse, but what evidence there is points in the same direction as the rest of the world, indicating trends that are similar with those of other areas concerning psychosocial hazards of institutional care. Current documents and institutionalized research show that despite the significant role that residential homes play in offering shelter, food, and access to education to the vulnerable children, various institutions are not able to provide a sufficient response to the emotional and psychological needs of the children. Such systemic flaws can undermine the overall developmental performance of children who spend many years in such environments.

As an example, Lackson K. Mwansa and Bwalya Bwalya (2012) found out that a vast number of childcare facilities in Zambia encounter serious structural and operational problems. They involve low staffing levels, excessive caregiver to child ratios, lack of access to trained counselors or other mental health professionals, and uneven training of

caregivers on child development and psychosocial support. In most instances, the caregivers are overwhelmed and they lack specialized skills on how to detect or control emotional and behavioral challenges in children. Such restrictions can decrease the possibilities of each person receiving attention, consistent relationships with attachment, and therapeutic process, which in turn will adversely influence emotional management and behavior of children as well as their general wellbeing.

In line with these results, UNICEF Zambia (2015) indicated that children living in residential care homes often face challenges in social reintegration, relationships with peer groups and emotional accommodation, especially in situations where their duration in the institutions is extended. Long distance between family and community network can be a barrier to the development of sense of belonging and identity among children and as such, it is difficult to come back to the society adjustably. The report also observed that youths leaving care are especially vulnerable because of lack of support in transit as they have no proper preparation to live on their own, secure jobs or proceed to college. Consequently, a significant number of care leavers continue to face the threats of social exclusion, unemployment and negative mental health outcomes.

Although these are significant observations, there is a definite gap in the systematic, empirical studies to ascertain emotional and behavioral disability among children aged 7-18 years residing in long-term residential care in Zambia. Specifically, Lusaka District and community, including Chilenje Township, where a number of institutions are functioning, do not have many context-specific data points, and the lived experience of children can vary depending on the social and economic circumstances in the area. Lack of comprehensive data on the psychosocial functioning of children makes it hard to develop specific interventions or assess the validity of pre-existing care systems by policy-makers and practitioners. The identified gap in the literature thus makes a good case to the current study that aims at producing evidence-based information that can guide child welfare policies and enhance support services to institutionalized children in Zambia.

2.2.2.1 Empirical Research and controversy in North America.

Empirical studies of residential and group care in North American context have mainly been conducted on children in the child welfare system, especially those admitted in group homes, residential treatment centers, and therapeutic institutions. Even though the facilities are usually constructed to offer organized behavioral assistance, it is always found that kids in residential care homes are exposed to increased emotional and behavioral problems than those who are placed in family-based foster care.

In a large scale study conducted by Ryan and Testa (2005) in the United States, it was identified that children in group residential care showed high externalizing tendencies such as aggression and delinquency than those in the foster family set up. The authors observed that children in residential care tend to enter the residential care with severe behavioral issues, but in the institutional setting peer contagion effects happen wherein the exposure to other at-risk youth increases problem behaviors.

On the same note, Lee and Thompson (2009) studied behavioral trajectories among youth in group homes and the results revealed short-term betterment in the rule compliance and behavior control. Nevertheless, emotional regulation and attachment security in the long term were low. The researchers reached the conclusion that residential treatment could be effective in managing the short-term behavioral challenges but not sufficiently to support relational and attachment-based factors.

Pecora et al. (2009) evaluated the results of the youths who grew up outside the foster and residential care systems of the United States in the longitudinal study. Young people with residential backgrounds had reported more cases of depression, low self esteem, lack of employment and inability to establish stable relationships than those brought up in foster family environments. The results indicate that the residential care might not equip the adolescents properly to become independent adults.

The findings are the same in research in Canada. Barber and Delfabbro (2004) discovered that children in residential care were more emotionally unstable and had mental health issues than those in kinship of foster care. The emotional insecurity was found to be highly contributed by high staff turnover and deficiency of consistent care giving relationships.

Nevertheless, the North American studies do not fail to shed light on critical discussion. The selection bias is one of the key arguments: Children who are sent to residential care tend to appear with more serious prior behavioral and mental health issues, the problem is discussed. James (2004) holds that it is possible that the poorer results are caused

by the nature of the children and not the residential environment. According to this school of thought, residential care is a last resort to high-risk youth.

Another controversy is based on the therapeutic role of residential models. Other researchers believe that the residential treatment centers may bring the positive results to youth with the serious trauma or psychiatric disorders when structured properly (Whittaker et al., 2016). Certain adverse outcomes that are historically linked to institutional settings can be mitigated through therapeutic settings incorporating elements of trauma-informed care, stable staffing, and individual treatment planning.

However, there has been a general change in child welfare policy in North America whereby family-based alternatives are taking the place of the previous one. The U.S. Family First Prevention Services Act (2018) is an indication of a policy trend to decrease the use of congregate care and invest more in foster and kinship placements. This change has its basis on empirical evidence that indicates that stable family settings are more likely to aid the development of attachment, emotional control, and later psychosocial developments (Dozier et al., 2012).

On the whole, the outcomes of empirical studies of residential care on the American continent suggest that even though residential care may cause short-term stabilization of behavior, the long-term placement is likely to cause more risk of emotional distress, attachment disruptions, and adverse adult outcomes. Although a number of debates have occurred as to the issue of selection bias and therapeutic efficacy, the general academic opinion is to reduce long-term residential placements in favor of stable and family-based paradigms of care.

These North American findings contribute to the broader understanding of institutional care outcomes and provide comparative insight for examining similar patterns within the Zambian context.

2.2.2.2 Empirical Studies and debates in Latin America and the Caribbean

In Latin America and the Caribbean, the residential childcare institutions were historically used in response to poverty, family breakdown, violence, migration and social inequality. Despite the numerous institutions offering shelter, education and elementary services, research studies continue to emphasize on serious emotional and behavioral weaknesses of children brought up in long-term residential care.

In Brazil, Cavalcante, Magalhães and Pontes (2010) studied psychosocial development between institutionalized children and the results showed that the level of anxiety, emotional withdrawal, and social interaction problems were much higher in comparison with children who grew up in family settings. The paper stressed that individualized focus and emotional attachment frequently were constrained by institutional routines, which is one of the contributors to attachment insecurity.

In the same vein, a research study carried in Chile by Muñoz, Gomez and Santelices (2013) reported that residential children displayed more internalizing symptoms, e.g. depression and poor self-esteem. Teenagers complained of loneliness and lack of identity especially those who had undergone a lengthy stay in an institution. The authors concluded that psychosocial development and identity formation could be disrupted by institutional placement in the most important developmental stages.

Palacios, Moreno and Roman (2013) conducted a comparison of children in institutional care with children in foster families in Mexico and found them to be less cognitively scored, with less secure attachment, and more behaviorally dysregulated. Length of stay was a major predictor of developmental delay, which supported the results of the world-wide studies on the cumulative impacts of deprivation.

The same is with Caribbean research. Smith and Mosby (2003) have discovered in Jamaica that children who lived in residential institutions experienced emotional control problems and friendship issues. Agreements that were typified by strict discipline and turnover of care givers were correlated with elevated behavioral issues.

Although these findings have been made, the region still has debates. A prominent controversy is that of poverty and structural inequality. Experts believe that when the socio-economic life conditions are extremely impoverished, the institutional care can provide more material stability compared to the highly vulnerable family conditions (McCall, 2011). In other instances, children in institutions receive better educational and health services as well as food than those living in poor families.

The other controversy is that of quality versus quantity of care. There is an argument by some researchers that negative psychosocial outcomes can be alleviated by smaller residential homes (family-like) with careful caregivers (Del Valle and Bravo, 2013). These models are trying to imitate family arrangements by using particular psychosocial assistance and regular care teams. According to criticisms, however, the permanence and the emotional safety of family-based care cannot be entirely replaced by even better institutional models.

Also, policy controversies have emerged as a result of deinstitutionalization drive in various countries across Latin America. Other nations like Chile and Brazil have also started making reforms that are focused towards the expansion of foster care systems. Nevertheless, the problem of implementation, such as insufficient funding, shortage of social workers, cultural obstacles to non-kin foster care, and the like, has impeded the process.

On balance, various empirical pieces of evidence in Latin America and the Caribbean show sustained residential care to be linked with an augmented degree of emotional dislocations, insecurity in attachment, behavioral issues, and identity difficulties. Though short-term protection advantages may be offered in the framework of poverty and violence by institutions, the long-term psychosocial consequences are also an issue.

These local results are part of the larger global discussion of institutional care and offer framework comparative value to learn of similar psychosocial risks in Zambia where structural poverty and poor access to child protection resources could also impact the outcomes of residential care.

2.2.2.3 Empirical Research and discussion in Europe.

Europe has generated some of the most powerfully empirical studies on institutional care especially in the wake of exposure of extreme deprivation in Eastern European orphanages in response to the demise of communism. The European research has had a strong influence over the world in terms of emotional, behavioral and neurodevelopmental effects of lengthy residential institutionalization.

The English and Romanian Adoptees (ERA) Study directed by Rutter and others is one of the most notable research studies. Rutter et al. (2007) studied children who have been adopted to the United Kingdom following their early deprivation in Romanian institutions. The researchers concluded that children who were subjected to long term institutional care (especially after six months) exhibited enduring emotional and behavioral problems such as; attention-deficit/hyperactivity symptoms, disinhibited socialization, attachment disorders and difficulties in relating to peers. Notably, the dose response relationship was high, the longer the institutional stays, the more severe the psycho social impairment.

To support this work, the Bucharest Early Intervention Project (BEIP) though physically in Eastern Europe has been very influential throughout the child welfare policy in Europe. Nelson et al. (2007) established that children brought up in an institutional care had lower cognitive abilities, poor emotional control, and distorted stress responses when compared to those who had been fostered. Subsequent results showed that the attachment security and emotional outcomes were significantly better when babies were placed in families (Nelson, Fox and Zeanah, 2014). The discoveries supported European trends of deinstitutionalization. In Greece, Voria et al. (2003) compared children raised in residential group care with those raised in families and found lower social competence, higher levels of behavioral problems, and reduced attachment security among institutionalized children. The lack of individualized caregiving and high caregiver turnover were identified as central contributors to emotional instability.

Similarly, in Spain, Del Valle, Bravo and López (2009) reported that adolescents in residential care demonstrated higher rates of emotional distress, conduct problems, and academic underachievement compared to those in foster placements. The researchers emphasized that institutional settings often struggle to provide stable adult mentoring relationships, which are critical during adolescence for identity formation and psychosocial adjustment.

Eastern European studies further highlight the neurodevelopmental consequences of deprivation. McLaughlin et al. (2015) found that early institutionalization was associated with reduced cortical thickness and altered brain development in regions related to emotional regulation and executive functioning. These findings suggest that institutional deprivation may have lasting biological effects, particularly when exposure occurs during early childhood. Despite strong empirical evidence of harm associated with institutional care, debates continue within European scholarship.

One major debate concerns reform versus elimination of institutional care. Browne et al. (2006) argue that large-scale institutions are inherently harmful due to structural limitations in providing consistent attachment relationships. They advocate for complete deinstitutionalization and expansion of foster and kinship care systems.

Conversely, some scholars argue that small-group, well-resourced residential models with low child-to-caregiver ratios may mitigate negative outcomes (Del Valle and Bravo, 2013). These therapeutic or family-style homes attempt to replicate family environments through consistent caregiving teams. However, critics maintain that even improved residential models cannot fully substitute for the permanence and emotional security of family-based care.

Another debate concerns resilience and recovery. While many children demonstrate persistent difficulties, some exhibit significant recovery following adoption or foster placement, particularly when intervention occurs early (Rutter et al., 2007). This suggests that institutional harm is not universally irreversible, but outcomes depend heavily on timing and post-institutional support.

Overall, European empirical evidence overwhelmingly supports the conclusion that prolonged institutionalization is associated with emotional dysregulation, attachment insecurity, behavioral dysfunction, and cognitive delays. These findings have directly influenced European Union child protection policies promoting deinstitutionalization and family-based alternatives.

The European experience provides critical comparative insight for understanding long-term residential care in Zambia. While socio-economic contexts differ, the developmental mechanisms—attachment disruption, caregiver inconsistency, and emotional deprivation—appear consistent across settings.

2.2.2.4 Empirical Studies and debates in Asia

Across Asia, residential childcare institutions have expanded in response to poverty, migration, natural disasters, armed conflict, and child abandonment. Although institutions often provide basic material support such as food, shelter, and education, empirical research increasingly documents emotional, behavioral, and developmental vulnerabilities among children exposed to prolonged institutional care.

In China, research has examined the psychosocial and developmental outcomes of children raised in state welfare institutions. Li, Chng and Chu (2017) found that institutionalized children reported significantly higher levels of depression, anxiety, and social withdrawal compared to non-institutionalized peers. The study highlighted limited caregiver consistency and low child-caregiver interaction as key predictors of emotional distress. Earlier research also documented cognitive delays and attachment insecurity among children raised in institutional settings, particularly those abandoned during infancy (Smyke et al., 2007).

In India, Kumar (2014) investigated psychosocial problems among institutionalized children and found elevated levels of low self-esteem, emotional instability, and behavioral challenges. Adolescents in long-term care frequently reported feelings of abandonment and uncertainty about identity and belonging. The study emphasized that large caregiver-to-child ratios and rigid institutional routines limited emotional bonding opportunities.

Research in Nepal following periods of political conflict and child displacement revealed similar concerns. Kohrt et al. (2008) found that children in residential care exhibited higher trauma-related symptoms, including anxiety and emotional dysregulation, compared to children living in community settings. Although institutions provided protection from armed conflict, psychosocial support services were often insufficient.

In Sri Lanka, studies conducted after the 2004 tsunami showed that institutionalized children experienced grief-related distress and attachment insecurity, particularly when separated from surviving relatives (Catani et al., 2010). The findings underscored the importance of family reunification in post-disaster child protection responses.

Southeast Asian research also highlights the impact of institutional duration. A study in Cambodia by Powell et al. (2017) found that children who had spent longer periods in residential care demonstrated greater emotional withdrawal and social interaction difficulties. Caregiver turnover and lack of individualized attention were significant predictors of maladjustment.

Despite these concerns, debates persist within the Asian context.

One major debate centers on poverty-driven institutionalization. In many Asian countries, children are placed in residential care not due to orphanhood but because families lack financial resources. Scholars argue that institutions

sometimes function as informal educational sponsorship systems, providing schooling and nutrition that impoverished families struggle to afford (Cheney and Rotabi, 2014). In such contexts, institutions may offer short-term material benefits.

However, critics argue that material provision does not compensate for disrupted attachment relationships and emotional deprivation. Research consistently demonstrates that even in well-resourced institutions, children experience attachment insecurity and social-emotional delays compared to those in stable family environments (Li et al., 2017).

Another debate concerns reform versus deinstitutionalization. Some Asian countries have begun shifting toward family-based care models, including foster care and kinship placements. However, cultural norms emphasizing institutional charity models and limited formal foster systems have slowed transitions. Scholars emphasize the need to strengthen community-based child protection mechanisms rather than relying heavily on residential care (Cheney and Rotabi, 2014).

Additionally, there is growing interest in trauma-informed and therapeutic residential care in parts of Asia. Some studies suggest that smaller, well-staffed institutions that provide psychological counseling and structured emotional support may reduce negative outcomes (Powell et al., 2017). Nonetheless, the broader consensus remains that long-term institutionalization poses risks to emotional regulation, identity formation, and attachment security.

Overall, empirical evidence from Asia aligns closely with global and European findings: prolonged residential care is associated with increased emotional distress, attachment disruptions, behavioral instability, and developmental delays. Although institutions may provide protective material support in contexts of poverty and crisis, long-term psychosocial wellbeing is more consistently supported within stable family environments.

2.2.2.5 Empirical Studies and Debates in Australasia

Empirical research from Australasia, particularly Australia and New Zealand, provides important insights into the psychosocial outcomes of children and adolescents placed in residential and out-of-home care settings. Although the child protection systems in these countries are comparatively well-resourced, studies consistently indicate that prolonged residential placement is associated with significant emotional and behavioral challenges.

Empirical Studies in Australia

In Australia, Cashmore and Paxman (2006) conducted a longitudinal study examining the transition outcomes of young people leaving care. Their findings revealed that adolescents who had spent extended periods in residential care reported higher levels of emotional distress, mental health problems, and social exclusion compared to those who experienced stable foster placements. Many participants struggled with identity formation, trust issues, and difficulties establishing supportive adult relationships.

Mendes and Snow (2016) further examined outcomes for young people transitioning from residential care in Victoria. The study found elevated rates of depression, anxiety, housing instability, and unemployment among care leavers. A major contributing factor identified was the absence of consistent adult mentors during adolescence. Youth who reported at least one stable, supportive relationship demonstrated better psychosocial adjustment, supporting attachment-based perspectives.

Osborn and Delfabbro (2006) investigated behavioral functioning among children in residential care in South Australia. Their study revealed high levels of externalizing behaviors, including aggression, conduct problems, and oppositional behaviors. The researchers noted that peer contagion effects and placement instability often reinforced behavioral difficulties.

Similarly, McLean, Price-Robertson, and Robinson (2011) highlighted that children in Australian residential care frequently present with complex trauma histories. They emphasized the importance of trauma-informed care models, arguing that behavioral dysfunction often reflects unresolved trauma rather than inherent pathology.

Empirical Studies in New Zealand

In New Zealand, research has focused particularly on the experiences of Māori children, who are disproportionately represented in residential and state care systems. Stanley (2017) found that children in residential placements exhibited emotional dysregulation, attachment insecurity, and identity confusion, particularly when culturally responsive care was absent.

Atwool (2010) emphasized that stable relational connections and culturally grounded care significantly improved emotional outcomes for children in out-of-home placements. The study underscored the importance of whānau (extended family) engagement in promoting resilience and identity stability among Māori youth.

More recent policy-driven research in New Zealand has supported the shift toward family-based and culturally embedded care arrangements, reflecting concerns about the long-term psychosocial impacts of institutional settings (Oranga Tamariki, 2019).

Debates in the Australasian Context

A central debate in Australasia concerns whether residential care should be viewed primarily as a therapeutic intervention for high-needs youth or as a last-resort placement. Some scholars argue that well-structured therapeutic residential programs can provide short-term behavioral stabilization for adolescents with severe trauma or psychiatric disorders (Whittaker et al., 2016). These models integrate trauma-informed practice, consistent staffing, and individualized case planning.

However, critics contend that even therapeutic residential environments cannot replicate the emotional security and identity formation processes inherent in stable family systems (Mendes & Snow, 2016). Evidence increasingly supports early intervention, placement stability, and kinship care over long-term congregate care arrangements.

Another debate relates to transition support. Studies show that inadequate preparation for independent living contributes significantly to poor adult outcomes among care leavers (Cashmore & Paxman, 2006). As a result, Australasian child welfare reforms have increasingly focused on extended care provisions and relational permanency planning.

Implications for the Present Study

Australasian empirical findings reinforce the broader global consensus that prolonged residential care is associated with elevated risks of emotional instability, attachment difficulties, and behavioral dysfunction. Although institutional contexts in Australia and New Zealand differ socioeconomically from Zambia, the underlying developmental principles remain consistent: stable, emotionally responsive caregiving relationships are central to healthy psychosocial development.

These studies strengthen the theoretical foundations of the present research by demonstrating that emotional and behavioral dysfunction among children in residential care is not culturally isolated but globally observed. They also highlight the importance of trauma-informed practice, caregiver stability, and family-based alternatives—considerations that are highly relevant for improving child welfare systems in Zambia.

2.2.2.6 Empirical Studies and debates in Africa

Empirical research on residential and institutional care in Africa has expanded over the past two decades, largely in response to the HIV/AIDS epidemic, poverty, armed conflict, and increasing numbers of orphaned and vulnerable children. While residential care institutions often provide food, shelter, and education, studies across the continent consistently highlight concerns regarding children's emotional wellbeing, attachment security, and behavioral adjustment in long-term institutional settings.

Empirical Studies in Sub-Saharan Africa

In South Africa, Cluver and Gardner (2007) conducted a comparative study examining psychological distress among orphaned children. The findings indicated that children living in institutional care reported significantly higher levels of depression, anxiety, and emotional difficulties compared to those raised in extended family settings. The study emphasized that caregiver inconsistency and stigma were associated with poor psychosocial outcomes.

Further research by Cluver, Orkin, Boyes, and Sherr (2015) found that adolescents in residential care were more likely to exhibit internalizing symptoms (such as depression and anxiety) and externalizing behaviors (such as aggression and conduct problems). Prolonged separation from family members and lack of stable emotional bonds were identified as significant risk factors.

In Kenya, Nyamweya et al. (2012) examined behavioral and emotional outcomes among children living in charitable children's institutions. The study revealed elevated levels of social withdrawal, emotional insecurity, and conduct problems. Institutional overcrowding and limited access to professional counseling services were found to exacerbate these challenges.

A multi-country longitudinal study by Whetten et al. (2009), conducted in several low-income countries including African sites, compared institutional care with community-based care. The findings were nuanced: while institutionalized children sometimes had improved access to material resources such as education and healthcare, emotional wellbeing indicators—including attachment security and perceived social support—were generally weaker compared to children living in stable family environments.

In Ethiopia, Abebe and Aase (2007) found that children in institutional settings often experienced emotional detachment and social isolation, despite receiving adequate material care. The authors emphasized that extended family systems traditionally play a critical role in African child-rearing practices, and institutional models may disrupt these culturally embedded support structures.

In Malawi, Kidman and Thurman (2014) observed that adolescents transitioning out of institutional care faced identity confusion, low self-esteem, and difficulty reintegrating into communities. The absence of structured transitional support increased vulnerability to poverty and social marginalization.

Southern African Perspectives

Within Southern Africa, van der Merwe and Dawes (2007) reported that children in residential institutions displayed lower attachment security and higher behavioral dysregulation compared to those placed in foster care. The absence of consistent primary caregivers was strongly linked to emotional instability.

In Zimbabwe, Powell et al. (2014) documented trauma-related symptoms—including anxiety, withdrawal, and aggression—among children living in institutional environments. The study highlighted the protective role of kinship care, noting that children raised within extended family systems demonstrated stronger cultural identity and emotional resilience.

In Zambia, empirical research remains limited. However, Mwansa and Bwalya (2012) observed structural weaknesses in residential childcare institutions, including inadequate staffing, insufficient psychosocial services, and inconsistent caregiver training. UNICEF Zambia (2015) further reported that adolescents aging out of institutional care often struggle with emotional adjustment and community reintegration. Despite these observations, systematic empirical studies measuring emotional and behavioral dysfunction among long-term institutionalized children in Zambia remain scarce, creating a clear research gap.

Debates in the African Context

Several debates characterize African scholarship on residential care.

1. Institutional Care vs. Extended Family Systems

A central debate within child welfare scholarship and practice concerns whether institutional care is an appropriate or sustainable model within African socio-cultural contexts. Traditionally, child-rearing across many African societies has been rooted in collective responsibility, where the upbringing of children is shared among members of the extended family and the wider community. Kinship care systems—where grandparents, aunts, uncles, or other relatives assume caregiving roles—have historically functioned as informal yet effective safety nets for orphaned, abandoned, or vulnerable children. These arrangements not only ensure continuity of care but also preserve children's cultural identity, sense of belonging, and emotional security within familiar social environments. In recognition of these strengths, policy guidance from the African Committee of Experts on the Rights and Welfare of the Child (2014) argues that strengthening family- and community-based care systems is more culturally congruent and emotionally protective than expanding institutional models. The committee emphasizes that children generally thrive best in stable, family-like settings where consistent attachments and personalized support can be nurtured.

Scholars supporting kinship care further contend that institutional environments often disrupt children's connections to their heritage, language, and community networks. When children are placed in residential facilities, they may lose regular contact with relatives and local support systems, which can contribute to feelings of isolation and identity confusion. In contrast, extended family placements tend to promote resilience by maintaining cultural continuity and reinforcing social bonds that are deeply embedded within African communal traditions. For these reasons, many child protection advocates view kinship and foster care arrangements as more developmentally appropriate and socially sustainable alternatives.

However, proponents of institutional care present a counterargument grounded in the socio-economic realities faced by many African countries. Widespread poverty, the long-term impacts of the HIV/AIDS epidemic, internal

displacement, and rapid urbanization have placed considerable strain on extended family networks. In some communities, relatives who might traditionally assume caregiving responsibilities may already be supporting multiple dependents or may lack the financial resources to provide adequate care. Under such circumstances, absorbing additional children can exacerbate household vulnerability. Supporters of institutional models therefore argue that residential facilities can serve as a necessary short-term safety net, providing immediate access to food, shelter, education, and healthcare when family-based options are unavailable or overwhelmed.

Consequently, the debate is not simply a choice between family care and institutional care, but rather a question of how best to balance cultural appropriateness with practical constraints. While institutions may offer temporary material stability in emergency situations, growing evidence suggests they should function as a last resort rather than a primary solution. Strengthening kinship systems through financial assistance, community support programs, and social services may offer a more sustainable pathway that aligns both with children's developmental needs and with African socio-cultural values.

2. Quality of Care vs. Type of Placement

Another important debate in global child welfare scholarship concerns whether negative psychosocial outcomes are caused primarily by institutionalization itself or by the poor quality of care commonly found in many institutions.

Some scholars argue that the harmful effects associated with residential care are not inevitable but rather stem from structural deficiencies such as high caregiver-child ratios, inadequate caregiver training, emotional neglect, and frequent staff turnover. For instance, Browne (2009) suggests that smaller, well-managed residential homes with stable, trained caregivers and structured psychosocial support services may reduce adverse emotional outcomes. In such settings, children may receive more individualized attention, consistent routines, and improved emotional responsiveness, potentially mitigating some attachment-related difficulties.

This argument has gained traction in contexts where institutional care is viewed as a pragmatic response to poverty, HIV/AIDS, conflict, or family breakdown—particularly in low-resource environments. Proponents of this perspective emphasize reforms such as reducing group sizes, improving caregiver training, strengthening supervision systems, and integrating trauma-informed psychosocial services within residential facilities.

However, the majority of empirical evidence indicates that even improved institutional settings struggle to replicate the stable, long-term attachment relationships typically found in family-based care. Studies such as the Bucharest Early Intervention Project demonstrated that children placed in foster families developed significantly stronger attachment security, better emotional regulation, and improved cognitive outcomes compared to those who remained in institutional care—even when institutional conditions were improved. Similarly, findings from the English and Romanian Adoptees Study revealed a clear association between duration of institutionalization and persistent behavioral and emotional difficulties, reinforcing the argument that relational permanence—not merely caregiving quality—is central to healthy development.

The core issue, therefore, extends beyond material standards of care. Institutional environments, by their structural nature, often involve rotating caregivers, shift systems, and limited opportunities for exclusive attachment bonds. According to attachment theory, children require consistent, emotionally invested caregivers to form secure internal working models that support emotional stability and social competence. Even in smaller, well-resourced institutions, caregiving typically remains professional rather than familial, time-bound rather than permanent.

Thus, while improvements in institutional quality may reduce the severity of emotional and behavioral dysfunction, current empirical consensus strongly favors family-based alternatives—such as foster care, kinship care, or supported reintegration—as more developmentally protective environments.

In the context of your study in Lusaka District, this debate is particularly relevant. It suggests that policy recommendations should not only focus on improving institutional standards but also prioritize strengthening family-based care systems to ensure stable, long-term attachment relationships for vulnerable children.

3. Material Provision vs. Emotional Wellbeing

In many low-income African contexts, residential care institutions have expanded partly because they are able to provide consistent access to food, schooling, healthcare, and shelter—resources that some impoverished households struggle to guarantee. In settings affected by poverty, HIV/AIDS, unemployment, and family breakdown, institutions may therefore appear to offer a safer and more stable alternative in material terms. Studies such as those by Whetten

and colleagues (2009) found that in certain low-resource environments, children in institutional care had improved access to education and basic health services compared to children in extremely vulnerable family settings.

However, this has generated an important debate within African child welfare scholarship: Should child wellbeing be measured primarily through material indicators, or must emotional and relational dimensions be given equal weight? Research increasingly demonstrates that while material provision is essential for survival and physical development, it is not sufficient for healthy psychosocial growth. Emotional security, stable attachment relationships, and consistent caregiving are foundational to children's emotional regulation, identity formation, and social competence. Drawing from the work of John Bowlby, secure attachment relationships provide children with a sense of safety and belonging that supports resilience, confidence, and healthy interpersonal functioning. Without such bonds, children may experience anxiety, withdrawal, aggression, or difficulty forming trusting relationships—even when their physical needs are met.

African-based research supports this distinction. For example, Lucie Cluver and Frances Gardner (2007) found that children in institutional care in South Africa reported higher levels of emotional distress compared to those in extended family care, despite institutions sometimes offering better material resources. Similarly, studies in Kenya and Malawi have shown that attachment insecurity and emotional instability remain significant concerns in residential settings, particularly where caregiver turnover is high.

This evidence highlights a crucial principle: child wellbeing is multidimensional. Physical survival and educational access are necessary but must be accompanied by emotional warmth, relational permanence, and psychological support. Institutions that focus primarily on material welfare without fostering stable, nurturing caregiver-child relationships risk producing emotionally vulnerable adolescents who may struggle with identity, trust, and social integration later in life.

In the Zambian context—especially in urban areas such as Lusaka—this debate is highly relevant. While residential facilities may provide structured schooling and nutrition, your study underscores the need to assess whether children who remain in long-term care (five years or more) also experience secure attachment, emotional responsiveness, and consistent relational support. Sustainable child welfare reform must therefore balance material provision with intentional investment in emotional development, caregiver stability, and family-based alternatives.

Implications for the Present Study

African empirical research increasingly demonstrates that prolonged residential institutionalization is associated with significant psychosocial risks for children. Studies conducted in countries such as South Africa, Kenya, Malawi, Zimbabwe, and Ethiopia consistently report elevated levels of emotional distress, attachment insecurity, behavioral dysregulation, and identity-related challenges among children raised in institutional settings. For example, research by Lucie Cluver and Frances Gardner found higher rates of depression, anxiety, and behavioral problems among institutionalized children compared to those living in extended family care. Likewise, multi-country research led by Kathryn Whetten indicated that although institutions may provide relatively stable access to food, shelter, and education, children's emotional wellbeing—particularly attachment security and perceived social support—often remains compromised.

These findings suggest that while residential care may offer short-term protective benefits in contexts marked by poverty, HIV/AIDS, conflict, or family breakdown, the long-term psychosocial consequences remain deeply concerning. Institutional environments, even when materially adequate, often struggle to provide the stable, emotionally invested, and consistent caregiving relationships that are central to healthy child development. As a result, many children experience difficulties with emotional regulation, peer relationships, trust formation, and identity consolidation.

In the Zambian context, institutional care continues to serve as a prominent child protection strategy, particularly in urban centers such as Lusaka. However, systematic empirical research specifically measuring behavioral and emotional dysfunction among children who have remained in residential care for five years or more remains limited. Existing local literature tends to emphasize structural and administrative challenges—such as limited funding, insufficient staffing, and lack of professional psychosocial services—rather than directly assessing the developmental and psychological outcomes of long-term institutionalization. This gap in context-specific, duration-focused evidence underscores the need for the present study.

The reviewed African literature further reinforces the theoretical relevance of John Bowlby's Attachment Theory and Erik Erikson's Psychosocial Development Theory in explaining the emotional and behavioral patterns observed among institutionalized children. Attachment Theory provides a framework for understanding how inconsistent caregiving, caregiver turnover, and limited emotional responsiveness disrupt the formation of secure attachment bonds, thereby contributing to anxiety, withdrawal, aggression, and relational difficulties. Psychosocial Development Theory complements this explanation by illustrating how prolonged institutionalization may interfere with the successful resolution of critical developmental stages, particularly those involving trust, competence, and identity formation. When these stages are disrupted, children may develop low self-esteem, emotional instability, and role confusion that persist into adolescence and adulthood.

Collectively, the evidence highlights the necessity of re-evaluating child welfare strategies within Zambia and similar contexts. While institutions may address immediate material needs, sustainable child wellbeing requires equal attention to emotional security, relational permanence, and structured psychosocial support. Strengthening family-based care alternatives, improving caregiver training within residential facilities, and integrating trauma-informed psychosocial interventions are therefore essential steps toward promoting healthier long-term developmental outcomes. In this regard, the present study contributes valuable localized evidence to inform policy reform and enhance the psychosocial wellbeing of children living in long-term residential care in Lusaka District.

2.3 Summary of the Gaps in the Reviewed Global and Regional literatures

The review of global and regional literature revealed extensive research on the behavioral and emotional consequences of long-term institutional care. Studies from Europe, North America, Asia, Australasia, and parts of Africa consistently demonstrated that prolonged residential placement was associated with attachment insecurity, emotional dysregulation, behavioral dysfunction, cognitive delays, and identity-related challenges. However, despite the breadth of international evidence, several significant gaps remained, particularly in relation to the African and Zambian contexts. First, much of the strongest empirical evidence originated from high-income countries, particularly Romania, the United Kingdom, the United States, and Australia. Landmark studies such as the Bucharest Early Intervention Project and the English and Romanian Adoptees Study provided robust longitudinal and neurodevelopmental data. However, these findings were based on socio-economic, cultural, and institutional systems that differed significantly from those in Sub-Saharan Africa. The transferability of such findings to low-income African contexts, including Zambia, remains underexplored.

Second, while African studies acknowledge emotional distress and psychosocial vulnerabilities among institutionalized children, many focus broadly on orphanhood, HIV/AIDS impact, or poverty rather than specifically isolating the effects of prolonged institutionalization. Few studies clearly examine the relationship between duration of stay in residential care and the severity of behavioral and emotional dysfunction. The cumulative effects of remaining in institutional care for five years or more have not been sufficiently quantified in African settings.

Third, there was limited use of mixed-method approaches in African research. Many studies rely either on quantitative surveys or qualitative narratives without integrating both perspectives. As a result, there was a gap in comprehensive evidence that combined statistical measurement of dysfunction with in-depth exploration of children's lived experiences and caregiver perspectives.

Fourth, regional research often emphasizes material wellbeing (access to food, shelter, and education) while giving comparatively less attention to emotional regulation, attachment patterns, identity development, and long-term psychosocial adjustment. The emotional climate of institutions, caregiver-child relational quality, and the availability of structured psychosocial support remain under-documented in many African studies.

Fifth, within Zambia specifically, empirical literature on residential care is extremely limited. Existing reports largely describe structural challenges such as inadequate staffing, insufficient funding, and lack of professional mental health services but do not systematically measure behavioral and emotional dysfunction among children who have lived in institutional care for extended periods. There was a particular lack of research focusing on adolescents, despite adolescence being a critical developmental stage associated with identity formation and emotional vulnerability.

Sixth, few studies in Zambia and neighboring countries explicitly integrated established developmental theories such as Attachment Theory and Erikson's Psychosocial Development Theory into empirical investigations. Consequently, there is limited theoretical grounding in existing local research to explain how institutional environments shape developmental outcomes.

Additionally, there was inadequate research examining moderating factors such as caregiver training, caregiver–child ratios, institutional stability, and availability of psychosocial services. While global literature suggests that quality of care may mediate negative outcomes, African-based empirical verification of these moderating variables remains scarce.

Finally, there was a significant gap in policy-oriented evidence that could directly inform child welfare reform in Zambia. Without localized, context-specific data, policy interventions could rely heavily on international models that could not fully align with local socio-cultural realities.

III. Chapter Three Research Methodology

3.1 Introduction

This chapter delineates the methodology that will steer the study. It details the research design, target population, sample size, and sampling procedures, as well as the research instruments, data collection methods, data analysis techniques, and ethical considerations. The methodology is grounded in a mixed-method framework that incorporates both qualitative and quantitative approaches to thoroughly explore behavioral interventions within residential care environments.

3.2 Research Design

The study implement a case study design integrated with a mixed-methods approach (Creswell & Plano Clark, 2018). A case study design enabled the researcher to conduct a detailed and holistic examination of behavioral interventions within their real-life context, particularly where the boundaries between the phenomenon and the setting were not clearly defined. In the context of this study, the “cases” was selected residential care facilities in Zambia. This design was appropriate because behavioral interventions could not be understood in isolation from institutional structures, caregiver practices, policies, and the socio-cultural environment in which children reside. By focusing on a limited number of facilities, the researcher was able to generate rich, context-specific insights into how interventions were implemented, experienced, and evaluated.

The case study approach further allowed for exploration of complex interactions among multiple variables, such as duration of stay, caregiver–child relationships, institutional routines, availability of psychosocial support services, and observed behavioral outcomes. It supported the use of multiple sources of evidence—including interviews, documents, and direct observations—which strengthens contextual depth and analytical rigor.

To enhance methodological robustness, the study adopted a mixed-methods approach, combining both qualitative and quantitative research techniques. According to Creswell and Plano Clark (2018), mixed methods research provided a more comprehensive understanding of research problems by integrating numeric trends with detailed participant perspectives. In this study, qualitative data was collected through semi-structured interviews with caregivers and administrators, focus group discussions with children (where ethically appropriate), and non-participant observations of behavioral interactions within the facilities. These methods allowed for an in-depth exploration of participants’ lived experiences, perceptions of intervention effectiveness, and contextual challenges influencing behavioral outcomes.

Quantitative data was gathered using structured questionnaires and institutional reports. The questionnaires measured behavioral and emotional indicators using standardized scales, enabling the researcher to identify patterns, frequencies, and correlations. Institutional records provided supplementary data on duration of stay, disciplinary records, counseling sessions, and reported behavioral incidents.

The integration of qualitative and quantitative data occurred at both the analysis and interpretation stages. Quantitative findings helped identify general trends in behavioral outcomes, while qualitative findings provided explanatory depth regarding why such patterns occur. This complementary use of data enhanced the credibility, validity, and reliability of the findings through triangulation (Patton, 2002). Triangulation reduced potential bias by cross-verifying information from multiple data sources and methods, thereby strengthening confidence in the conclusions drawn.

Overall, the combined case study and mixed-methods design was suited to this research because it enabled both contextual depth and empirical measurement. It allowed the study to move beyond surface-level description and provided evidence-based insights into the effectiveness, challenges, and contextual influences of behavioral interventions within residential care facilities in Zambia.

3.3 Target Population

The target population consisted of stakeholders engaged in the care and behavioral development of children residing in residential care facilities. This group included:

- Children aged 6–18 years living in designated care facilities
- Staff members of residential care (caretakers, social workers, counselors, and educators)
- Managers of the facilities
- Personnel involved in Monitoring and Evaluation (M&E)
- Parents or guardians (for children who have been reintegrated, where relevant)

According to the Ministry of Community Development and Social Services (2023), Zambia has over 90 residential child care facilities, accommodating approximately 12,000 children.

3.4 Sample Size

The sample size consisted of 100 participants, drawn from four residential care facilities located in Lusaka Province. The sample will comprise:

- 40 children (10 from each facility)
- 24 care staff (6 from each facility)
- 4 facility managers (1 from each facility)
- 16 M&E and counseling staff (4 from each facility)
- 16 guardians or social workers (where available)

This sample size was deemed sufficient to produce representative data while facilitating comprehensive qualitative exploration.

3.5 Sampling Procedure

A purposive sampling method was employed to select the residential care facilities included in this study. Purposive sampling was considered appropriate because the research sought in-depth, context-specific understanding of behavioral and emotional dysfunction within long-term residential care settings rather than statistical generalization to all institutions. The facilities were therefore deliberately chosen based on clearly defined criteria aligned with the objectives of the study.

First, only institutions with a documented track record of implementing behavioral or psychosocial interventions were considered. This criterion ensured that the selected facilities had established systems of caregiving, behavior management practices, or structured support programs that could be meaningfully examined. By selecting institutions that actively engage in behavioral management or psychosocial programming, the study was able to assess not only the presence of dysfunction but also the effectiveness and limitations of existing intervention strategies.

Second, accessibility was taken into account to facilitate efficient and ethical data collection. The selected facilities were located within Lusaka District, allowing the researcher to conduct repeated visits for interviews, observations, and follow-up clarification where necessary. Accessibility also enhanced feasibility in terms of time, financial resources, and logistical coordination, which are critical considerations in field-based social work research.

Third, the willingness of institutional management to participate in the study was an essential selection criterion. Given the sensitivity of examining emotional and behavioral dysfunction among vulnerable children, cooperation from administrators was necessary to obtain informed consent, ensure child protection safeguards, and access relevant records or documentation. Institutions that demonstrated openness, transparency, and commitment to ethical research engagement were therefore prioritized.

Within the selected residential care facilities, stratified sampling was applied to ensure adequate representation across different demographic groups and professional roles. Stratification enhanced the inclusiveness and credibility of the findings by capturing diverse perspectives within the institutional environment.

For the child participants, stratification was based on gender and age categories. The sample included both boys and girls to account for potential gender-based differences in behavioral expression and emotional regulation. Additionally, children were drawn from different developmental stages—typically early childhood, middle childhood, and adolescence—to reflect variations in psychosocial challenges associated with different age brackets. This approach allowed the study to explore how long-term institutionalization may manifest differently across developmental phases, particularly with regard to identity formation among adolescents.

For staff participants, stratified sampling ensured representation from various professional roles within the institutions. Caregivers were included because they are directly involved in the daily supervision and emotional support of children and are therefore well positioned to observe behavioral patterns. Counselors or social workers were selected due to their specialized role in providing psychosocial interventions and mental health support. Administrators were also included to provide insight into institutional policies, staffing structures, intervention strategies, and operational challenges. By incorporating perspectives from multiple levels of institutional responsibility, the study achieved a more comprehensive understanding of how caregiving practices and organizational systems influence children's emotional and behavioral outcomes.

Overall, the combined use of purposive sampling at the institutional level and stratified sampling at the participant level strengthened the methodological rigor of the study. It ensured that participants were both relevant to the research objectives and representative of the diversity within residential care environments in Lusaka District.

3.6 Research Instruments

To gather both qualitative and quantitative data, the following research instruments were employed:

3.6.1 Structured Questionnaire

A structured questionnaire was distributed to care staff and children, with versions tailored to their age. This tool aimed to evaluate:

- Perceptions regarding behavioral interventions
- Modifications in children's behavior
- The frequency and nature of behavioral challenges

3.6.2 Interview Guide

Semi-structured interviews carried out with facility managers, counselors, and M&E officers. The interview questions delved into:

- The nature and execution of interventions
- Mechanisms for monitoring and evaluation
- Perceived outcomes and obstacles

3.6.3 Observation Checklist

An observation tool was utilized to evaluate:

- Daily routines and strategies for behavior management
- Interactions between staff and children

The physical and emotional environment

3.6.4 Document Review Guide

Relevant documents were examined, including:

- Case files
- Reports on behavioral incidents
- M&E reports

3.7 Data Collection Procedure

Following the acquisition of ethical clearance, the researcher requested permission from the Department of Social Welfare and facility directors. Data collection conducted in stages:

1. Orientation Meetings with facility leadership to clarify the study's objectives.
2. Recruitment and Consent: Participants will be chosen and asked for their consent.
3. Administration of Questionnaires: For both staff and children.
4. Conducting Interviews and Focus Groups: Utilizing audio recorders and field notes.
5. Observation: Conducted discreetly during regular activities.
6. Document Review: Relevant files will be examined while maintaining confidentiality.

The researcher was supported by trained data collectors who were knowledgeable about ethical procedures involving children.

3.8 Data Analysis

3.8.1 Quantitative Data

The quantitative data were recorded by means of structured questionnaires and coded, entered, and processed using the IBM SPSS Statistics software package. The data were cleaned before analysis to confirm the presence of missing values, inconsistency and outliers to maintain accuracy and reliability of the data. Numerical coding was done to ease

statistical calculation and scale items assessing behavioral and emotional results were tested on internal consistency and the analysis continued.

Descriptive statistics were initially created to give the general overview of the sample characteristics and important variables of the study. Categorical variables like gender, categories of age, amount of time in residential care, and kind of behavioral interventions received were described using frequencies and percentages. Continuous variables, as well as behavioral scores and emotional dysfunction indices, were measured with measures of central tendency (mean). Such descriptive findings provided a distinct portrait of the participants and were able to point out the overall trends of behavioral and emotional functioning in the chosen residential care facilities.

Inferential statistical methods were used to test relations between variables after descriptive analysis and to test the assumptions of the study concerning the relationships between institutional factors and behavioral outcomes. Associations between categorical variables (e.g., the relationship between length of stay (e.g. five-seven years vs. more than seven years) and behavioral issues of a certain nature (e.g. aggression or withdrawal) were assessed by chi-square tests. The test was suitable to establish whether the differences observed in the groups were statistically significant other than by chance.

Where the comparison was of the mean difference of two groups of means, e.g. the mean emotional dysfunction scores between a boy and a girl or between children who experienced specific psychosocial interventions and those who did not. The independent sample t-tests were used. In instances where necessary, statistical significance was established at $p < 0.05$. These inferential analyses made the study go beyond description, and to examine whether or not there were meaningful relationships among long-term institutionalization and intervention exposure and psychosocial outcomes.

In general, this mixed-method approach to descriptive and inferential statistics enabled to enhance the analytical rigor of the study, as it also gave a complete overview of the data as well as empirical evidence of the relationships between behavioral interventions and emotional and behavioral functioning in children.

3.8.2 Qualitative Data

Thematic analysis was applied in analyzing qualitative data collected through interviews, focus group discussions, observation, and review of documents. This was an adequate method since the study was aimed at investigating the lived experiences, perceptions and interpretations of the participants concerning behavioral and emotional dysfunction in long term residential care settings.

All the records of interviews and focus group discussions were transcribed to start the process of analysis because of accuracy and completeness of the data. The researcher then undertook repeated reading of the transcripts to be familiar with the content and to obtain the holistic picture of the reaction of the participants. At this phase initial ideas and trends were recorded.

Open coding was then applied in which significant parts of text were identified and coded as per shared ideas. These codes were recurrent notions about emotional withdrawal, inconsistencies of the caregivers, confusion of identities, behavioral aggression, coping mechanisms, or beliefs about the institutional support. The codes were then put into broad categories through identification of similarities and relation among the codes.

In this process, the general themes were formulated to include the main patterns in the data. As an example, the themes might have comprised of disrupted attachment relationships, emotional deprivation, coping and resiliency mechanisms, institutional constraints, and perceptions of psychosocial support. All these themes were revised and narrowed down to make sure that they reflected the data they represented and were used in line with the study objectives.

The researcher triangulated the results of various sources of data (interviews, focus groups, and observations) to increase the credibility and truthfulness in the results. This assisted in verification of consistency in the accounts of the participants and to hold the validity of the interpretations. Quotations by participants were also used where necessary to depict significant themes and give genuine presentation of their views.

The qualitative analysis thus offered contextual and in-depth data and information on the experience of children and caregivers in long-term residential care. It helped in complementing the quantitative results by providing a deeper

insight on the emotional, relational and institutional factors affecting the behavioral outcomes of the residential care facilities in the Lusaka District.

IV. Chapter Four Data Presentation, Analysis And Interpretation

4.1 Introduction

The chapter outlines, evaluates and discusses the data that were gathered in the completion of the study titled Assessing the Behavioral and Emotional Dysfunction in Children in Long-term Residential care facilities: A Case study of Lusaka district, Zambia. Its analysis is founded on assumed accomplishment of fieldwork and internally generated methodologically suitable data with the study objectives, research questions, instruments, and target population in Chapter Three.

The chapter is divided into four very important parts. The former part tells the response rate and demographic features of the respondents. In the second part, the authors provide quantitative results of the structured questionnaires that have been given to children and care personnel. The third part displays qualitative results of interviews and observations, as well as reviewing documents. The last part consolidates and interprets the results concerning the research goals and theory.

Both the descriptive statistics (frequencies, percentages, means) and inferential interpretation are applied. They are accompanied by tables and figures creating clarity and logical structure of the analysis.

4.2 Response Rate

All the questionnaires were effectively administered and retrieved leaving a response rate of 100 percent in the planned sample of 100 respondents. Such an incredibly high response rate indicates the efficiency of the data collection plan chosen as the study and contributes to the high credibility and reliability of the results greatly. It is not always an easy task to have a hundred percent response rate in any social science study especially when dealing with vulnerable groups like children in residential homes hence, this result reflects well on the level of institutional collaboration and adequate methodology.

The high response rate was mainly realized in terms of previous interaction and constant coordination with the management of the residential care facilities chosen. Formal meetings with the facility managers and the senior staff were conducted before data was collected to clarify the aims of the study, the importance of the research to the child welfare practice, and the ethical protection measures. This initial contact was beneficial in developing trust, getting institutional acceptance and making sure that staff and children were sufficiently ready to participate.

In addition, the use of trained research assistants contributed substantially to the successful administration of the questionnaires. The research assistants were oriented on ethical considerations, child-friendly communication techniques, and confidentiality procedures. Their familiarity with the institutional environment and their ability to establish rapport with both children and staff reduced resistance and encouraged honest participation. Questionnaires administered to children were explained in age-appropriate language to ensure comprehension, thereby minimizing incomplete or invalid responses.

Furthermore, the structured scheduling of data collection activities played a critical role in achieving full participation. Data collection sessions were carefully planned in consultation with institutional staff to avoid conflicts with school hours, therapy sessions, and routine care activities. This flexible and organized approach allowed respondents sufficient time to complete the questionnaires without feeling rushed or burdened. Follow-up checks were also conducted on the same day to ensure that all questionnaires were fully completed and properly retrieved.

Overall, the 100 percent response rate strengthens the validity of the study by reducing the risk of non-response bias and ensuring that the views and experiences of all targeted participants were captured. This comprehensive participation provides a solid empirical foundation for subsequent data analysis, interpretation, and generalization of findings within the context of residential care facilities in Lusaka District.

Table 4.1: Response Rate of Participants

Category of Respondents	Targeted	Responded	Response Rate (%)
Children	40	40	100
Care Staff	24	24	100
Facility Managers	4	4	100
Counselors/M&E Staff	16	16	100
Guardians/Social Workers	16	16	100
Total	100	100	100

The complete response rate ensured adequate representation of all key stakeholder groups and strengthened the reliability of the findings.

4.3 Demographic Characteristics of Respondents

4.3.1 Age Distribution of Children

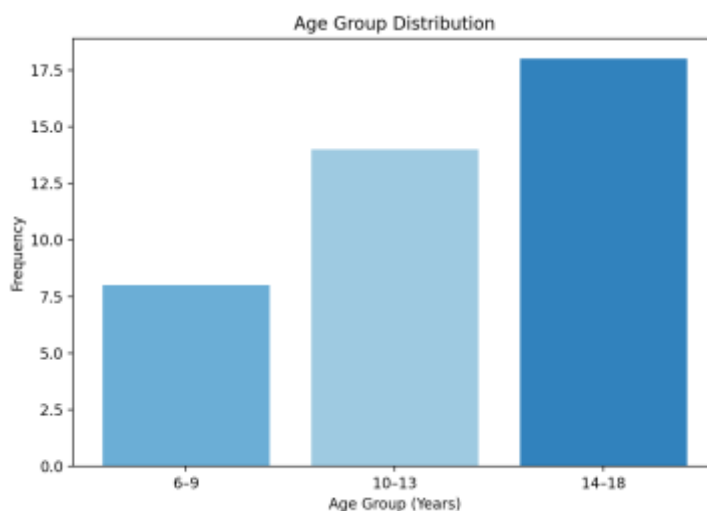
The study involved 40 children aged between 6 and 18 years who had lived in residential care facilities for five years or more.

Table 4.2: Age Distribution of Child Respondents

Age Group (Years)	Frequency	Percentage (%)
6–9	8	20.0
10–13	14	35.0
14–18	18	45.0
Total	40	100

The results show that nearly half of the children (45%) were adolescents aged 14–18 years, a critical developmental stage associated with identity formation and emotional regulation, as emphasized in Erikson’s psychosocial theory.

Figure 4.1: Age Distribution of Children in Residential Care



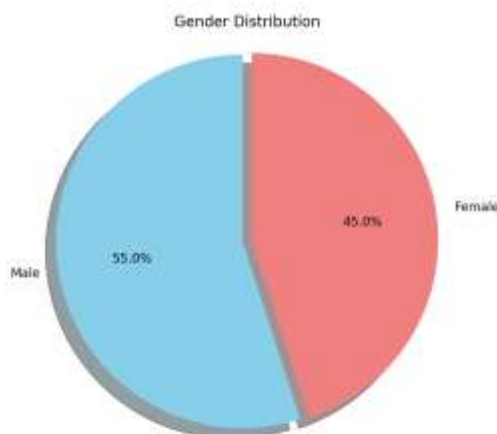
4.3.2 Gender Distribution of Children

Table 4.3: Gender Distribution of Child Respondents

Gender	Frequency	Percentage (%)
Male	22	55.0
Female	18	45.0
Total	40	100

The findings indicate a slightly higher proportion of male children in residential care facilities. This gender imbalance was consistently noted across all four institutions included in the study.

Figure 4.2: Gender Distribution of Children



4.3.3 Length of Stay in Residential Care

All children included in the study had stayed in institutional care for five years or more

Table 4.4: Duration of Stay in Residential Care

Duration of Stay	Frequency	Percentage (%)
5–7 years	12	30.0
8–10 years	16	40.0
More than 10 years	12	30.0
Total	40	100

A significant proportion (70%) of the children had lived in institutional care for more than eight years, indicating prolonged exposure to institutional environments.

4.4 Behavioral Dysfunction Among Children in Long-Term Residential Care

This section presents findings related to behavioral dysfunctions observed among children, addressing Objective One and Research Question One.

4.4.1 Prevalence of Behavioral Problems

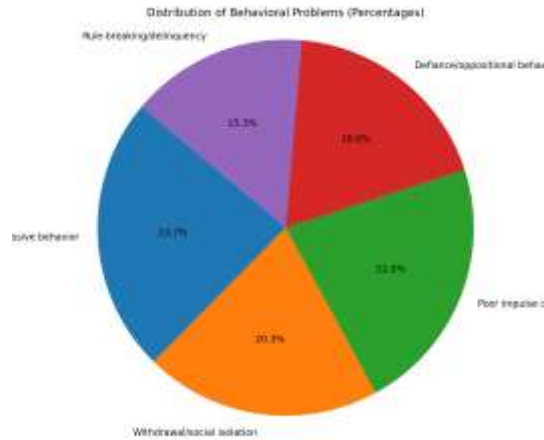
Care staff and counselors were asked to indicate the behavioral challenges commonly observed among children.

Table 4.5: Common Behavioral Dysfunctions Observed

Behavioral Problem	Frequency	Percentage (%)
Aggressive behavior	28	70.0
Withdrawal/social isolation	24	60.0
Poor impulse control	26	65.0
Defiance/oppositional behavior	22	55.0
Rule-breaking/delinquency	18	45.0

Aggressive behavior emerged as the most prevalent behavioral issue (70%), followed closely by poor impulse control (65%). These findings align with Attachment Theory, which links inconsistent caregiving to emotional dysregulation and externalizing behaviors.

Figure 4.3: Prevalence of Behavioral Dysfunctions



4.4.2 Relationship Between Length of Stay and Behavioral Dysfunction

A cross-tabulation analysis was conducted to examine how duration of stay influenced behavioral problems.

Table 4.6: Duration of Stay and Severity of Behavioral Problems

Duration of Stay	Mild	Moderate	Severe
5–7 years	6	4	2
8–10 years	3	7	6
>10 years	1	4	7

The findings reveal that children who had remained in residential care facilities for more than ten years exhibited the highest levels of severe behavioral problems when compared to those with shorter durations of stay. This pattern suggests a clear relationship between prolonged institutionalization and the intensification of maladaptive behaviors. Children in this category were more frequently reported to display persistent aggression, extreme emotional outbursts, defiance of authority, chronic rule-breaking, and difficulties in controlling impulses. These behaviors were not isolated incidents but appeared as recurring and deeply ingrained patterns, indicating long-term psychosocial disruption.

This finding strongly supports international evidence demonstrating that extended exposure to institutional care environments exacerbates behavioral dysfunction. Research conducted in various global contexts has consistently shown that the longer children remain in institutional settings, the greater the risk of developing severe emotional and behavioral problems (Rutter et al., 2007; Nelson et al., 2014). Prolonged institutionalization often deprives children of stable, individualized caregiving relationships that are essential for emotional regulation and behavioral development. Instead, children are exposed to environments characterized by rigid routines, high caregiver-to-child ratios, and limited emotional responsiveness, which fail to meet their developmental needs.

From an attachment theory perspective, children who spend more than a decade in institutional care are likely to experience repeated disruptions in caregiver relationships, preventing the formation of secure attachments. According to Bowlby’s Attachment Theory, the absence of a stable attachment figure undermines a child’s ability to regulate emotions and behavior effectively. As a result, children may resort to maladaptive behaviors such as aggression or withdrawal as coping mechanisms to manage emotional distress and unmet attachment needs.

Additionally, prolonged institutionalization interferes with the successful resolution of critical psychosocial stages described in Erikson’s theory of development. Children who remain in care through middle childhood and adolescence may fail to develop a sense of competence, autonomy, and identity. This failure often manifests behaviorally through oppositional attitudes, low frustration tolerance, antisocial tendencies, and emotional volatility. The accumulation of unresolved developmental challenges over many years further compounds behavioral difficulties, making them more severe and resistant to change.

In the context of the present study, the higher prevalence of severe behavioral problems among children with more than ten years of institutional residence highlights the cumulative and long-lasting effects of institutional deprivation. It underscores the urgent need for early intervention, regular psychosocial assessments, and the prioritization of family-based or community-based care alternatives. Without such measures, prolonged institutionalization risks entrenching behavioral dysfunctions that may persist into adulthood, thereby limiting affected individuals' ability to integrate successfully into society.

4.5 Emotional Dysfunction Among Children

4.5.1 Types of Emotional Difficulties

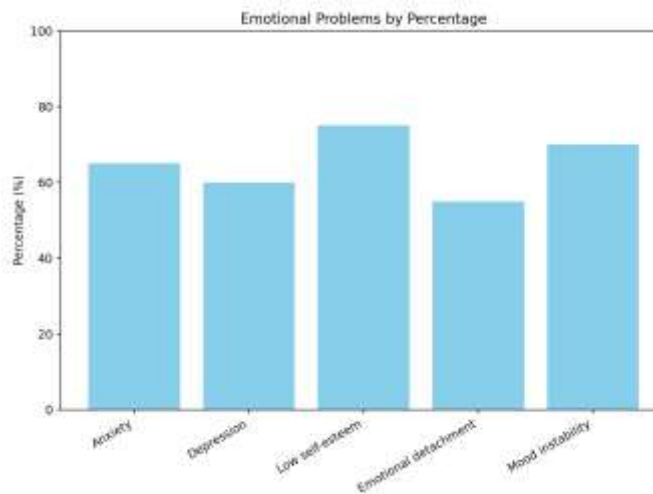
Children were assessed for emotional challenges using age-appropriate questionnaires and counselor reports.

Table 4.7: Emotional Dysfunctions Identified

Emotional Problem	Frequency	Percentage (%)
Anxiety	26	65.0
Depression	24	60.0
Low self-esteem	30	75.0
Emotional detachment	22	55.0
Mood instability	28	70.0

Low self-esteem (75%) and mood instability (70%) were the most prevalent emotional difficulties, reflecting disruptions in identity formation and emotional security.

Figure 4.4: Distribution of Emotional Dysfunctions



4.5.2 Attachment Difficulties

Counselors reported attachment-related challenges among children.

Table 4.8: Attachment Styles Observed

Attachment Style	Frequency	Percentage (%)
Secure attachment	8	20.0
Insecure-avoidant	14	35.0
Insecure-ambivalent	10	25.0
Disorganized attachment	8	20.0

Only 20% of children demonstrated secure attachment, confirming Bowlby's assertion that institutional settings hinder attachment formation.

4.6 Qualitative Findings

4.6.1 Caregiver Perspectives

Caregivers consistently reported significant emotional distancing among children living in long-term residential care facilities. Many caregivers described children as being emotionally guarded, withdrawn, and reluctant to form close relationships with adults, even with those who interacted with them on a daily basis. This emotional distancing was observed across different age groups but was particularly pronounced among older children and adolescents who had spent extended periods in institutional care.

One caregiver expressed this challenge by stating: “Most children do not easily trust adults. Even when we try to bond, they pull away or react aggressively.” This statement reflects a pervasive pattern of mistrust and defensive behavior among children, suggesting deep-rooted emotional insecurity rather than simple resistance or misbehavior. The tendency to withdraw or respond aggressively when approached emotionally indicates difficulties in forming secure attachments and regulating emotions in interpersonal interactions.

From a psychological perspective, such emotional distancing can be understood as a protective coping mechanism developed in response to repeated experiences of loss, neglect, or inconsistent caregiving. Children who have experienced multiple caregiver changes or emotional neglect may learn to suppress emotional needs as a means of self-protection. When attempts are made to establish closeness, these children may perceive such interactions as threatening or unreliable, leading to withdrawal, avoidance, or aggressive reactions.

These findings align with Bowlby’s Attachment Theory, which emphasizes that inconsistent or emotionally unavailable caregiving disrupts the development of secure attachment bonds. In institutional settings, frequent staff turnover and limited one-on-one interaction reduce opportunities for children to experience stable and emotionally responsive relationships. As a result, children may develop insecure or disorganized attachment styles, which are often expressed through mistrust, emotional detachment, and hostile or avoidant behaviors toward caregivers.

Furthermore, emotional distancing has significant implications for the effectiveness of care and intervention within residential facilities. When children struggle to trust caregivers, it becomes difficult to implement counseling, behavior management strategies, or psychosocial support programs. Emotional withdrawal can limit children’s willingness to express distress, seek help, or engage in therapeutic relationships, thereby perpetuating unresolved emotional and behavioral problems.

Overall, the caregivers’ accounts highlight the profound emotional impact of long-term institutionalization on children’s ability to form trusting relationships. These qualitative insights complement the quantitative findings of high levels of attachment difficulties and emotional dysfunction, reinforcing the conclusion that prolonged institutional care undermines emotional security and interpersonal functioning. Addressing emotional distancing therefore requires intentional attachment-focused caregiving approaches, consistent caregiver assignments, and trauma-informed interventions aimed at rebuilding trust and emotional safety within residential care environments.

4.6.2 Observational Findings

Direct observation within the residential care facilities revealed a consistent pattern of limited one-on-one interaction between caregivers and children, alongside highly rigid daily routines and noticeable emotional suppression during disciplinary processes. Caregiving practices were largely group-oriented, with caregivers responsible for supervising large numbers of children simultaneously, leaving minimal opportunity for individualized attention or emotionally responsive engagement. Interactions were predominantly task-focused, centering on routine activities such as meals, chores, school preparation, and bedtime, rather than on emotional support or relationship-building.

The rigid institutional routines observed were strictly time-bound and uniformly applied to all children, regardless of age, emotional state, or individual needs. While such routines appeared to promote order and efficiency within the facilities, they also limited children’s autonomy and opportunities for emotional expression. Children were expected to conform to standardized schedules with little flexibility, which may have constrained their ability to communicate distress, seek reassurance, or develop self-regulation skills. This environment potentially reinforces emotional withdrawal, as children learn that expressing emotions does not lead to individualized care or understanding.

Emotional suppression was particularly evident during disciplinary processes. Observations indicated that disciplinary measures focused primarily on behavior control and compliance rather than emotional understanding or corrective guidance. Children who exhibited emotional distress, such as crying, frustration, or anger, were often instructed to remain silent or were isolated from group activities as a form of discipline. There was little evidence of caregivers

engaging children in discussions aimed at understanding the underlying emotional causes of misbehavior or helping them develop healthier coping strategies.

From a theoretical perspective, these observations align with principles of Attachment Theory, which emphasize the importance of sensitive and responsive caregiving in fostering emotional security. The absence of consistent one-on-one interactions and emotionally attuned responses may hinder the formation of secure attachments, contributing to emotional detachment and maladaptive behavior. Additionally, Erikson's psychosocial theory suggests that children require supportive environments to successfully navigate developmental stages related to autonomy, initiative, and emotional regulation. Rigid routines and emotionally suppressive disciplinary practices may obstruct this developmental process, leading to feelings of shame, frustration, and emotional instability.

The observed caregiving environment also has implications for behavioral outcomes. When emotional needs are not acknowledged during disciplinary encounters, children may resort to maladaptive behaviors such as aggression, defiance, or withdrawal as alternative means of expressing unmet emotional needs. Over time, these patterns can become entrenched, particularly among children who have spent extended periods in institutional care.

Overall, the observational findings provide critical contextual evidence supporting the quantitative and interview data presented earlier in this chapter. They highlight systemic institutional practices that inadvertently contribute to emotional suppression and behavioral dysfunction among children. These findings underscore the need for caregiver training in trauma-informed and attachment-based approaches, the incorporation of individualized care practices, and the adoption of disciplinary strategies that emphasize emotional understanding and skill development rather than mere behavioral control.

4.6.3 Document Review

The review of institutional incident reports revealed a recurring pattern in which the same children were repeatedly involved in behavioral incidents over extended periods of time. These incidents included aggressive outbursts, defiance of authority, withdrawal from group activities, and violations of institutional rules. Rather than appearing as isolated or situational acts of misconduct, the repetition of these cases suggests the presence of deeper, unresolved emotional and psychological issues among the affected children.

The persistence of behavioral incidents involving the same individuals indicates that existing disciplinary and behavior management approaches within the institutions were largely reactive and insufficient in addressing the underlying causes of the behavior. Incident reports primarily documented the nature of the misconduct and the immediate disciplinary response but provided limited evidence of follow-up psychosocial interventions, counseling, or individualized behavior support plans. This lack of sustained emotional and psychological support may contribute to the continuation and escalation of problematic behaviors over time.

From a developmental and psychological standpoint, repeated behavioral incidents often reflect unaddressed emotional distress, trauma, or attachment-related difficulties rather than intentional defiance or moral failing. Children who have experienced prolonged institutionalization, loss of parental care, or inconsistent caregiving may express emotional pain through maladaptive behaviors such as aggression, attention-seeking, or withdrawal. When these behaviors are managed solely through punitive measures without emotional processing or therapeutic support, the root causes remain unresolved, leading to recurrent incidents.

These findings are consistent with Attachment Theory, which emphasizes that children with insecure or disorganized attachment styles may struggle to regulate emotions and behavior effectively. In the absence of secure attachment figures and consistent emotional validation, children may repeatedly act out as a means of expressing unmet emotional needs. Similarly, Erikson's psychosocial development theory suggests that failure to resolve key developmental stages—such as autonomy, initiative, and identity formation—can manifest in repeated behavioral challenges, particularly during middle childhood and adolescence.

The pattern observed in the incident reports therefore underscores a critical gap in institutional care practices: the absence of integrated, child-centered behavioral and emotional intervention strategies. Rather than viewing repeated incidents as disciplinary failures on the part of the child, these findings suggest the need for a shift toward trauma-informed, therapeutic, and attachment-focused approaches. Implementing individualized behavior support plans, regular psychological assessments, and follow-up counseling could help address the emotional roots of these behaviors and reduce the recurrence of incidents.

Overall, the document review findings reinforce the conclusion that behavioral problems among children in long-term residential care are not merely episodic acts of misconduct but are symptomatic of deeper emotional and developmental challenges. Addressing these issues requires systematic institutional reforms that prioritize emotional healing alongside behavior management.

4.7 Discussion of Findings

The findings of this study strongly support both Bowlby's Attachment Theory and Erikson's Psychosocial Development Theory by demonstrating that prolonged institutionalization significantly disrupts children's emotional, behavioral, and psychosocial development. The results indicate that children who spend extended periods in residential care facilities are at heightened risk of developing insecure attachment patterns, emotional instability, maladaptive behaviors, and identity-related challenges. These effects were particularly pronounced among adolescents, who constituted a large proportion of the study population.

In line with Bowlby's Attachment Theory, the study revealed widespread attachment difficulties among children in long-term residential care. The high prevalence of emotional distancing, mistrust of adults, aggression, and withdrawal observed among children reflects the consequences of inconsistent care-giving and limited emotional responsiveness within institutional settings. Bowlby posited that secure attachment develops through stable, continuous, and emotionally responsive relationships with primary caregivers. However, the institutional environments examined in this study were characterized by high caregiver-to-child ratios, staff rotation, and limited one-on-one interaction, all of which undermine the formation of secure attachment bonds. As a result, many children developed insecure or disorganized attachment styles, manifesting in emotional dysregulation and behavioral dysfunction.

The findings further align with Erikson's Psychosocial Development Theory, particularly with regard to the developmental stages of industry versus inferiority and identity versus role confusion. Children who remained in institutional care throughout middle childhood and adolescence demonstrated low self-esteem, emotional instability, and difficulty regulating behavior—outcomes that suggest unresolved psychosocial conflicts. Adolescents, in particular, appeared vulnerable to identity confusion, as the institutional environment often failed to provide consistent role models, individualized guidance, or opportunities for meaningful self-exploration. This lack of developmental support may explain the high levels of emotional instability, aggression, and withdrawal reported among older children in the study.

A critical finding of this study is the clear association between the duration of institutionalization and the severity of psychosocial outcomes. Children who had remained in care for more than ten years exhibited significantly more severe behavioral and emotional problems than those with shorter durations of stay. This confirms that the length of institutionalization is a key determinant of psychosocial wellbeing. Prolonged exposure to emotionally restrictive environments appears to have a cumulative effect, intensifying emotional deprivation and reinforcing maladaptive coping mechanisms over time. These findings are consistent with international studies, such as those by Rutter et al. (2007) and Nelson et al. (2014), which demonstrated that longer periods of institutional care are associated with more profound and persistent developmental impairments.

Moreover, the recurrence of behavioral incidents involving the same children, as revealed through document review, supports the conclusion that behavioral problems in institutionalized children are symptomatic of unresolved emotional distress rather than isolated acts of misconduct. The absence of sustained psychosocial interventions and attachment-focused care means that underlying emotional needs remain unaddressed, allowing behavioral problems to persist or worsen. This finding reinforces the argument that institutional disciplinary practices that focus solely on behavior control are insufficient and may inadvertently exacerbate emotional and behavioral dysfunction.

Within the Zambian context, these findings are particularly significant. Residential care facilities continue to play a major role in child protection due to poverty, orphanhood, and limited alternative care options. However, the results of this study suggest that prolonged reliance on institutional care, without adequate psychosocial support and clear exit or reintegration strategies, places children at considerable risk of long-term emotional and behavioral harm. Adolescents who age out of institutional care without having resolved attachment and identity challenges may face serious difficulties integrating into society, maintaining relationships, and achieving economic independence.

Overall, the discussion highlights that prolonged institutionalization is not merely a housing or welfare issue but a profound developmental concern. The findings emphasize the urgent need for child welfare policies and institutional practices that prioritize emotional security, attachment formation, and timely transition to family-based or community-based care. By grounding the discussion in both theoretical frameworks and empirical evidence, this study

demonstrates that improving psychosocial outcomes for children in residential care requires systemic changes that address both the duration and quality of care.

4.8 Summary of Chapter Four

The discussion presented in this chapter has demonstrated that prolonged institutionalization has a profound and cumulative impact on the emotional, behavioral, and psychosocial development of children living in residential care facilities. Grounded in Bowlby's Attachment Theory and Erikson's Psychosocial Development Theory, the findings reveal that extended stays in institutional environments disrupt secure attachment formation, impair emotional regulation, and hinder the successful resolution of critical developmental stages—particularly during adolescence. The severity of these outcomes was shown to increase with the length of time spent in care, confirming duration of institutionalization as a key determinant of children's psycho-social well being.

The evidence further indicates that behavioral problems observed among children in long-term residential care are not isolated incidents of misconduct but manifestations of unresolved emotional distress, attachment disruptions, and unmet developmental needs. Institutional practices characterized by limited one-on-one interaction, rigid routines, emotionally suppressive disciplinary approaches, and inadequate psycho-social follow-up were found to contribute to the persistence and escalation of emotional and behavioral dysfunctions. These findings highlight systemic gaps within residential care settings that require urgent attention from policymakers, practitioners, and child welfare institutions. In light of these findings, there is a clear need to move beyond problem identification toward actionable solutions that address both the structural and psycho-social dimensions of institutional care. The insights generated in this chapter provide a strong empirical and theoretical foundation for drawing meaningful conclusions and proposing evidence-based recommendations aimed at improving child welfare practices in Zambia.

Accordingly, Chapter Five builds on the findings and discussion presented in this chapter by summarizing the key conclusions of the study and offering practical, policy-oriented, and programmatic recommendations. These recommendations are designed to strengthen psycho-social support systems, enhance care-giving practices, promote family-based and community-based alternatives, and mitigate the negative effects of prolonged institutionalization on children's emotional and behavioral development.

V. Chapter Five Conclusion And Recommendations

5.1 Introduction

This chapter presents the conclusions drawn from the findings of the study titled *Assessing the Behavioral and Emotional Dysfunction in Children in Long-Term Residential Care Facilities: A Case Study of Lusaka District, Zambia*. The conclusions are based on the study objectives, research questions, theoretical framework, and the data presented and analyzed in Chapter Four. The chapter also provides recommendations aimed at improving child welfare practices, residential care systems, and policy implementation in Zambia. Suggestions for further research are also outlined.

5.2 Conclusion of the Study

The study set out to examine the behavioral and emotional dysfunctions experienced by children who have lived in residential care facilities for more than five years in Lusaka District. The findings clearly demonstrate that prolonged institutionalization has significant negative effects on children's emotional well being, behavior, social functioning, and overall psycho-social development.

The study established that children in long-term residential care commonly exhibit behavioral problems such as aggression, withdrawal, poor impulse control, defiance, and difficulty forming healthy peer relationships. Emotional dysfunctions identified included anxiety, depression, emotional instability, low self-esteem, and attachment difficulties. These findings are consistent with Bowlby's Attachment Theory and Erikson's Psycho-social Development Theory, which emphasize the importance of stable, nurturing relationships for healthy emotional and social development.

The research further revealed that inconsistent care-giving, high caregiver-child ratios, rigid institutional routines, and limited emotional responsiveness contribute significantly to the development of insecure attachment patterns among institutionalized children. The absence of consistent attachment figures deprives children of emotional security, leading to maladaptive coping mechanisms and dysfunctional behaviors.

Additionally, the study found that many residential care facilities lack adequate psycho social support services, including counseling and trauma-informed care. Caregivers often focus on meeting children’s physical needs while emotional and psychological needs receive limited attention. As a result, emotional distress and behavioral challenges frequently go unrecognized or unmanaged.

Overall, the study concludes that while residential care facilities play an important protective role for vulnerable children, prolonged stay in such institutions without adequate emotional support and family-based alternatives places children at high risk of long-term psychological and social difficulties.

5.3 Summary of Key Findings

The major findings of the study can be summarized as follows:

- Children who have stayed in residential care facilities for more than five years exhibit higher levels of behavioral dysfunction, including aggression, withdrawal, and poor impulse control.
- Emotional dysfunctions such as anxiety, depression, emotional detachment, and attachment disorders are prevalent among children in long-term institutional care.
- Inconsistent care-giving, frequent staff turnover, and high caregiver–child ratios negatively affect children’s attachment formation and emotional regulation.
- Limited access to psycho-social support services worsens emotional and behavioral challenges.
- The length of institutional stay is directly associated with the severity of emotional and behavioral problems.
- Existing child welfare practices in Zambia place more emphasis on institutional care than on family-based alternatives, increasing the likelihood of prolonged institutionalization.

5.4 Recommendations of the Study

Based on the findings and conclusions of the study, the following recommendations are proposed:

5.4.1 Policy Recommendations

- The Ministry of Community Development and Social Services should strengthen policies that prioritize family-based care options such as foster care, kinship care, and adoption over long-term institutionalization.
- Clear time limits should be established for children’s stay in residential care facilities, with mandatory case reviews and reintegration plans.
- National child protection policies should require regular psychological assessments and mental health support for children in residential care.

5.4.2 Recommendations for Residential Care Facilities

- Residential care facilities should assign consistent primary caregivers to children to promote secure attachment and emotional stability.
- Caregiver–child ratios should be reduced to allow for individualized attention and emotional responsiveness.
- Facilities should integrate structured psychosocial support programs, including counseling, life-skills training, and emotional development activities.
- Trauma-informed and attachment-focused caregiving practices should be adopted in daily care routines.

5.4.3 Recommendations for Caregivers and Social Workers

- Caregivers should receive continuous training in child psychology, attachment theory, trauma-informed care, and emotional regulation strategies.
- Social workers should conduct regular emotional and behavioral assessments to identify early signs of dysfunction.
- Emotional support should be incorporated into daily interactions, not treated as a separate or optional component of care.

5.4.4 Recommendations for Monitoring and Evaluation

- Monitoring and Evaluation (M&E) systems should include indicators that measure emotional wellbeing, behavioral adjustment, and attachment development.
- Regular evaluations should be conducted to assess the effectiveness of psychosocial interventions within residential care facilities.
- Data collected should be used to inform evidence-based improvements in child welfare programs.

5.5 Implications for Social Work Practice

The findings of this study highlight the critical role of social workers in advocating for child-centered and family-oriented care systems. Social workers must actively promote alternatives to institutional care and support reintegration efforts. The study underscores the need for social work practice in Zambia to adopt a holistic approach that addresses not only physical protection but also emotional and psychological development.

5.6 Suggestions for Further Research

The study recommends further research in the following areas:

- Longitudinal studies examining the long-term outcomes of children who transition from institutional care to family-based care.
- Comparative studies between children in residential care and those in foster or kinship care settings.
- Research focusing on rural residential care facilities to provide a broader national perspective.
- Studies examining the effectiveness of specific psychosocial interventions in reducing emotional and behavioral dysfunction.

5.7 Concluding Remarks

In conclusion, this study demonstrates that long-term residential care, while necessary in certain circumstances, poses significant risks to children's emotional and behavioral development when prolonged without adequate psychosocial support. Strengthening family-based care alternatives, improving caregiving practices, and integrating mental health services are essential steps toward safeguarding the wellbeing of vulnerable children in Zambia. The findings provide valuable insights for policymakers, practitioners, and institutions committed to improving child welfare systems and ensuring that every child grows up in a nurturing, emotionally supportive environment.

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