Article

Psychosocial Support for Child-Headed Households: The Role of Informal Community Networks

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Abstract

Children from child-headed households face several challenges, including vulnerability to abuse and lack of necessities, such as food, shelter, and clothing. Support is provided from formal structures such as social services; however, not all can access these services and rely on informal community networks. In this study I explore the psychosocial support provided to child-headed households by informal community networks in a rural community in Hogsback, Eastern Cape, South Africa. I used a qualitative exploratory descriptive study design. The population comprised children aged 10 to 17 years from child-headed households. Purposive sampling was conducted to select participants. Data were collected using in-depth interviews and analysed thematically. The study received ethical approval from a research ethics committee. The study found that informal community social networks played a key role by providing emotional and physical support. The findings suggested that while informal community support is indispensable, there is a pressing need for greater coordination, structured interventions, and integration with formal support systems to enhance the sustainability and comprehensiveness of assistance provided to these households. This study supports the development of psychosocial interventions for vulnerable children by identifying ways to effectively leverage local resources to assist child-headed households.

Keywords: person-in-environment practice theory; psychosocial support; informal community networks; child-headed households (CHHs)

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Introduction

The HIV/AIDS pandemic, together with ongoing challenges such as poverty, unemployment, and migration, has significantly altered family configurations throughout sub-Saharan Africa (Diago 2023; Mkhatshwa 2017). This shift has contributed to the emergence of child-headed households (CHHs), in which children, often adolescents, assume adult responsibilities in the absence of parents or guardians (Department of Social Development 2021). Accurate global statistics on child-headed households remain limited; however, the phenomenon is pronounced in sub-Saharan Africa and areas affected by conflict or epidemics (Makuya 2022).

Southern African countries, such as Zimbabwe (Chademana and Van Wyk 2021; Makuyana, Mbulayi, and Kangethe 2020), Zambia (Mulenga 2022; Payne 2016), and Eswatini (Brear et al. 2022; Nsibande 2022) have higher rates of child-headed households relative to the rest of the continent. An estimated 0.5% of all households in sub-Saharan Africa are child-headed households (Chikoko and Mavuka 2025). The national census recorded 55 293 child-headed households in Zimbabwe in 2022, which is approximately 1.4% of all households, with the majority headed by girls (Zimbabwe National Statistics Agency 2024). In Zambia, 7% of households were recently estimated to be headed by a child under the age of 14 years (Mulenga 2022). During the height of the HIV epidemic, 10% of households in Eswatini were child-headed (S'lungile et al. 2021).

In South Africa, CHHs are notably prevalent in rural provinces like the Eastern Cape, Limpopo, and KwaZulu-Natal, where high levels of poverty, limited access to formal services, and diminishing extended family safety nets are evident (Ngumbela 2020). Records from 2006 show that 0.67% of children were living in CHHs (Meintjes et al. 2009). Although data from 2007 to 2016 do not reflect consensus on the exact number, the figure has remained consistently low (Mkhatshwa 2017). Nevertheless, it is acknowledged that the number of child-headed households increased sharply during the peak of the HIV and AIDS crisis in the late 1990s to early 2000–2005 (Department of Social Development 2021). Recent national statistics indicate that more than 26 000 children reside in child-headed households, often balancing adult responsibilities such as caregiving and subsistence with their education (Ramokoka, Jager, and Mokwele 2022).

Empirical research reveals that CHHs face profound psychosocial and material hardships (Buzaare 2021; Kwatubana and Ebrahim 2020; Makuyana, Mbulayi and Kangethe 2020). A study by Makuya (2022) and Agere (2018) documents significant challenges, including malnutrition, adverse mental health outcomes, social isolation, and high school dropout rates. These children also face poverty, limited income, restricted educational opportunities, emotional struggles, and a heightened risk of teenage pregnancy and sexual violence (Kwatubana and Ebrahim 2020; Makuya 2022). Psychosocial issues among these children can appear as poor self-care, indecisiveness, and avoidance of challenging circumstances (Makuyana et al. 2020). Ultimately, these

vulnerabilities can continue into adulthood, perpetuating a cycle where vulnerable children become vulnerable adults who then raise another generation at risk (Makuyana et al. 2020).

Social capital available to CHHs comprises both formal and informal community-based structures. These structures play a crucial role in helping children manage their challenges and build resilience (Chademana and Van Wyk 2021). Formal support often includes social programmes targeted at orphans and vulnerable children. However, many children in child-headed homes are unable to access such programmes because they have not yet reached the legal age required to register (Payne 2016). This gap in access undermines the objectives of the Children's Act 38 of 2005 (South Africa 2005), which aims to provide services and frameworks that foster the physical, psychological, intellectual, emotional, and social development of children.

Informal community networks also play a vital role in the well-being of child-headed households. Community networks are active and meaningful ties surrounding an individual (Nevard et al. 2024). They are instrumental in helping vulnerable children manage both their physical and emotional needs. These networks are based on trust, friendship, advice, and shared knowledge (Hunter, Bentzen, and Taug 2020), and are associated with greater social inclusion, happiness, and self-confidence (Harrison et al. 2021). They provide various forms of support, including emotional backing, information, food provision, spiritual guidance, mentorship, and evaluative support (Nevard et al. 2021). For child-headed households, a broad and diverse community network comprises community leaders, teachers, friends, neighbours, chiefs, pastors, and acquaintances who significantly enhance their physical and emotional well-being (Harrison et al. 2021). Despite these positive associations, informal community networks are not without their challenges. Horak et al. (2020) highlight that such networks can sometimes foster collusion and exclusive cliques. Similarly, research in KwaZulu-Natal shows that social networks may engage in hostile surveillance and negative labelling, such as calling girls "whores" and boys "thugs" (Haley and Bradbury 2015).

The type and quality of support provided by community networks are often shaped by the nature of relationships within the community. For example, a study from Zimbabwe found that teachers and friends are key sources of emotional support for children in child-headed households, by listening to their problems and offering understanding (Maushe and Mugumbate 2015). Community members contribute material support, including food parcels, school fees, second-hand clothes, or opportunities for paid work, often rewarding children with food or money (Maushe and Mugumbate 2015). Similarly, in Uganda, children in these households frequently take on piece jobs to support themselves, although this often results in school absenteeism (Nabunya 2023).

Policy frameworks such as the Children's Act 38 of 2005, the White Paper on Families, 2013, and the National Plan of Action for Children in South Africa 2012–2017 have

been established to support child-headed households as a priority group (Department of Social Development 2010). Nevertheless, there remain substantial implementation barriers, such as bureaucratic inefficiencies and restricted access to grants. Strained foster care systems also continue to limit effective delivery of formal support, especially in rural regions of South Africa (Ramokoka, Jager, and Mokwele 2022).

The gap between policy and execution is compounded by a paucity of scholarship and policy approaches considering the role of informal community networks, such as neighbours, friends, peer groups, faith-based organisations, and extended family, which frequently offer essential psychosocial support to CHHs (Selepe 2023). Notably, recent initiatives, including those by the Starfish Greathearts Foundation (2024), recognise that community-based care models are typically more effective than institutional alternatives for supporting vulnerable children in South Africa. Additionally, studies examining the efficacy of peer-led and community-driven psychosocial interventions are emerging. Research conducted in 2024 highlights the ways youth-led initiatives promoting mental health in disadvantaged South African settings harness peer networks to foster mutual support, reduce stigma, and enhance resilience (Vostanis et al. 2025). But while this research provides important insights into the potential impact of informal, peer-based networks for delivering psychosocial care, it does not focus solely on CHHs. Available literature does not address thoroughly how shifting formal support has been replaced by informal community networks in providing psychosocial support to child-headed households in South Africa, and little is known empirically about how informal community networks provide psychosocial support and how CHHs perceive the accessibility and limitations of that support. This lack of context-specific evidence hampers the design of responsive, community-anchored interventions, and effective linkage between formal child-protection services and existing informal care.

Therefore, in this study I explore the psychosocial support provided to child-headed households by informal community networks in the Hogsback area, a rural community in the Eastern Cape of South Africa. Specifically, I address the following questions: How do informal community networks in Hogsback provide psychosocial support to child-headed households, and how do CHHs perceive the accessibility and limitations of that support? This study provides a comprehensive, context-specific analysis of the complex challenges faced by child-headed households and the informal mechanisms that support them, thereby contributing to a deeper understanding of their psychosocial prospects in this under-researched area. The study aimed to generate actionable, community-grounded insights to inform local stakeholders (such as community organisations, schools, clinics, traditional and faith leaders, and social services) on how to strengthen, coordinate, and safeguard informal psychosocial support for CHHs.

Person-in-Environment Practice Theory

The person-in-environment (PIE) practice theory highlights the dynamic interplay between individuals and their environments, strategically employing time to: 1) enhance

clients' sense of mastery in managing stressful life circumstances, addressing environmental challenges, and optimally utilising available resources; 2) achieve these objectives through comprehensive assessment, engagement, and intervention within multidimensional environments with particular focus on mobilising personal social networks; and 3) connect individual concerns to broader social empowerment through collective action (Kemp, Whittaker, and Tracy 2024). When applied to child-headed households, this perspective underscores the adaptive strategies children employ in response to complex psychosocial conditions, while also acknowledging the reciprocal influence of these contexts (Van Vianen 2018). The theory emphasises the significance of an effective "goodness-of-fit" between the needs of children and the resources, services, and support present in their surroundings. Mismatches such as limited access to education, healthcare, emotional and physical support, or social protection can exacerbate vulnerability for child-headed households, whereas supportive environments contribute to resilience, agency, and overall well-being. This conceptual framework facilitates social workers in designing interventions that address both individual needs and improvements to the broader psychosocial systems affecting these children. Within this study, the theory provided a comprehensive lens for understanding the fluid interactions between child-headed households and their psychosocial environments.

Research Methods and Design

The study was conducted following a qualitative approach with an exploratory descriptive research design. The combination of exploration and description within a qualitative study helped to gain insights into the underexplored phenomena of this study (Ayton 2023).

The study was conducted in Hogsback, Eastern Cape, South Africa. Hogsback is a town in the Raymond Mhlaba Local Municipality in the Amathole District (Department of Cooperative Governance and Traditional Affairs (COGTA) 2020). The study drew its sample from the population of children from child-headed households in Hogsback. These comprised children aged 10 to 17 years. To select the children, purposive sampling was used based on the researcher's knowledge of the children in CHHs. Participants were included if they were part of a household headed by a child/adolescent from the age of 10 to 17 years assuming primary caregiving and decision roles, resident in Hogsback, and willing to consent to participate in the study. All the children understood and spoke isiXhosa as their medium of language.

The participants comprised 15 children from child-headed households. Six participants were in grade 11, three were in grades 8 and 10 each, and one child in grades 5, 6, and 7, respectively. Four of the children were male and 11 were female. The average duration the children had been in a CHHs ranged from one month to seven years (table 1).

Table 1: Demographic characteristics of the children interviewed.

Participant Pseudonym	Gender	Age	Grade	Duration in the CCH
CHD 1	Male	12	8	1 year
CHD 2	Male	12	6	6 months
CHD 3	Male	16	11	3 years
CHD 4	Female	17	11	2 years
CHD 5	Male	15	10	3 months
CHD 6	Female	15	10	3 years 6 months
CHD 7	Female	15	8	1 month
CHD 8	Female	16	11	11 months
CHD 9	Female	16	11	9 months
CHD 10	Female	17	11	6 years
CHD 11	Female	17	11	7 years
CHD 12	Female	10	5	1 year
CHD 13	Female	15	7	1 year 9 months
CHD 14	Female	17	10	2 years 6 months
CHD 15	Female	12	8	1 month 2 weeks

Data were collected through in-depth, semi-structured interviews, which took approximately 45 to 80 minutes. Data were analysed using thematic analysis by the researcher and an independent co-coder. Tesch's eight steps of content analysis were followed (Tesch 1990).

Ethical approval to conduct the study was granted by the University of Fort Hare Ethics Review Committee (UREC) at the Govan Mbeki Research and Development Centre (certificate number: REC-270710-028-RA Level 01; certificate reference number: TAN151SMAB01, issued 3 May 2016). Permissions to conduct the study were also sought and obtained from the local traditional chief in Hogsback and the Department of Social Development. Written assent was obtained from the children aged 10 to 17 years. To ensure anonymity, pseudonyms were used for all participants.

To ensure trustworthiness of the study findings, Lincoln and Guba's framework of four criteria was used (Lincoln and Guba 1986). Credibility was ensured by member checking, where participants were shown the study findings before compilation of the manuscript. Few children were able to participate in the semi-structured interviews to evaluate the results and conclusions, ensuring that their views and responses were accurately reflected. Secondly, credibility was also ensured by collecting data from children in different child-headed households. Dependability was ensured by documenting the study procedures and the rationale for the research design. Confirmability was guaranteed by use of a co-coder and the development of a code book in analysing the data. To ensure study findings were transferable, the researcher provided a description of the study findings supported with quotes from the participants.

Findings

Two main themes emerged from the analysis. The first theme was emotional support provided by community members. Two subthemes emerged: 1) church members play an important role in providing emotional support, and 2) listening and checking up on child-headed households. The second theme was physical support provided by community members. Three subthemes emerged from the second theme: 1) provision of information; 2) donations of food, clothes, and services; and 3) work opportunities for child-headed households.

Theme 1: Emotional Support Provided by Community Members

The emotional support offered by community members fostered belonging, strengthened social bonds, and nurtured the well-being of child-headed households. Such support took many forms, ranging from companionship and shared empathy to encouragement and reassurance in moments of need. The information provided in this section illustrates how communities served as emotional anchors, enabling child-headed households to feel supported, valued, and less alone in their struggles.

Subtheme 1.1: Church Members Play an Important Role in Providing Emotional Support

Within faith communities, church members often become a vital source of comfort and strength, offering child-headed households emotional support that fosters a sense of belonging and shared resilience. This emotional support was in the form of prayers or visits as a gesture of concern: “Churches always offer spiritual support. Sometimes they come to pray for us” (CHD 5).

Church members not only provided bereavement support but also maintained a register of child-headed households, which serves as a tool for monitoring their well-being. This register would be utilised by formal service networks to enhance the coordination and delivery of social services. “Our community members informed us about registering our names to social development so that we get grants that are stipulated in the Children’s Act of 2005. More so, we did not have information that child-headed household are supported in section[s] of the Children’s Act” (CHD 11).

Although there was acknowledgement of the emotional support from church members, the support was not received by all child-headed households; some received support from formal structures within the community, such as social workers. This contrasting experience is shared by the quote from participant CHD 10: “We have been staying here for quite long now and nobody cares to come and see us; however, we were fortunate because one of the social workers managed to locate us through observation (CHD 10).”

From these excerpts it was concluded that informal community networks played an important role in strengthening the emotional well-being of child-headed households.

However, the emotional support provided was not evenly distributed as informal community networks had their own challenges that needed their time and priority.

Subtheme 1.2: Listening and Checking Up on Child-Headed Households

Checking up on the children provided assurance of adult presence in child-headed households. Visitors who attended to the children included church members, neighbours, friends, and traditional leaders. CHD 1 and 11 supported the above assertion as follows: "Our neighbours (grandmother) always come to us all the time checking on us and strengthening us to work hard in everything we do and [to] be patient in anything we do" (CHD 1); and "My uncle checks on us after three months and stays for a week with us, providing [us] with emotional support and food for us" (CHD 11).

Noteworthy is that the participants acknowledged the importance of community members listening to the challenges they experienced and felt encouraged to continuously share their issues with community members, as expressed by CHD 9: "At first, we did not want to exchange our experience with anyone, as it brought back sad moments, but later we realised that when we share with others, we see that it is not you alone experiencing those challenges, and discussing helped us so much as we developed a resistant behaviour toward the challenges." Friends also played an important role by listening to their fellow CHH: "My siblings respect me, and we do have a great experience living together. Friends helped us to survive in hard times" (CHD 6).

Participant CHD 9, who previously had been unable to talk to anyone, shared that she was now able to talk to her friends from school as they have similar ages and are non-judgemental: "We can talk to some children; they are helpful especially those who will be in [the] same grade and staying next door to us."

Theme 2: Physical Support Provided to Child-Headed Households

Physical support such as provision of food, shelter, clothing, health care, and other essentials enabled child-headed households to meet their basic needs and reduce risks associated with neglect and deprivation. Three subthemes emerged to support this theme: provision of information, donations of food, clothes, and services, and work opportunities.

Subtheme 2.1: Provision of Information

Provision of information was regarded as an important aspect to child-headed households, as expressed by CHD 11: "Our community members informed us about registering our names to social development so that we get grants that are stipulated in the Children's Act of 2005. More so, we did not have information that child-headed households are supported in section[s] of the Children's Act."

Subtheme 2.2: Donations of Food, Clothes, and Services

Participants shared their experiences of donations of food and clothes by teachers and neighbours:

> The teachers do understand our situation at home, and they give us more food to carry … home; even abandoned clothes by other children will be given to us after permission from their parents. The environment is very welcoming, and teachers are very sympathetic to us. They understand our problems so well and the treatment we get is like from our biological parents. (CHD 12)

> My only responsibility is to report to our auntie when there is not enough food and clothing and when one is sick. I make sure that everyone is at home on time, but we do not work or expose ourselves to vulnerabilities in search for food or anything. (CHD 13)

The Hogsback area relies on farming as one of its economic activities, and one of the supports provided is land to cultivate their crops. This is illustrated by the following quote: "They donate clothes, food, shelter, and land to plough our crops" (CHD 1).

Concerning the donation of necessary services, participants shared that they received free healthcare services from informal community networks. One of the participants said: "We go to the community prophet [sangoma]. They don't charge us; it's for free. At times I go to our neighbour who is always helpful to us; she went with us to the clinic even at midnight. She is like my biological mother. We like her so much" (CHD 8).

Subtheme 2.3: Work Opportunities for Child-Headed Households

Child-headed households face unique challenges as children are forced to assume adult responsibilities to provide for their siblings and themselves (Nsibande 2022). Limited access to education, lack of formal skills, and social stigma often restrict their ability to secure sustainable livelihoods. Exploring work opportunities for these households is therefore important, not only to reduce their vulnerability but also to empower them with pathways toward self-reliance and dignity. CHD 5 said: "We provide food for the siblings by working in people's gardens; we have to drop out of school to do cash-generating projects so that we [can] buy food, and we sell vegetables to raise money" (CHD 5).

The issue of donations of food and clothing were closely associated with work opportunities. Participants in the study highlighted that in some instances they would be given opportunities to work in exchange for food and clothing, as they would not have anywhere to spend the money earned: "I work at my neighbour's place and in return they give me food and pay school fees. At times I look after children; I don't want money because there are no shops to buy so I prefer clothes, food, and payment of our school fees in return" (CHD 11).

Informal community networks have stepped in to support and provide the necessary needs for child-headed households to survive. The emotional and physical support offered lessened the challenges they encounter, thus restoring respect and dignity in the community. However, there is a need for formal networks to strengthen the pathways used by informal community networks to make them sustainable.

Discussion

Child-headed households in Hogsback received psychosocial support from informal community members in the form of emotional and physical support. The findings were in agreement with those of Agere (2018), Chademana and Van Wyk (2021), Mkhatshwa (2017), and S'lungile et al. (2021), who state that psychosocial support came from friends at school, neighbours, or church members who listened to them and offered emotional and physical care.

Friends provided crucial emotional support by listening. The finding is aligned with the characterisation of informal social support networks by Hunter, Bentzen, and Taug (2020), who note that such networks are founded on friendship. A similar conclusion was drawn by the study conducted in Zimbabwe, which found that teachers and friends were instrumental in providing emotional support (Chidarikire 2022). The influence of friends in providing emotional support is critical in designing psychosocial interventions for children who should be encouraged to talk to their friends.

The findings also align with those of Agere (2018) and S'lungile et al. (2021), who reported that church members have an influence in providing various forms of emotional support that could be in the form of prayers, deeds of kindness, and empathy to child-headed households. The emotional support provided by church members constituted a critical dimension of communal care by fostering interpersonal connections, spiritual support, offering encouragement, and cultivating a sense of belonging. Church members contributed significantly to the emotional well-being of child-headed households. Such support not only mitigates emotional distress but also reinforces the cohesion and resilience of child-headed households.

The findings are supported by Mulenga (2022), who postulates that child-headed households often face unique challenges, including emotional distress, social isolation, and a lack of consistent adult guidance. Because these children are required to assume responsibilities beyond their age, they may be vulnerable to neglect, exploitation, and mental health struggles (Mkhatshwa 2017). Regular listening and check-ins provide not only emotional support but also a platform for these children to express their needs, fears, and aspirations. Creating safe spaces for dialogue and ensuring consistent follow-up helped foster resilience, build trust, and protect their overall well-being (Chademana and Van Wyk 2021). Ultimately, attentive listening and ongoing follow-up ensured that these children do not feel isolated, but instead are empowered with guidance, protection, and hope for a better future.

From a PIE perspective, emotional well-being is not only an individual matter but is deeply influenced by relational and community environments. Supportive social networks help mitigate the psychological stress associated with caregiving roles placed on children (Poon, Atchison, and Kwan 2022). For instance, churches function as key environmental systems within PIE, offering belonging, spiritual reassurance, and moral guidance. Their emotional support strengthens children's sense of identity, hope, and resilience, illustrating how faith-based institutions positively interact with personal coping capacities. Regular check-ins and active listening reflect the PIE focus on reciprocal person-environment interactions. These practices reduce social isolation, validate children's experiences, and create a responsive environment that can detect emotional distress early and mobilise further support.

The study also found that children received physical support in the form of clothes, food, and healthcare services from informal community networks. Noteworthy, the inclusion of healthcare services from traditional healers described by participant CHD 8 illustrates the effectiveness of a diverse informal community network structure described by Nevard et al. (2021). These are networks that tie specific to one individual such as families or friends (Nevard et al. 2021).

Child-headed households encounter immense challenges to meet their basic needs due to the absence of adult caregivers. These vulnerable households are often left to provide for their siblings, while struggling with poverty, emotional trauma, and limited access to resources (Chademana and Van Wyk 2021). The donation of food and old clothes has also been demonstrated in other contexts in Zimbabwe, Zambia, Eswatini, and South Africa, where similar studies were conducted (Agere 2018; Maushe and Mugumbate 2015; Mulenga 2022; S'lungile et al. 2021). Donations of food, clothing and other essentials play an important role in supporting their survival, improving quality of life, and giving them hope for a better future. The findings of the study concurred with those of Kwatubana and Ebrahim (2020), who express that donation of food, clothes, and other essential services bring hope and stability to child-headed households. Donations helped to meet urgent needs while restoring dignity and security to child-headed households.

Another form of physical support described by the participants in this study was the provision of work opportunities, such as working in the garden and being a nanny. Comparable findings are described for Uganda, where children from child-headed households are often provided work opportunities by their informal networks in the community (Nabunya 2023). The Ugandan study notes that although the work provides an income for the children, this opportunity prejudices children against school attendance (Nabunya 2023). Participant CHD 5 in the present study elaborated on this issue by noting that he left school to work in gardens. Furthermore, the study in Zimbabwe notes that children are often paid with food for the work done, leading to their exploitation as the compensation is not equal to their efforts (Maushe and Mugumbate 2015). However, in the present study, which was similarly conducted in a

rural context, a different perspective is presented by the participants, who asserted a preference for payment in kind as they had no access to shops where they could spend their earnings.

Child-headed households face different challenges in accessing reliable, timely, and relevant information essential for their survival and development (S'lungile et al. 2021). Provision of information equips these households with knowledge on available social services, health care, education, legal rights, livelihood opportunities, and psychosocial support. Having information communicated in child-friendly and accessible formats empowered these households to make informed decisions, seek assistance, and reduce their vulnerability to exploitation, poverty, and neglect. Provision of information was not merely a supportive measure; it was a fundamental right that upholds the dignity and future of children in such households. The provision of information was shown to be one way informal community networks can support vulnerable children. A similar finding was reported in a study in the United Kingdom (Nevard et al. 2021). This sharing of information among informal networks forms the foundation for their development.

Access to information about services, schooling, or health care enhances children's ability to navigate complex systems. Within PIE, this represents improving the "fit" between the child and their environment by increasing competence and empowerment. Material donations reduce immediate survival pressures (Poon, Atchison, and Kwan 2022). PIE views this as modifying adverse environmental conditions, thereby allowing children to focus on schooling, emotional regulation, and healthy development rather than constant crisis management.

The present study also found that although social networks provided different forms of psychosocial support for child-headed households, some households perceived that they did not receive any support from the community. This lack of support is also evidenced by a study conducted in the United Kingdom, which showed that vulnerable children face difficulties in forming social networks (Nevard et al. 2021). Moreover, a study in Zimbabwe concluded that children from child-headed households are "alone" with little support from community members (Maushe and Mugumbate 2015).

Providing safe and appropriate work opportunities demonstrates environmental adaptation within PIE. Such support strengthens economic stability while acknowledging children's roles within their context, although PIE also cautions that this must not compromise education or well-being. The person-in-environment practice theory illustrates conclusively that the well-being of child-headed households emerges from the dynamic interaction between children and their social, emotional, spiritual, and material environments. Community support systems play a critical role in enhancing resilience and reducing vulnerability.

Conclusions and Recommendations

The study highlights the critical role provided by informal community networks in child-headed households. Informal community networks provided psychosocial support through emotional and physical support to child-headed households. Emotional support emerged as a significant form of assistance with community members offering empathy, guidance, and encouragement that foster a sense of belonging and resilience among child-headed households who often face grief, social isolation, and stigma. Despite the evident benefits, such support remained largely informal, unstructured, and dependent on the willingness and capacity of individual community members.

Physical support was also an essential component of community assistance, encompassing contributions such as food, clothing, and occasional financial aid. While these interventions alleviated immediate survival needs, they were sporadic, limiting their long-term impact on household stability and child welfare. The study underscores that although informal community networks serve as vital nets, they are insufficient in addressing the multifaceted challenges confronting child-headed households.

Therefore, the study recommends the strengthening of community-based support structures by formalising existing informal networks and establishing community committees to coordinate assistance more systematically. This can be done by offering training programmes for community members on psychosocial care, child protection, and counselling that would enhance the quality and consistency of support provided. Furthermore, it is necessary to integrate formal services by strengthening referral pathways to social workers, health services, and educational support to ensure that community-based assistance is complemented by formal structures. Lastly, livelihoods and skills development initiatives targeting vulnerable children should be enhanced to promote sustainability and long-term empowerment to reduce dependency or irregular aid. Partnerships between schools, churches, and community leaders can provide psychosocial support in a structured and continuous manner.

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