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The efficacy of community-based intervention strategies on improving the social development of child-headed households in Zimbabwe: A case of Epworth community

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Abstract

The rise of child-headed households (CHH) in Zimbabwe, largely driven by the Human Immune Virus Acquired Immune Deficiency Syndrome (HIV/AIDS) pandemic, poverty, and socio-economic challenges, presents a significant child protection concern. This paper is based on a study that investigated the efficacy of community-based intervention strategies aimed at improving the welfare of CHH in Epworth, Harare. Guided by the Ubuntu theory, the research adopts a qualitative research approach where in-depth interviews, focus group discussions were conducted to explore the effectiveness of community-based intervention strategies on improving the social development of child-headed households in Zimbabwe. Findings reveal that CHH face multifaceted challenges, including emotional distress, food insecurity, limited access to healthcare, educational barriers, and stigmatisation. However, various community-based interventions; from extended family networks, religious organisations, NGOs, and government social support systems, play a critical role in mitigating these challenges, despite limited resources. The study recommends a holistic, multi-sectoral approach that strengthens existing support systems, enhances coordination, and tailors interventions to the psychosocial, economic, and developmental needs of CHH. A Community-Based Parenting Model is proposed as a sustainable framework for strengthening resilience and improving outcomes for these vulnerable households.

Keywords: efficacy, child-headed households, social development

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Introduction

Globally, an estimated 140 million children worldwide have lost one or both parents. Of these, 15.1 million children have lost both parents and are considered double orphans (Bakır, 2018). A large proportion of these children, especially in sub-Saharan Africa, have lost their parents to Human Immune Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) related illnesses. As a result, many children are now living in child-headed households (CHH), where they are left to care for themselves and their siblings without adult supervision. This situation poses serious challenges to their well-being and development. Children in CHH often struggle to access basic needs such as education, healthcare, food, and emotional support. In Zimbabwe, where the prevalence of child-headed households is significant, community-based intervention strategies have become a vital tool in addressing the complex needs of these vulnerable groups. This study assessed the effectiveness of such strategies in improving the welfare of child-headed households in Zimbabwe, with a specific focus on Epworth in Harare. The objectives of this study were to explore the challenges faced by child-headed households (CHHs), to identify existing community-based interventions aimed at addressing the needs of CHHs, and to assess the effectiveness of existing community-based interventions in improving the welfare of child-headed households.

Background

Child-headed households (CHHs) are an increasingly prevalent phenomenon in Africa, where minors take on the role of household heads due to the absence of adult caregivers. This situation often arises in contexts marked by the death of parents from illness, conflict, or socio-economic crises (United Nations Children's Emergency Fund (UNICEF), 2021). The genesis of CHHs can be significantly linked to the HIV/AIDS epidemic, which has left millions of children orphaned across the continent. Recent data indicates that over 12 million children in sub-Saharan Africa have lost one or both parents to AIDS-related causes (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2022). In such circumstances, the eldest child frequently assumes the responsibility of caring for younger siblings, navigating the complexities of poverty and limited resources. Child-headed households have become an alternative arrangement in the face of orphanhood caused by illness, poverty, or abandonment (Ibebuike et al., 2014; Mavise, 2011; Zachary et al., 2020).

Historically, extended families in many African societies served as a safety net for orphaned children, providing critical support and care (Murray, 2017). However, the scale of parental deaths, particularly due to HIV/AIDS, has strained these traditional systems. Families that might have taken in orphans often find themselves unable to cope with the increasing numbers, leading to a rise in CHHs. Contributing factors include not only deaths of parents but also poverty, migration for work, and the impacts of conflict and displacement (Zachary et al., 2020). Many children bear the emotional burden of losing their parents while also facing the harsh realities of survival without adult guidance.

Statistical data highlights the prevalence of CHHs across Africa, particularly in sub-Saharan regions. For instance, a 2021 study indicated that approximately 1.6 million children in South Africa were living in CHHs, reflecting a significant increase in recent years (Children Count, 2021). In Uganda, an estimated 1.1 million children are reported to be living in CHHs, primarily due to the effects of HIV/AIDS and other socio-economic factors (Uganda Bureau of Statistics, 2021). Moreover, the average age of children heading households often ranges from 10 to 17 years, with some as young as 8 (Children Count, 2021). Despite the seemingly small percentage of CHHs relative to the total child population, the challenges faced by these children are profound. They often struggle with inadequate access to education, healthcare, and emotional support, which can perpetuate cycles of poverty and vulnerability (UNICEF, 2021). Children in CHHs are also more susceptible to food insecurity, exploitation, and abuse (Zachary et al., 2020). Thus, addressing the needs of children in CHHs is crucial for their well-being and future prospects.

Across the globe, different regions have developed community-based responses to support vulnerable children. Studies have shown that holistic and coordinated community-based programmes can significantly improve the welfare of at-risk children, including those in CHH (Bromfield & Holzer, 2018). Sub-Saharan Africa, where the HIV and AIDS epidemic has been most devastating, is home to more than 25 million children orphaned by AIDS (SOS Children's Villages, 2020). The burden has overwhelmed traditional support systems and led to the proliferation of CHH. These households often face multiple disadvantages including hunger, school dropout, limited healthcare access, and exposure to exploitation (Pillay, 2016). Although some studies focus on these challenges, there is limited critical engagement with the sustainability of CHH as a long-term arrangement.

In South Africa, research by Niccoh et al (202) and others has shown that children in CHH often assume full parental responsibilities, leading to psychological and educational burdens. However, despite numerous studies, there remains a gap in social work research related to the rights, care, and protection of these children (Zachary et

al., 2020). Uganda offers a mixed picture. While it has ratified several child protection agreements and established key institutions such as the Ministry of Gender, Labour and Social Development and the Child and Family Protection Unit, challenges persist. According to Bazaare (2021), children still face violence and neglect, which forces some of them into child-headed households despite existing legal protections. In Kenya, CHHs develop coping strategies such as taking on adult roles, supporting siblings, and engaging in informal work. Local NGOs and religious groups have stepped in to fill the gap left by overstretched state systems. While orphanages have gained some acceptance, the community remains an important actor in child welfare efforts (Gaciuki, 2016).

Zimbabwe presents a critical context for examining the CHH phenomenon. The country has experienced prolonged economic decline, high unemployment, and a devastating AIDS epidemic. According to the Zimbabwe National Statistics Agency (2020), most child-headed households fall below the Food Poverty Line, making survival extremely difficult. The situation has worsened due to the effects of COVID-19. Although programmes such as the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) have been implemented, gaps remain in meeting the holistic needs of CHH (Chikanda & Mokwena, 2019). Chaskin, (2006) further highlight the importance of sustained support from extended families and investment in community-based services, including access to treatment and psychosocial support. Epworth, a peri-urban settlement on the outskirts of Harare, Zimbabwe, represents a microcosm of these broader challenges. Its demographic density, informal housing conditions, and limited access to services make it a compelling site for this study. This research aims to explore how community-based interventions are functioning in such an environment and how they can be tailored to better meet the needs of child-headed households while respecting the rights and dignity of children.

Theoretical framework

The study was guided by the Ubuntu Social Work Theory (Mugumbate and Chereni, 2019), a framework rooted in the cultural and social practices of diverse African communities (Van de Kerkhof, 2024). This theory provided a community-centred lens for examining the experiences of child-headed households (CHH) in Epworth, recognizing children's well-being as a shared social responsibility. Accordingly, the theory informed participant selection by ensuring that the sample reflected voices across the various social layers shaping children's lived realities. The study therefore engaged not only children in child-headed households but also individuals who interact with or influence their daily lives.

With regard to the welfare of CHH, Ubuntu Social Work Theory emphasises a holistic understanding of children's circumstances across five interconnected levels: the individual, the family, the community, the environment, and the spirit. These dimensions were applied to interpret the lived experiences of child-headed households. Thus, the theory enabled the study's findings to extend beyond mere problem identification, highlighting the importance of community-driven protection mechanisms.

Methodology

The study adopted a qualitative research approach that provides an in-depth understanding to interpret the meaning people give to social and human problems (Dodgson, 2017). The approach helped the researchers in capturing subjective experiences, which quantitative research may fail to provide (Dodgson, 2017). A qualitative approach allows for an in-depth understanding of the social, emotional, and economic realities faced by these children. It also allowed the researchers to get deeper insights regarding the thoughts, behaviours, feelings, and significance of community-based interference in regard to the survival of child-headed households.

The study also used a case study research design to collect, analyse and interpret data ensuring the study is conducted ethically (Flick, 2018). Case study research design explores the complex issues concerning the role of communities in improving the social development of child-headed families. The study was conducted in Epworth, in Harare. Being a peri-urban community, Epworth offers a relatively low cost of living, which has led to a high concentration of child-headed households. The study targeted individuals who met the criteria for inclusion in this study. As such, the target population for this study consists of children living in child-headed households.

The study employed two sampling methods, which are snowball sampling and purposive sampling. Snowball sampling, a non-probability technique where existing participants recruit future ones, is particularly beneficial for accessing hard-to-reach populations, such as children from child-headed families, who may be reluctant to participate due to the sensitivity of their circumstances. On the other hand, purposive sampling involves intentionally selecting participants based on specific characteristics relevant to the research, allowing researchers to gather in-depth insights from key informants such as a ward councillor, two community members, and a social worker from the Department of Social Development, who possess the expertise needed to provide meaningful data (Palinkas et al., 2015).

The study used a sample of 16 participants, consisting of 12 children from child-headed families aged 14 to 17, along with four key informants: a ward councillor, two community members, and a social worker from the Department of Social Development. The sample size was determined by data saturation, defined by Creswell (2009) as the point at which the researcher realises that no new information can be obtained from the participants. Among the 12 main participants, six were male and six were female, ensuring that both genders contributed valuable insights to the study (Sandler et al., 2020).

The study employed three data collection methods, which are in-depth interviews, key informant interviews, and focus group discussions. Each method provides a different layer of insight, with in-depth interviews offering detailed individual perspectives, key informant interviews delivering expert opinions or unique knowledge, and focus group discussions revealing group dynamics and shared understanding (Patton, Ziegel and Chen, 2019). Twelve in-depth interviews were conducted with children from child-headed households. Additionally, four key informant interviews were conducted, involving participants with specialised knowledge related to the study topic (Creswell & Poth, 2018). The researchers also conducted two focus group discussions, each consisting of six participants. The FGDs involved structured interactions where the researchers encouraged group dialogue to explore a range of ideas, opinions, and perceptions about the study topic (Flick, 2018). The researchers conducted the data collection in Shona, the native language, and later translated the responses into English to ensure accurate data collection, as language barriers can lead to misinterpretation or misunderstandings. Note-taking was used as a recording technique. The study utilised three data collection tools: in-depth interview guides, key informant interview guides, and FGD guides.

This paper employed thematic analysis, a qualitative research method that identifies, analyses, and reports patterns within data (Braun & Clarke, 2019). Thematic analysis is flexible and allows researchers to work with qualitative data from various sources, such as in-depth interviews, key informant interviews, and focus group discussions, which enhances accessibility (Braun & Clarke, 2019). The researchers began by familiarising themselves with the data to build a deeper understanding before analysis (McCarthy, 2021). They then generated initial codes by identifying significant features of the data, including participants' thoughts, experiences, and emotions related to the research question. These codes were grouped into broader themes that address the central questions of the study. The identified themes are subsequently reviewed to ensure coherence and accuracy in representing the data. Researchers then defined and named each theme and sub-theme, ensuring they reflect the essence of the data and align with participants' experiences (Saldana, 2020). Finally, the researchers synthesised the data into a cohesive narrative that answers the research questions, highlighting participants' insights and experiences (Smith & Osborn, 2022). This structured approach enables researchers to effectively analyse qualitative data and derive meaningful conclusions.

The study considered several ethical principles to uphold the integrity and trust of participants during the research process (Flick, 2018). Confidentiality was ensured by removing all identifying information from data records and assuring both parents and children that their information would remain private, thereby promoting openness in sharing personal experiences (Mik-Meyer, 2020). Assent was also obtained through child-friendly explanations of the study, empowering children to feel in control of their participation and encouraging openness (Buchanan et al., 2020; Mik-Meyer, 2020). Voluntary participation was emphasised to ensure that participants engaged without coercion, fostering trust and ensuring that the data collected was authentic and valid (Cohen, et al 2018). The researchers collaborated with Viva Network Zimbabwe (VNZ), a registered Private Voluntary Organisation (PVO 11/19) operating in Harare Province, and permission to conduct the study was secured through this partnership. Anonymity was maintained by using pseudonyms. All data were securely stored.

Findings

The study reveals that child-headed households in Epworth, Harare, benefit from various community-based interventions that support their welfare. Using interviews and focus group discussions, the findings highlight both the challenges faced by these children and the mechanisms that aid them. Two main themes emerged: the difficulties of living in child-headed households and the impact of community-based interventions. The study also established that both formal systems (government and NGOs) and informal ones (extended families and community networks) play crucial roles in promoting resilience and stability, despite limited resources.

Challenges faced by children from child-headed families

Emotional and psychological distress

The study found that children from child-headed households experience emotional and psychological distress to varying degrees due to their circumstances. During in-depth interviews, one of the participants, Tawanda (pseudonym), shared:

You know bro, every day feels like a struggle. We have to wake up and put on a brave face, but inside, it's like carrying a heavy stone. Sometimes I just want to cry, but I can't show my siblings that I am weak.

Another participant, Tariro (pseudonym), also remarked:

I feel like I am the parent now. I have to make decisions that adults should make, but I am just a child. It's overwhelming, and I often feel like I am failing them.

During the focus group discussion, participants agreed that emotional and psychological distress is a constant reality for children in child-headed households. One child shared:

Sometimes, when I sit alone, I remember my father who used to take care of us. I think about the moments we shared and how he provided for us. Now, there is no one to fulfil those roles. It makes me feel incredibly sad, and at one point, I turned to cannabis and alcohol to cope with the stress.

Supporting these findings, Mr Zuze, the district head and one of the key informants, noted:

Emotional and psychological strain is a significant factor that has driven these children towards drug and substance abuse. With no caregivers to provide support, their situation is profoundly painful.

Limited access to healthcare

The study also revealed that access to healthcare is a major challenge in densely populated areas like Epworth. Children from child-headed households are particularly vulnerable, with many having limited or no access to medical services.

One participant, Maria (pseudonym), explained during her interview:

Life is so hard bro. I can't even afford to buy sanitary pads every month. During my period, I had to wear multiple layers of fabric instead, and sometimes I ended up dating older men to meet my basic needs.

Participants described the difficulty of reaching clinics due to transport costs and the inability to pay for prescribed medication. Most public health facilities only offer prescriptions and require patients to purchase medicine from private pharmacies, which is often unaffordable. Children also reported feeling intimidated or dismissed by medical staff, which made them reluctant to seek care.

Mr Zuze added:

Unfortunately, these children are resorting to intergenerational relationships to secure money for survival, including food, sanitary products, and clothing. This puts them at an exceptionally high risk of contracting HIV and AIDS.

Mrs Kanda, another key informant, further observed:

The unfortunate part for many of these children is that they were born with HIV and AIDS and require antiretroviral medications every month. They need these medications without fail and also an adult caregiver to ensure adherence, as children sometimes forget.

Food insecurity

The study also found that food insecurity is a serious issue affecting the health and wellbeing of children in child-headed households. During interviews, Edward (pseudonym) shared:

Every day, I worry about where our next meal will come from. Sometimes we go to bed hungry, and it's hard to sleep when your stomach is empty. Without enough food, we often get sick. I can't remember the last time I felt strong. It's difficult to focus on school when all I can think about is hunger.

During focus group discussions, participants agreed that food insecurity is widespread among child-headed households. Some children resort to early marriage as a survival strategy. Others reported going days without meals, depending heavily on school feeding programmes for sustenance when schools are open.

One participant, Natasha (pseudonym), explained:

> *There are times when we have nothing to eat at home, and we go hungry for several days. When school starts, our first and sometimes only meal comes from the school feeding programme. During those tough times, I sometimes work as a domestic helper in neighbours' homes to earn a little money to feed my family.*

Miss Chari, the ward chancellor, supported this by stating:

> *These children face immense difficulties regarding food access. They can go days without eating, and unfortunately, some end up being abused by neighbours or even strangers in exchange for food.*

Educational barriers

The study also identified serious educational challenges for children from child-headed households. Many are unable to complete secondary school or pursue vocational training due to financial constraints and competing responsibilities.

Munyaradzi (pseudonym) shared during his interview:

> *I am responsible for taking care of my four younger siblings, and only one is currently attending school. The others have dropped out because I cannot afford their fees. I dropped out in Form 2 and now work as an airtime vendor to support them.*

Another participant added:

> *For me, going to school is not my priority right now. I am worried about my next meal and my two younger sisters. It's not that I do not want to go to school, but I do not have the tools I need.*

Participants highlighted the high cost of school fees, uniforms, and learning materials as the main barriers. The emotional toll of caregiving, lack of adult mentorship, and inadequate school support systems further hindered their ability to stay in school. Many children shared feelings of isolation and discouragement. Others struggled with anxiety and depression, which affected their concentration and academic performance.

Additionally, limited access to learning technology and quiet spaces to study created further disadvantages. Some participants said they had to work part-time jobs to support their households, which left them exhausted and unable to keep up with schoolwork.

A key informant reinforced this by stating:

> *These children are unable to exercise their right to education due to various challenges, including a lack of motivation and insufficient funds. This often leads to girls being pushed into early marriages as a way to secure support for their siblings.*

Stigmatisation

The research revealed that children from child-headed households (CHH) face significant stigmatisation within their communities, which often leads to feelings of isolation. These children frequently display signs of self-pity, low self-esteem, and depression as they struggle with societal rejection related to their circumstances. One participant shared her experience during an in-depth interview:

> *The only people who truly care about us are the social workers who often help us. Others seem indifferent, even those at church. The last time I attended, I was mocked by other boys for speaking about my experiences in CHH. I believe it was because I come from a family viewed as social outcasts. After that incident, I lost all interest in going to church.*

During the focus group discussion, participants expressed that their peers often avoided them or treated them differently because of their background. This created a deep sense of exclusion from social activities. They shared that many adults in the community, including teachers and neighbours, judged them harshly without understanding their situation. As a result, they felt reluctant to seek help. Participants also indicated that this stigma affected their academic performance, as they felt embarrassed to participate in class or ask questions. The fear of being ridiculed further discouraged them, contributing to a sense of inadequacy and emotional withdrawal.

Supporting these findings, Mrs Chari, a social worker, commented:

These children are subjected to stigmatisation in the community, which greatly diminishes their self-worth. They are in urgent need of ongoing supportive counselling to help rebuild their confidence and sense of belonging.

Community-based intervention strategies towards improving the welfare of child-headed households in Zimbabwe

Support from the extended family system

The study found that the extended family system in Epworth played a vital role in supporting child-headed households. Urban–rural connections maintained by many families created informal safety nets for vulnerable children. One participant, Trust (not his real name), shared:

> *After our parents passed away, our aunt who lives in Epworth took us in. Even though she struggles with her own family, she ensures we have food and go to school. Other relatives in rural areas send us food during harvest season, which helps us survive the tough times in the city.*

During the focus group discussions, participants emphasised the importance of extended family support. One participant explained:

> *Our relatives contribute whatever they can. Some send money for rent, others help with school uniforms, and some take in our younger siblings to reduce our burden. Without this family network, many of us would be living on the streets.*

Mr Zuze, a key informant, explained:

> *In our African tradition, family bonds remain strong even in urban areas. When we identify a child-headed household in Epworth, we first trace their relatives and try to establish support systems. It is considered taboo to abandon your relative's children, regardless of your economic situation.*

Support from religious groups

The study also found that religious organisations in Epworth played a significant role in supporting child-headed households. Both established churches and indigenous religious groups provided various forms of assistance. One participant, Munyaradzi (not his real name), shared:

> *The Salvation Army church near our house has been our lifeline. They provide us with monthly food parcels and help with school fees. Church members regularly visit to check on our well-being. The pastor's wife teaches us life skills every Saturday.*

All participants in the focus group discussions agreed and appreciated the role of religious organisations in supporting their resilience and well-being. Participants explained that different churches in Epworth collaborate to support child-headed households. For example, the Catholic Church runs a feeding programme that helps address food insecurity. The Methodist Church provides counselling and academic support. Some apostolic sect members even offer free medical care to children in need. These initiatives not only meet physical needs but also foster a sense of belonging and emotional well-being. Mr Zuze, one of the key informants, elaborated:

> *We coordinate with other churches in Epworth to ensure consistent support for child-headed households. Our approach combines material assistance with spiritual and emotional care. We have established a database of vulnerable households and take turns providing assistance to avoid duplication of efforts.*

Support from non-governmental organisations

The study revealed that NGOs in Epworth played a critical role in supporting child-headed households through various programmes. During interviews, Mary, aged 17 (not her real name), shared:

> *Plan International helped us start a small tuck shop through their youth economic empowerment programme. They also connected us with vocational training opportunities. World Vision provides us with monthly food vouchers and educational support.*

During the focus group discussions, participants agreed that several NGOs had made a significant impact on their well-being. They mentioned organisations such as Save the Children and CWISH (Child Welfare in Social

Health), which have created safe spaces where children in similar situations can connect. These organisations also educate them about their rights, provide counselling, and assist them in accessing government services.

However, participants expressed concern that not all child-headed households benefit equally from NGO support. Some are excluded due to stringent screening criteria and means-testing, which may overlook children who are genuinely in need.

Supporting this observation, Miss Kanda, a social worker and key informant, explained:

> *Our interventions in Epworth focus on sustainable support for child-headed households. We implement income-generating projects, offer skills training, and facilitate access to medical care. We have also established community-based child protection committees to monitor and support these households.*

Government support

The study also highlighted the role of government social protection programmes in supporting child-headed households in Epworth. Participants reported that vulnerable families receive financial support, food aid, education subsidies, and healthcare access through these programmes. However, some households expressed concerns about not qualifying for government support due to the lack of official documents such as birth certificates and national IDs.

One key informant noted:

> *Through the harmonised cash transfer programme, vulnerable households receive quarterly payments that help cover rent and basic needs. Government social workers conduct regular visits to monitor progress and connect families with additional services.*

Mrs Kanda added:

> *We have established a coordinated response system in Epworth that identifies and monitors child-headed households. While we acknowledge that resources are limited, we prioritise these households for assistance and work closely with community structures to ensure that support is delivered effectively.*

Community social systems

The study revealed that informal community-based support systems play a fundamental role in the protection and care of child-headed households. These systems include neighbourhood support, community organisations, and volunteer networks. However, participants and informants acknowledged that despite the community's willingness to help, limited resources and capacity remain a challenge. This often leads to inconsistent support and volunteer fatigue.

James, aged 16, shared during his interview:

> *Our neighbours take turns checking on us and sometimes share meals with us. The community created a neighbourhood watch system to ensure our safety, especially at night. When I am sick, elderly women on our street take care of my younger siblings.*

In the focus group discussions, a participant named Tariro explained:

> *The residents' association created a community fund where members contribute monthly to support vulnerable households. They also help us find informal work and protect us from being exploited.*

Mrs Chari, a key informant, supported these findings by stating:

> *We have organised Epworth into zones, each with a child protection committee made up of local residents. These committees identify vulnerable households, coordinate support, and monitor the welfare of children. We believe in the African principle of Ubuntu, where a child belongs to the community. One big challenge we face is the lack of resources. We are willing, but we are not fully equipped to assist these children.*

Discussion

The findings of this study closely align with extensive literature across sub-Saharan Africa, which consistently highlights the emotional and psychological vulnerabilities of child-headed households (CHHs). Consistent with Mavise (2011), children in Epworth reported deep emotional distress, anxiety, and loneliness stemming from the premature assumption of adult roles. Similar patterns are documented by Cluver, Gardner and Operario, 2007), who emphasise the psychological burden faced by orphaned children compelled to become heads of households. Skovdal and Ogutu (2009) likewise found that CHHs experience chronic stress as they navigate grief, caregiving responsibilities, and household management simultaneously. Within the Ubuntu worldview, psychological distress is understood not simply as an individual issue but as a reflection of disrupted social bonds (Ndlovu, 2024). Consistent with Zachary et al. (2020), children in Epworth described overburdening responsibilities involving caregiving, emotional labour, and survival strategies.

Limited access to healthcare and basic needs emerged as another challenge faced by CHHs. The inability to afford medication, sanitary ware and adequate food resonates with findings by Chikanda and Mokwena (2019), who highlight chronic deprivation as a defining characteristic of CHHs across the region. Robson et al. (2006) similarly report that many CHHs live without access to essential health services, resulting in frequent illness and unmet health needs. Children in Epworth reported failing to attend school due to lack of fees, uniforms, and learning materials. These findings echo Chihiya and Chikoko (2021), who postulated that financial and caregiving burdens often force CHHs to drop out of school, undermining their long-term development prospects. Through the lens of Ubuntu's environmental dimension, structural inequalities are seen as disruptions to the systems meant to support children's holistic well-being (Van de Kerkhof, 2024). Ubuntu Social Work Theory positions these structural barriers as collective responsibilities requiring timely community, and institutional responses (Twikirize, 2021).

The study found that despite economic hardship, extended families in Epworth remain central actors in supporting CHHs. Relatives in both urban and rural areas provide food, financial support, and periodic shelter. These findings align with Madhavan (2004), who emphasises that kinship networks continue to function as informal social protection systems for vulnerable children. Richter and Desmond (2008) likewise argue that family networks remain a critical safety net, even where resources are limited. These findings strongly resonate with the family and community dimensions of Ubuntu Social Work Theory. Ubuntu asserts that children belong not only to biological parents but to a wider social collective that bears responsibility for their well-being (Letseka, 2012).

Religious organisations in Epworth were found to provide vital spiritual, emotional, and material support to CHHs. These findings are in line with the work of Freeman and Nkomo (2006), who highlight the centrality of churches in supporting vulnerable children through food relief, counselling, and fellowship. Mugumbate and Chereni (2019) emphasise that faith-based support aligns with Ubuntu's spiritual dimension, which views emotional and spiritual nourishment as essential components of well-being.

In addition, NGOs were identified as key actors offering vocational training, life skills support, income-generating opportunities, and safe spaces for children. These findings corroborate reports by Chikanda & Mokwena (2019), who demonstrate the significant role NGOs play in supporting CHHs' psychosocial and economic needs. From an Ubuntu perspective, NGO activities reinforce the community and environmental dimensions, bridging gaps left by weakened family structures and inadequate state support systems (Twikirize, , 2026).

Conclusions

The study concludes that children in child-headed households (CHHs) in Epworth face complex and multifaceted challenges that affect their physical, emotional, and social well-being. Key difficulties include emotional and psychological distress, limited access to healthcare, food insecurity, and social stigmatisation. These challenges are compounded by the heavy burden of assuming adult responsibilities at a young age in the absence of parental care, which has significant implications for their overall development and quality of life.

Though not entirely sufficient, community-based interventions, both formal and informal, demonstrate a proactive and collaborative approach to supporting child-headed households. Informal neighbourhood networks, community committees and volunteer initiatives actively supplement formal structures, providing day-to-day assistance, monitoring and providing protection for vulnerable children. These efforts are however limited by challenges that include resource constraints. This study proposes a tailored intervention model designed to address the specific needs of child-headed households. The Community-Based Parenting Model focuses on strengthening community structures to provide holistic support for children living without adult caregivers.

The study revealed that while the Ubuntu principle of brotherhood (Chereni and Mugumbate, 2019) intended to foster mutual care, the same spirit was reported to have contributed towards protection of abusers and the silencing

of harm against children in child-headed households (CHHs). In Epworth, some community members reported hesitating to disclose or report cases of exploitation, physical abuse or neglect because the perpetrators were neighbours, relatives, or long-known community figures. The expectation to preserve harmony and maintain good relations within the community created a culture of silence, where wrongdoing was tolerated under the guise of maintaining "brotherhood." This reluctance to report abuse allowed harmful behaviours to continue unchecked, leaving children vulnerable and without recourse to formal protection systems.

Recommendations

Recommendations to the government

The study recommends that the government develop and implement comprehensive policy frameworks specifically targeting child-headed households, as this would provide consistency, legitimacy and sustainability in child protection interventions. It further recommends increased funding and resource allocation to strengthen community-based interventions, which are essential for enhancing support systems at the grassroots level. However, child protection initiatives remain vulnerable to duplication of efforts, making it necessary for the government to improve coordination mechanisms to ensure efficiency and effectiveness in service delivery.

Recommendations to social workers and development workers

Continuous training for community members, caregivers, and local leaders is recommended to equip them with the skills needed to support child-headed households. Such training ensures better identification of vulnerabilities, promotes psychosocial support and improves service delivery at grassroots level. The strength of this approach lies in empowering communities to take ownership of child protection. However, regular training requires sustained funding and commitment, which may not always be available.

Recommendations to researchers

The study further recommends that researchers conduct longitudinal studies that can generate evidence on the long-term effects of interventions on children in CHH. This contributes to knowledge generation and guides policy and practice. The strength of longitudinal research lies in its depth and ability to show changes over time.

Involvement of child-headed households

Involving child-headed households in programme design was highly recommended to ensure that interventions are relevant, inclusive and context-sensitive. This participatory approach empowers children by giving them a voice in matters affecting their lives. However, involving children in research raises ethical challenges, including issues of consent, protection and potential re-traumatisation. Researchers must therefore carefully balance participation with safeguarding.

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