BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

A STRATEGY ADDRESSING THE NEEDS OF FAMILIES RAISING CHILDREN WITH CEREBRAL PALSY IN ST MARY'S CHITUNGWIZA, ZIMBABWE

BY

B210430B

DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF BACHELOR OF SOCIAL WORK HONOURS DEGREE

DECLARATION

Student registration number: B210430B

I declare that “A strategy addressing the needs of families raising children with Cerebral Palsy in St Mary’s, Chitungwiza” is my work and that all the sources that I have used or quoted have been indicated and acknowledged utilising complete references.

MUTSA T MADZIWA ……………… DATE…………………………

SUPERVISOR’S SIGNATURE……………………………………DATE:…………………...

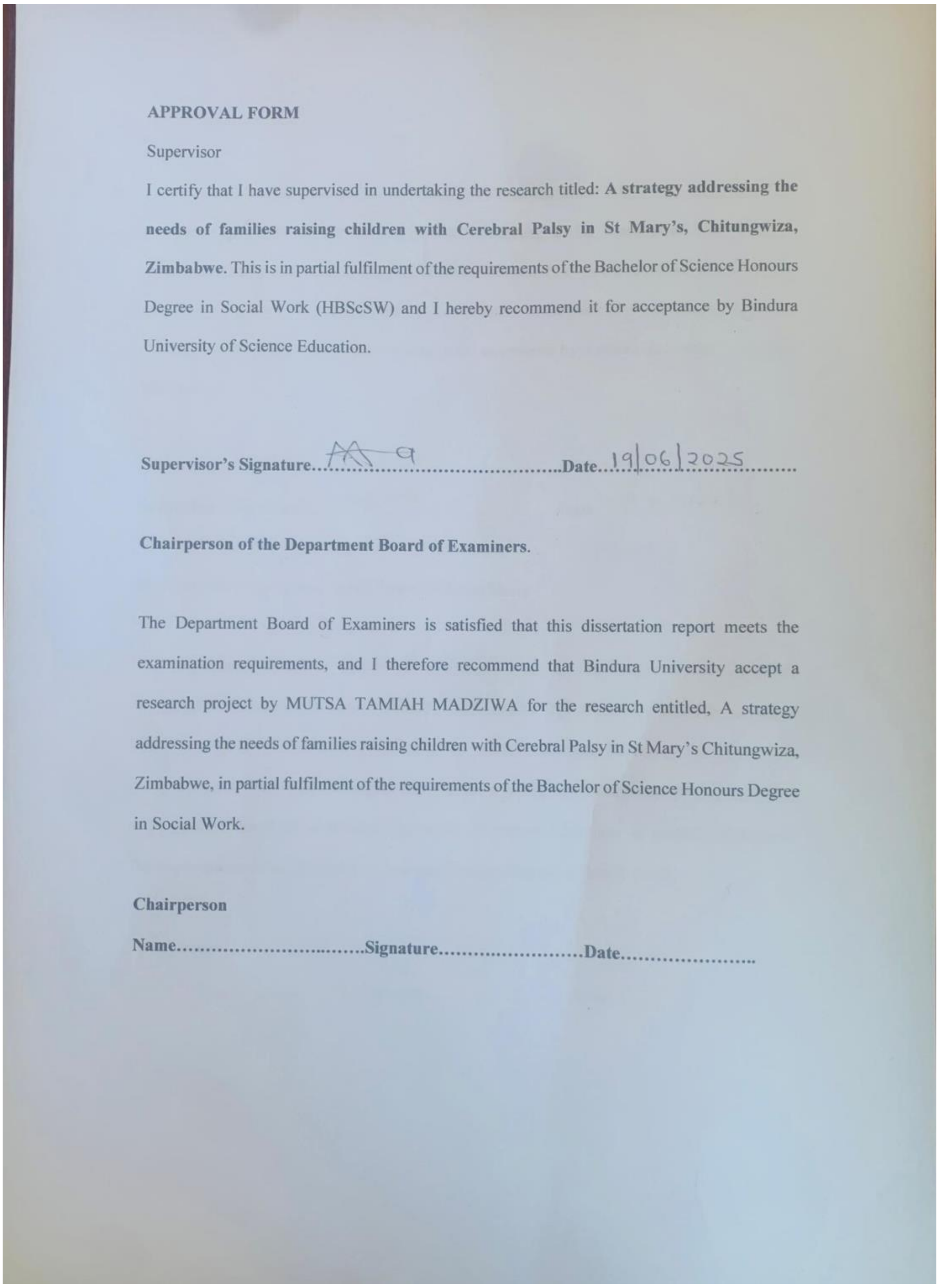
ACKNOWLEDGEMENTS

First and foremost, I would like to express my sincere gratitude to my supervisor for their unwavering support, encouragement, criticism, and valuable comments throughout this study. These inputs were truly invaluable. I would also like to extend my heartfelt appreciation to the families raising children with Cerebral Palsy in St Mary’s Chitungwiza, who generously gave up their time to share their life experiences. They were all incredibly welcoming and accommodating. Additionally, I owe my thanks to the Child Protection Officers from the Department of Social Development, Chitungwiza, for providing the necessary information and for their active participation in this study. Lastly, and most importantly, I would like to thank my family for the emotional support they provided, and I am grateful to the Almighty for making this success possible.

DEDICATION

I dedicate this dissertation to families raising children with Cerebral Palsy and to my parents for their love and support. They have been instrumental in helping me complete this dissertation. My gratitude also goes to Charles Damba, who has been very helpful towards my research.

APPROVAL FORM



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I certify that I have supervised in undertaking the research titled: **A strategy addressing the needs of families raising children with Cerebral Palsy in St Mary's, Chitungwiza, Zimbabwe.** This is in partial fulfilment of the requirements of the Bachelor of Science Honours Degree in Social Work (HBScSW) and I hereby recommend it for acceptance by Bindura University of Science Education.

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Chairperson of the Department Board of Examiners.

The Department Board of Examiners is satisfied that this dissertation report meets the examination requirements, and I therefore recommend that Bindura University accept a research project by MUTSA TAMIAH MADZIWA for the research entitled, A strategy addressing the needs of families raising children with Cerebral Palsy in St Mary's Chitungwiza, Zimbabwe, in partial fulfilment of the requirements of the Bachelor of Science Honours Degree in Social Work.

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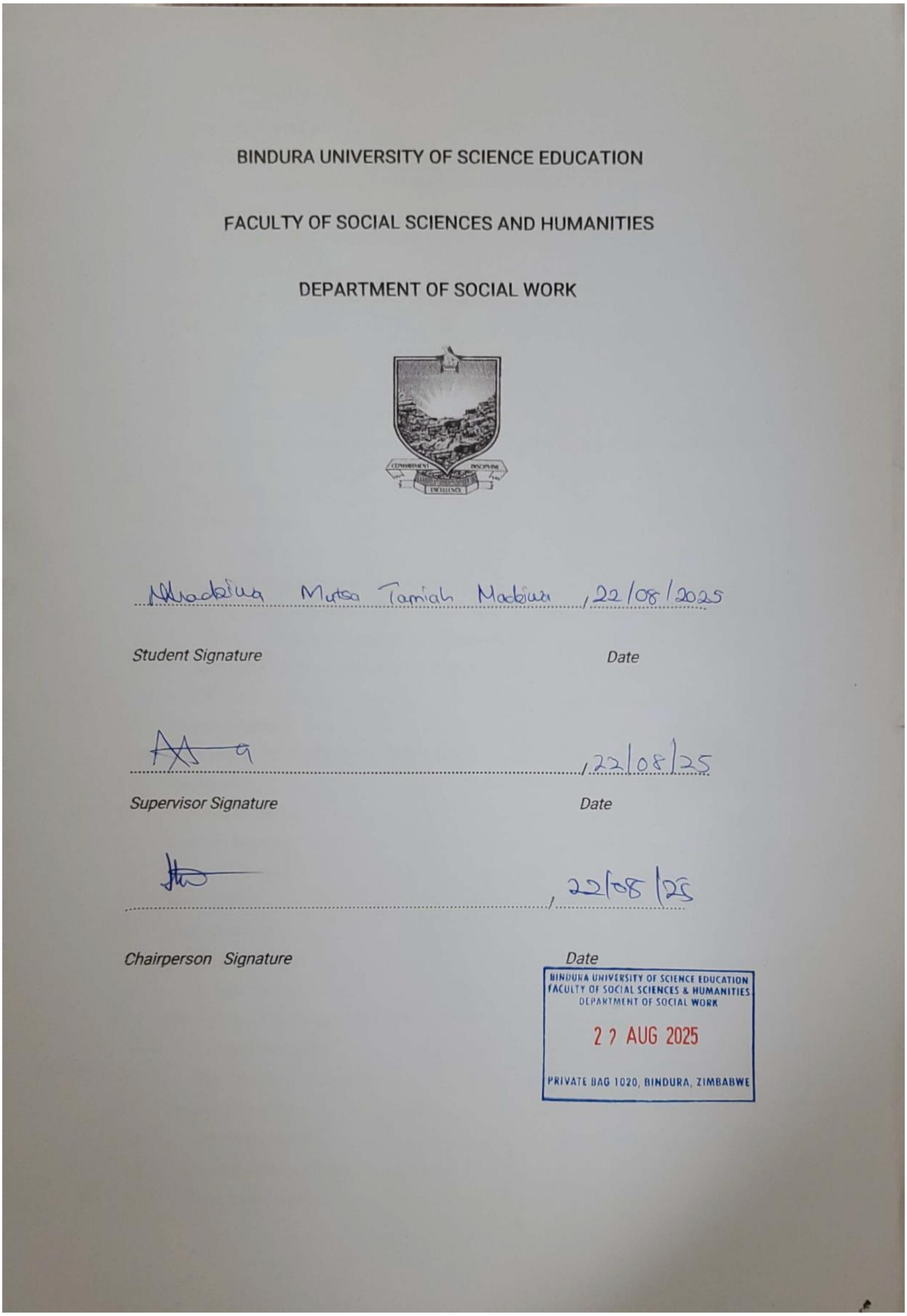

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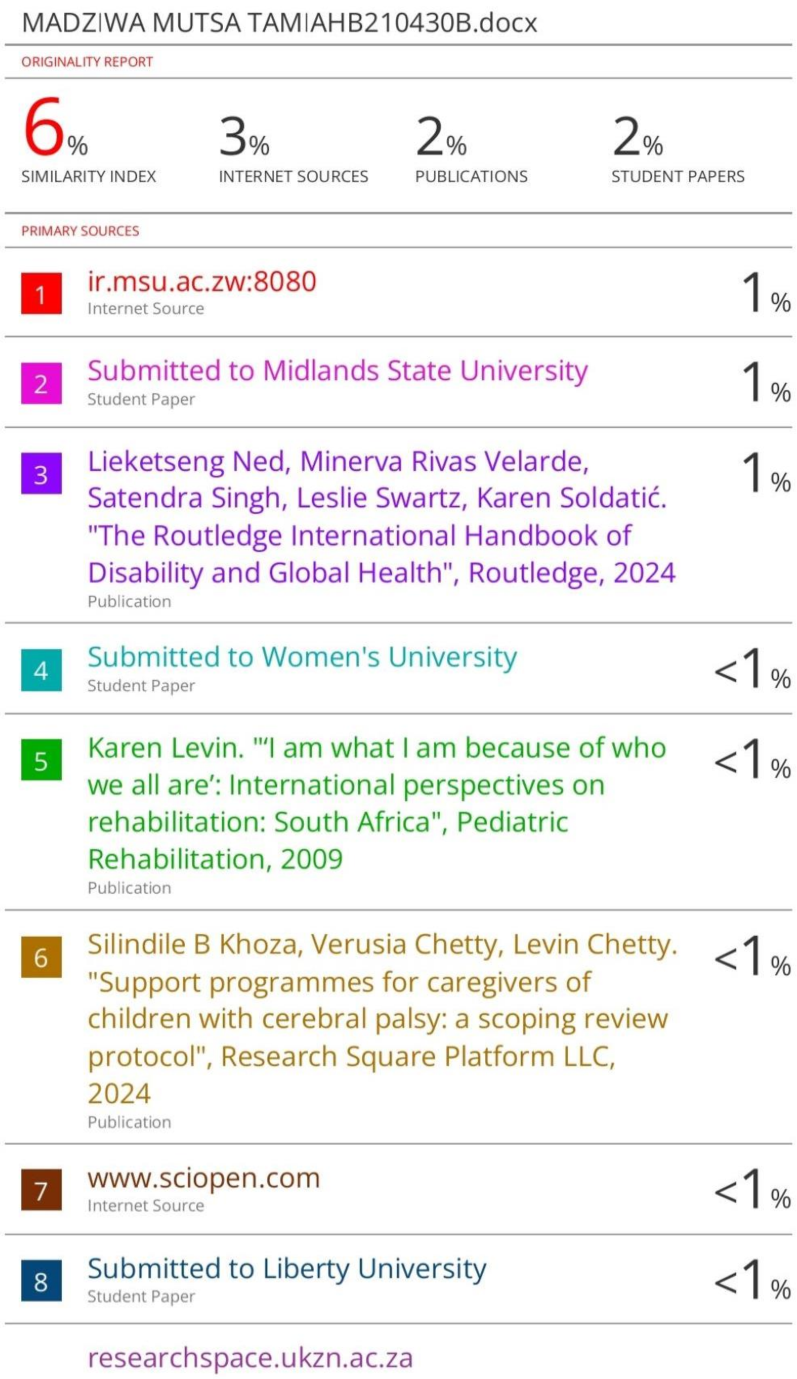

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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	**Possible Mark**	**Actual Mark**
Abstract	**10**	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	**20**	
Statement of the problem	**10**	
Research questions	**15**	
Assumptions	**5**	
Significance of the study	**15**	
Limitations of the study	**5**	
Delimitations of the study	**5**	
Definition of terms	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**15**	

Comments…………………………………………………………………………… ……………………………………………………………………………………… ……………..

Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	**5**	
Conceptual or theoretical framework	**10**	
Identification, interpretations and evaluation of relevant literature and citations	**40**	
Contextualisation of the literature to the problem	**10**	
Establishing gaps in knowledge and how the research will try to bridge these gaps	**10**	
Structuring and logical sequencing of ideas	**10**	
Discursive skills	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**20**	

Comments……………………………………………………………………………… …………………………………………………………………………………………… ……………………

Chapter 3 RESEARCH METHODOLOGY

Introduction	**5**	

Research design	**10**	
What instruments are you using to collect data?	**30**	
Population, sample and sampling techniques to be used in the study	**25**	
Procedures for collecting data	**15**	
Data presentation and analysis procedures	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**25**	

Comments…………………………………………………………………………………
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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	**5**	
Data presentation	**50**	
Is there any attempt to link literature review with new findings	**10**	
How is the new knowledge trying to fill the gaps identified earlier	**10**	
Discursive and analytical skills	**20**	
Summary	**5**	
Total	**100**	
Weighted Mark	**30**	

Comments
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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	**5**	
Summary of the whole project including constraints	**25**	
Conclusions- have you come up with answers to the problem under study	**30**	
Recommendations(should be based on findings) Be precise	**30**	
References	**5**	
Appendices i.e. copies of instruments used and any other relevant material	**5**	
Total	**100**	
Weighted mark	**10**	

Comments
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SUMMARY:-

Actual **Total**

Chapter 1

Chapter 2

Chapter 3

Chapter 4

Chapter 5

Total __________ ____________

LIST OF ACRONYMS/ ABBREVIATIONS

CP	Cerebral Palsy
AMTO	Assistance Medical Treatment Order
DPA	Disabled Persons Act
DSD	Department of Social Development
NDP	National Disability Board NGO Non-Governmental Organisations
UNCPD	United Nations Convention on the Rights of People with Disabilities
WHO	World Health Organisation
ZPHCA	Zimbabwe Parents of Handicapped Children Association
UNDP	United Nations Development Programme
UNESCO	United Nations Educational and Scientific, and Cultural Organisation
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
OPD	Organisations of People with Disabilities
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
UNICEF	United Nations Children’s Fund

ABSTRACT

This dissertation presents a comprehensive strategy addressing the needs of families raising children with Cerebral Palsy in St Mary's Chitungwiza. Families raising children with Cerebral Palsy are often subjected to social exclusion from social services, starting with low expectations from their community and extended families, which then leads to exclusion from education and opportunities. Qualitative methods, such as interviews and key informant interviews, are used to unearth the strategies that address the needs of these families. The findings of the study highlight the measures available for families raising children with Cerebral Palsy, factors hindering sustainability in addressing these needs, and strategies for improving long-term support mechanisms for families raising children with Cerebral Palsy. The recommendations and strategies proposed in this dissertation aim to inform policymakers, development practitioners, and relevant stakeholders about the specific needs and challenges faced by Families raising children with Cerebral Palsy in St Mary's Chitungwiza. The findings of this study can inform the design and implementation of more inclusive social development programs, ultimately promoting equal opportunities and social inclusion for all families as well as proposing a community-centred approach to support these families. Key components of the strategy include the formation of peer support networks, training programs for healthcare providers, advocacy for policy reforms, and targeted community awareness initiatives to foster understanding and reduce stigma surrounding Cerebral Palsy. This dissertation aims to empower families and create a more inclusive support system in St Mary's, ultimately enhancing the quality of life of families raising children with Cerebral Palsy.

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1 Introduction

This study is going to focus on a strategy addressing the needs of families raising children with Cerebral Palsy. This chapter, therefore, starts with a comprehensive overview of the research, including its background, objectives, questions, objectives, problem statement, assumptions, and rationale. To promote inclusive and fair support systems for families with children diagnosed with cerebral palsy in St. Mary's Chitungwiza, Zimbabwe, it is essential to comprehend these dynamics.

1.1 Background to the Study

Only around 26% of the disabled population in Zimbabwe benefits from social assistance programs, as noted by Graham (2014). This is likely due to financial limitations and a scarcity of resources. To support initiatives related to disability, the Ministry of Public Service, Labour, and Social Development formed the Department of Disability Affairs in 2019. This development facilitated the introduction of the National Disability Policy in June 2021 and led to the formation of the National Coordination Committee for its implementation in July 2022. One of the most basic human rights is access to education; nonetheless, many African countries, Zimbabwe included, often marginalise children with special needs. They continue to encounter obstacles in gaining access to education and enjoying their essential human rights (Ben-David and Nel, 2013). To enhance the inclusion of children with disabilities in educational settings, this research aimed to investigate various strategies employed by stakeholders.

Zimbabwe has endorsed several international treaties and agreements that advocate for inclusive education for children with disabilities. Chataika and Goodley (2024) note that these agreements prioritise the protection of persons with disabilities, guaranteeing them equal treatment, suitable care, inclusion, and full involvement in society. In the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) initiative, the United Nations Development Programme (UNDP), in collaboration with the United Nations Educational, Scientific, and Cultural Organization (UNESCO) and the office of the Resident Representative, has engaged with governmental ministries and departments, Organizations of People with Disabilities (OPDs), civil society organizations, and other pertinent stakeholders to foster discussions on achieving disability inclusion in the execution, monitoring, and reporting of the Sustainable Development Goals (WHO 2019). This initiative promoted a collaborative method for developing strategies that include people with disabilities by uniting diverse stakeholders. It also encouraged the sharing of knowledge and the enhancement of skills, while offering opportunities for stakeholders to exchange effective practices, obstacles, and personal experiences.

National policies have been implemented to safeguard the rights of individuals with disabilities, alongside the ratification of international treaties. The 2013 Constitution of Zimbabwe mandates that resources must be allocated to assist people with disabilities in achieving their full potential, both mentally and physically. The Zimbabwe Education Act (Chapter 25:04) asserts that every child possesses the inherent right to an education, irrespective of their financial, social, or physical conditions. The National Disability Board is also tasked with "giving effect to any international treaty or agreement on welfare or rehabilitation of persons with disabilities," according to Chapter 17:01 of the Disabled Persons Act." However, funding for the construction of facilities to meet the needs of children with disabilities is scarce. One of the measures that will be carried out is the establishment of dedicated facilities for the education of people with disabilities. Equal chances for persons with disabilities are also provided by the Disabled Persons Act (2001).

Every child is entitled to an education, as outlined in Chapter 25:04 of the Zimbabwe Education Act. The Act mandates that elementary education in Zimbabwe be offered without any form of discrimination. However, the Act does not outline the provisions for educating individuals with disabilities. The education of people with disabilities is addressed by the Disabled Persons Act (Chapter 17:02). Nonetheless, effective implementation appears to face considerable challenges. After Zimbabwe embraced the principles outlined in the CRC, along with the Copenhagen Declaration on Social Development, the Salamanca Statement and Framework for Action, and the Dakar Framework for Action, it also selected inclusive education as a key approach to eliminate discrimination within educational institutions (Hapanhengwi-Chemhuru and Makuvaza, 2017).

As the main partner for the UNICEF-led National Action Plan for Orphans and Vulnerable Children Phase III (NAP III 2016-2020), JF Kapneck commenced its efforts with children who have disabilities, including those affected by cerebral palsy. The goal of this support was to enhance the abilities of the Ministry of Labour and Social Welfare to prevent and address violence, abuse, and neglect towards children with disabilities. The primary focus areas were active case follow-up and case conferences as part of the national case management program. The Harmonised Social Cash Transfers payments in eight districts, including Chitungwiza, the focus of this study, were facilitated by the Private Voluntary Organisation. This program was designed to offer disability services at payment locations for families with children who have disabilities. A harmonised social cash transfer program, the assisted medical treatment program (AMTO), the basic education assistance module (BEAM), and the supplementary nutrition program are among the social protection programs available to children with cerebral palsy.

Graham (2014) stated that there are 25 million children around the globe who are unable to attend school due to disabilities, whereas World Vision (2017) estimated that fewer than 10% of children with special needs in Africa are enrolled in school. The limited number of children with special needs who do go to school face difficult circumstances both at home, in educational settings, and within society overall. While access to education is a basic human right, children with disabilities in Sub-Saharan Africa are frequently left out and marginalised (Zaytsev, Sundin, DeLuca, Grishchuk, DeLuca, 2018). The fourth Sustainable Development Goal seeks to promote and ensure inclusive, high-quality education for all individuals, in addition to fostering lifelong learning. Even though there have been advancements recently, the disparity in educational outcomes between children with disabilities and those without has widened over the years (Hui Campbell and Vick 2018; Male and Wodon 2017).

Given the reasons outlined above, this research analyses the existing measures, constraints, and potential solutions for supporting families raising children with cerebral palsy in St Mary's Chitungwiza. As indicated by the initial findings of the Living Conditions for People with Disability Survey carried out by UNICEF and the Ministry of Health, Rehabilitation Services Department (2013), cerebral palsy stands as the most prevalent motor impairment among young individuals. This fact has also been validated by the Children's Rehabilitation Unit at Chitungwiza Hospital, which maintains a database of children with disabilities in Harare, indicating that 61% of 12386 children are affected. Cerebral palsy encompasses a range of conditions with diverse causes and symptoms. It is not a singular condition but rather a broad category of disorders and developmental issues that may arise from damage to a child's developing brain either before, during, or shortly after birth. This injury typically affects the area of the brain responsible for controlling muscle function. Individuals with Cerebral Palsy might face challenges related to motor skills (the coordination of muscle movements), muscle tone (muscles that are either excessively tight or too loose), muscle strength, reflex actions, and balance (Himmelmann, 2005).

As noted by Dube, Ncube, Mapuvire, Ndlovu, and Mlotshwa (2021), countries like Canada, the United States, and those in Europe offer the most conducive environments for implementing inclusive education. Research from Africa, particularly in Ethiopia (Franck & Joshi, 2017), illustrates how stigma plays a significant role in creating and perpetuating obstacles to educational access for children with Cerebral Palsy. Following the provision of early intervention services, it is essential to ensure that classroom activities are accessible (ACA). Approximately one billion individuals around the globe live with disabilities, encompassing various types of disabilities across different ages, genders, and environments (WHO 2011). Nonetheless, individuals with disabilities generally have more extensive health requirements and, in many situations, specific health concerns associated with their impairments (Kuper & Heydt, 2019). Consequently, a recent systematic review found that people with Cerebral Palsy exhibited increased demands for healthcare services (Bright and Kuper, 2018). However, people face obstacles in accessing care, including financial issues, accessibility barriers, and the competencies and knowledge of healthcare providers (Bright, Wallace & Kuper 2018; Kuper, Smythe & Duttine 2018). As a result, those with Cerebral Palsy experience higher mortality rates, reduced service coverage, elevated healthcare costs, and poorer quality of care (Kuper & Heydt, 2019. This restriction on access to healthcare infringes upon their basic rights, as stated in the UN Convention on the Rights of Persons with Disabilities (UN 2007), and poses challenges to the realization of Sustainable Development Goal 3 (UN 2015) aimed at 'ensuring healthy lives and promoting well-being for everyone at every stage of life' and other health objectives.

Individuals with Cerebral Palsy are more likely to encounter obstacles to healthcare in low- and middle-income countries (LMICs) (Werfalli, Kassanjee, Kalula, Kowal, Levitt, 2018). For instance, Zimbabwe's health delivery systems are facing considerable difficulties due to years of insufficient investment (Kidia 2018), and they require urgent reinforcement. People with Cerebral Palsy should be given priority as they face serious health issues, often experience poorer health outcomes, and encounter challenges in accessing suitable care (Muderedzi, Eide, Braathen, and Stray-Pedersen, 2017). (Hogan 2020) and (Litullo 2019) outline the essential components of service delivery necessary for inclusive healthcare from the viewpoint of people with Cerebral Palsy.

1.2 Statement of the Problem

Zimbabwe has entered into various international agreements and conventions that advocate for inclusive education for children with disabilities. These agreements include the Convention on the Rights of Persons with Disabilities (which was signed and ratified in 2013), mandating states to provide education for individuals with disabilities, the Sustainable Development Goals (2016), the United Nations Convention on the Rights of the Child (1989), the African Charter on Human and People's Rights (1981), and the Convention on the Elimination of All Forms of Discrimination Against Women (1979). These treaties highlight the rights of individuals with disabilities to equitable treatment, suitable care, inclusion, and full involvement in society (Chataika and Goodley, 2024). The fourth Sustainable Development Goal aims to ensure that quality education is accessible and equitable for everyone. Specifically, Section 4b of this goal highlights the importance of creating and improving school facilities to be child-friendly, sensitive to disabilities and gender, while also ensuring a safe, nonviolent, inclusive, and effective learning environment for all students (United Nations, 2015). Similarly, Zimbabwe has established legal frameworks to uphold the rights to health and education for persons with disabilities, including children, and has endorsed international agreements concerning children's rights, such as the Convention on the Rights of the Child (CRC).

Graham (2014) states that 25 million children globally are barred from education due to disabilities, while World Vision (2007) suggests that fewer than 10% of children with disabilities are enrolled in schools in Africa (Chataika et al., 2012). The limited number of children with disabilities who do attend school are often in challenging settings, whether at home, school, or within society as a whole. Factors related to policy and systems include discriminatory regulations that separate children with disabilities from their peers without disabilities, hindering their ability to attend inclusive schools (Pretorius and Steadman, 2018; Uba & Nwoga, 2016). For instance, many nations have created specialised schools or facilities that further isolate children with disabilities. Numerous nations have established robust policies; however, they often lack enforcement. Black and De Matos-ala (2016) note that "a persistent divide remains between aspiration and execution."

This has led to insufficient resource distribution for training families who are raising children with Cerebral Palsy (Male and Wodon, 2017). The effectiveness of inclusive education is further hindered by inadequate preparation of teachers for students with Cerebral Palsy (Mapuranga, 2015; McKinney & Swartz, 2016). Some children with Cerebral Palsy do not get the right education and support services because their condition goes unrecognised due to poor identification and screening. The societal stigma surrounding children with cerebral palsy significantly obstructs inclusive education in numerous developing countries (Uba & Nwoga, 2016). Families caring for children with Cerebral Palsy in St Mary's Chitungwiza, Zimbabwe, face significant obstacles in accessing suitable support services, leading to an increased burden on caregivers, adverse child outcomes, and a diminished quality of life. The scarcity of resources, societal stigma associated with disability, and poor implementation of policies worsen the problem, resulting in families being left at risk and without required support. Disability thus becomes closely linked to discussions around development. Consequently, this research investigates how well the educational and health rights of children with Cerebral Palsy are fulfilled, along with the enforcement of legal frameworks aimed at ensuring the educational and health rights of all children, regardless of their disabilities.

1.3 Aim of the Study

To explore a strategy towards addressing the needs of families raising children with Cerebral Palsy in St Mary's Chitungwiza, Zimbabwe.

1.4 Research Objectives

The objectives of this study are to explore strategies addressing families raising children with cerebral palsy, identifying best practices for improving family and child well-being in St Mary's Chitungwiza, Zimbabwe.

1. To identify the support measures available for families raising children with Cerebral Palsy in St Mary's Chitungwiza.
1. To examine hindering factors in addressing the needs of families raising children with Cerebral Palsy in St Mary's Chitungwiza.
2. To develop strategies for improving long-term support mechanisms for families raising children with Cerebral Palsy in St Mary's Chitungwiza.

RESEARCH QUESTIONS

1 What are the support measures available for families raising children with Cerebral Palsy in St Mary's Chitungwiza?

2 What are the hindering factors in addressing the needs of families raising children with Cerebral Palsy in St Mary's Chitungwiza?

3 What are the potential strategies for improving long-term support mechanisms for families raising children with Cerebral Palsy in St Mary's Chitungwiza?

1.5 Assumptions of the Study

1. It is assumed that families raising children with Cerebral Palsy in St Mary’s, Chitungwiza, Zimbabwe, face significant barriers due to a lack of financial support from the Government and Private Voluntary Organisations.
2. Families raising children with Cerebral Palsy in St Mary’s have inadequate customised and specialised care services.
3. Communities hold negative perceptions about disabilities; as a result, both the family and the child with Cerebral Palsy are isolated.

1.6 Justification of the Study

This study aims to assess a plan for meeting the needs of families raising children with cerebral palsy in St Mary's Chitungwiza, Zimbabwe. This investigation will be significant as it focuses on practical, localised, and evidence-informed approaches. The purpose of the study is to gather data that can effectively support initiatives aimed at addressing the sustainability of efforts for families with children with CP, as well as to pinpoint best practices that enhance the well-being of both families and children in St Mary's Chitungwiza. The research proved advantageous as the investigator felt it would act as a prompt for community and social work practices to strive for policy modification by incorporating metrics aimed at families with children who have special needs, alongside educational policies. According to Weiss-Gal and Gal (2020), the primary objective of community social workers is policy reform, and they hold political networks in high regard.

1.6.1 Contribution to the Body of Knowledge (Existing Literature)

This research aims to address gaps in the existing literature by providing empirical insights into strategies for supporting families raising children with Cerebral Palsy in Zimbabwe, a subject that has not been extensively explored in academic discussions. Although prior research, including studies by Zuurmond (2019) and Muderedzi (2021), has examined the challenges faced by families with children with disabilities, there has been limited focus on the sustainability of support services in low-resource settings such as St. Mary's Chitungwiza. By applying the Social Model of disability, this study seeks to enhance the understanding of how various social, economic, and healthcare systems interact to either facilitate or hinder long-term assistance for families. The results could act as a guide for upcoming researchers, especially those focused on disability studies, sustainable healthcare, and social policy in sub-Saharan Africa.

1.6.2 Contribution to Social Policy and Programs

This research can provide actionable suggestions for policymakers, government bodies, and non-profit organisations involved in disability support initiatives in Zimbabwe. By evaluating the efficacy of current strategies, the research may uncover gaps in policy implementation and areas that demand immediate attention. The results can assist policymakers in developing more sustainable and inclusive programs for families raising children with Cerebral Palsy. Additionally, it could contribute to Zimbabwe's National Disability Policy by assessing whether current actions align with global best practices and the United Nations' Sustainable Development Goals (SDGs), especially Goals 3 (Good Health and Well-Being) and 10 (Reduced Inequalities). Non-governmental organisations and global development partners could leverage the results to advocate for increased funding and resources for projects related to disabilities.

1.6.3 Contribution to the Community and Study Participants (Education 5.0)

Zimbabwe's Education 5.0 initiative emphasises innovation, industry engagement, and community-oriented solutions. This research aligns with the framework by pinpointing sustainable support measures for families and caregivers. The findings could aid families caring for children with Cerebral Palsy in enhancing their coping strategies and accessing more trustworthy care. The results of this study could motivate community-led initiatives, such as income-generating activities for caregivers, peer support networks, and collaborative efforts between local health clinics and rehabilitation centres. The research enhances skill development through collaboration with community partners, and it can also help in creating training programs for healthcare professionals and educators to ensure they are adequately prepared to effectively assist children with Cerebral Palsy.

1.6.4 Contribution to the University (Curriculum, Teaching Pedagogy, and Research Development)

The research could provide valuable case studies and empirical evidence for university programs in public health, disability studies, education, and social work. By addressing real-world difficulties, University Education can utilise research results to develop more practical and problem-solving-focused teaching methodologies that are consistent with Education 5.0. This study may encourage interdisciplinary collaboration among fields such as health sciences, education, and social policy, leading to a more integrated approach to disability research. This research aligns with one of the university's goals, which emphasises community engagement and research that drives impact. By tackling community concerns, the university enhances its function as a driver of social change. The results of the study can act as a basis for upcoming research initiatives, encouraging students to explore topics related to Cerebral Palsy and strategies in greater depth.

1.7 Definition of Key Terms

1.7.1 Child

The Children’s Act characterises a child as an individual who is under the age of sixteen, which also encompasses infants (chapter 5.06). According to the United Nations (1989), a child is defined as anyone below eighteen years old, unless applicable laws specify an earlier age. Deepika & Rahman (2020) emphasise that in contexts such as pediatric social work and family-centred care, a child is considered a developing individual who requires social, emotional, and legal protection and support. For this study, a child is between the ages of 0 to 15 years.

1.7.2 Social Work

Mushayamunda (2018) contends that social work is a profession dedicated to assisting individuals who are at risk and facing challenges due to their inability to function and live fulfilling, productive lives. The International Federation of Social Work (2014) describes social work as both an academic discipline and a practice-based profession that fosters social development, drives social change, encourages social cohesion, and promotes the empowerment and independence of individuals. According to McCurdy, Sreekumar, and Mendes (2020), social work encompasses an academic field and practice aimed at advancing social development and transformation, enhancing social cohesion, and empowering individuals based on principles of human rights and social justice. Writer (2022) emphasises the importance of aiding individuals, families, groups, or communities in improving social functioning or achieving greater social well-being.

1.7.3 Cerebral Palsy

According to the Author (2022), non-progressive disruptions in the developing fetal or immature brain are the cause of cerebral palsy, a collection of permanent movement and posture disorders that limit activity. According to Ramahi (2023), it is a neurological condition that lasts a lifetime and is brought on by brain damage that occurs before, during, or soon after birth. It affects posture and motor control and is frequently accompanied by difficulties with cognition and communication. Multiple impairments and functional limitations are characteristics of cerebral palsy. In essence, it is a collection of conditions that impact how posture and movement are developed (Aisen, Kerkovich, Mast, Mulroy, Wren, Kay, and Rethefsen, 2011).

1.7.4 Strategy

According to Chandler (1962), a strategy is the process of identifying fundamental long-term objectives, choosing a course of action, and allocating the resources required to achieve these objectives. According to Mintzberg (2020), a strategy is a plan, a guided course of action to accomplish a predetermined set of goals, and a pattern—a consistent set of behaviours realised over time.

1.7.5 Addressing Needs

According to Watkins, Meiers, and Visser (2012), in order to inform policy, programs, or interventions, needs assessment is a methodical process for identifying and addressing needs, or "gaps," between the current and desired conditions. McCurdy and associates (2020). Addressing needs in social work entails determining the strengths and difficulties of each client and organising interventions, such as counselling and referrals, to satisfy their functional, psychosocial, health, and financial needs. Policies, programs, or practices aimed at offering resources, support, and services to children with special needs and their families are examples of measures addressing the needs. According to Richards et al. (2016), measures are interventions intended to lessen difficulties and advance wellbeing.

1.7.6 Family

Russell (2020). A family is defined as two or more people who rely on one another for financial, emotional, and physical support. Members of a family are self-identified and emphasise support systems that go beyond biological or legal ties. According to the author (2020), a child's family—which includes parents, extended family, and caregivers—is their primary source of strength, support, and decision-making skills.

1.8 Dissertation outline

1.8.1 Chapter One: Introduction and Background

This chapter introduces the core issue: the marginalisation and unmet needs of families raising children with cerebral palsy (CP) in a resource-constrained Zimbabwean urban setting. It situates the research within national disability discourse, highlighting gaps in service delivery, stigma, and socio-economic pressures. This chapter introduces the problem that the dissertation seeks to address, the growing yet often overlooked needs of families raising children with cerebral palsy (CP) in St Mary’s, Chitungwiza. It provides a contextual overview of the community's demographic and socioeconomic profile, highlighting high poverty rates, overcrowding, and limited access to basic social services. The chapter defines cerebral palsy, elaborates on its physical, emotional, and economic burden on families, and discusses how environmental and policy-based barriers worsen these challenges. The statement of the problem outlines the systemic neglect of caregivers and their children, while the research objectives focus on identifying needs, assessing the effectiveness of current support mechanisms, and proposing sustainable strategies. The significance of the study lies in its potential to inform inclusive policy, strengthen social work practice, and advocate for disability rights. The chapter concludes with the scope of the study and its delimitations, noting the geographical focus and reliance on qualitative data.

1.8.2 Chapter Two: Literature Review and Theoretical Framework

Chapter Two provides an extensive review of global, regional, and national literature on caregiving for children with CP. The review starts by examining international perspectives on CP-related caregiving challenges, particularly in low-resource settings, including economic strain, stigma, and limited access to education and health care. Regional perspectives from Sub-Saharan Africa are discussed, highlighting structural inequalities and gaps in disability policy enforcement. The Zimbabwean context is analysed in detail, referencing existing social welfare programs, disability laws, and community-based initiatives. The chapter critically explores barriers such as inaccessible infrastructure, fragmented services, and inadequate funding. It also identifies opportunities through community support systems and non-governmental interventions. The theoretical framework integrates the Social Model of Disability, which asserts that disability arises from societal and environmental barriers rather than individual impairments. This section examines the Global, regional, and local contexts of CP caregiving Barriers (e.g., inaccessible infrastructure, poverty, stigma), Support systems (government, NGO, and community-led), Gaps in caregiver support, inclusive education, and policy. Social Model of Disability: Reframes disability as a product of societal barriers, not individual impairment.

1.8.3 Chapter Three: Methodology

This chapter outlines the qualitative research design employed in the study. The approach emphasises capturing the lived experiences of families raising children with CP through semi-structured interviews and key informant interviews. The study population includes caregivers, social workers from the Department of Social Development (DSD), and community health professionals. Purposive sampling was used to select participants with first-hand knowledge of caregiving and service provision. The chapter discusses data collection tools and techniques, including the use of an interview guide, audio recording, and transcription. Ethical considerations are emphasised, particularly informed consent, confidentiality, and voluntary participation. The chapter also addresses the limitations of the methodology, such as the potential for bias and the limited generalizability of qualitative data, while defending its strength in providing a rich, in-depth understanding. Qualitative approach using interviews with caregivers, social workers, and nurses. Purposeful sampling in St Mary's, including caregivers of children with CP, Department of Social Development staff, and health professionals. Verbatim responses from respondents ensure authenticity. Ethical approval from relevant authorities and informed consent from participants. This chapter demonstrates a commitment to participatory, ethical, and context-sensitive research, key in social work research with marginalised populations.

1.8.4 Chapter Four: Presentation and Analysis of Findings

In this chapter, the findings from in-depth interviews and key informant interviews are presented thematically. Key themes include inaccessible public spaces, which hinder mobility and participation; lack of inclusive education, which excludes children with CP from mainstream schools; limited access to health and rehabilitation services, especially physiotherapy and assistive devices; and inadequate mental health support for caregivers. Additionally, findings highlight the fragmented nature of government support, limited community awareness, and the burden placed on families, most of whom are led by unemployed single mothers. Verbatim responses from caregivers, social workers, and health professionals enrich the data, offering insights into daily struggles and resilience. For example, some caregivers describe walking long distances to access therapy or being excluded from support groups due to stigma. Social workers highlight funding constraints, while nurses stress the need for integrated care. The chapter interprets findings using the Social Model of Disability, showing how families are disabled not by CP itself, but by the lack of responsive, inclusive systems. Inaccessible public spaces. Findings are interpreted through the Social Model, showing how disabling environments (not impairments) limit these families.

1.8.5 Chapter Five: Discussion, Conclusion, and Recommendations

This chapter synthesises the findings, linking them to the research objectives, literature review, and theoretical frameworks. The discussion acknowledges that while families demonstrate significant resilience, they are often unsupported by the existing social service infrastructure. Government assistance is sporadic, infrastructure remains largely inaccessible, and mental health needs are neglected. The conclusion emphasises the urgent need for a multi-sectoral, family-centred approach to disability support in low-income settings like St Mary's. The research concludes that despite considerable adversity, families raising children with CP show remarkable resilience. However, they require systematic support that is accessible, inclusive, and sustainable. The dissertation contributes to disability advocacy and provides a basis for practical strategies to support caregivers in similar urban contexts.

1.9 Chapter Summary

This chapter sets the groundwork for the dissertation by defining the research context, explaining its importance, and summarising the course of the study. Subsequent chapters will expand on these fundamental concepts through reviews of existing literature, methodological approaches, data examination, and practical suggestions. This research is well-founded as it seeks to offer new perspectives in academia, inform social policies, strengthen communities, and enhance educational and research initiatives within universities. This research, which explores the sustainability of systems supporting individuals with disabilities, could significantly impact long-term policies aimed at enhancing the quality of life for families in Zimbabwe who are raising children affected by Cerebral Palsy.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter reviews the main literature on the families with children who have Cerebral Palsy globally, regionally and locally. It is about the theoretical framework used in the study. It looks at barriers and ways to improve long-term support systems for families with children who have cerebral palsy. Many nations have laws that are specifically designed to guarantee equal opportunities, enabling people with disabilities to benefit from all levels of benefits, and policies that affirm that they should be treated with the same respect and rights as people without disabilities.

2.1 Theoretical Framework

Mike Oliver developed the Social Model of Disability in 1983, which was used in this study. The Social Model of Disability offers a critical theoretical framework for comprehending the needs and difficulties faced by families in St. Mary's Chitungwiza, Zimbabwe, who are raising children with cerebral palsy (CP). This model distinguished between disability (the social obstacles that limit participation and inclusion) and impairment (a physical or mental condition). Olkin (2021) asserts that, compared to the disability itself, the exclusion that children with disabilities endure frequently results from environmental inaccessibility and societal stigma. In a similar vein, Mashanyare, Garutsa, and Odhav (2025) point out that in Zimbabwe, policy initiatives notwithstanding, the marginalisation of people with disabilities and their families persists due to ineffective implementation. Reframing the difficulties at St. Mary's requires the use of this model.

It highlights the necessity of effective policy enforcement, community sensitisation, and inclusive infrastructure. This framework supports a rights-based and development-focused approach to disability and is consistent with the United Nations Convention on the Rights of

Persons with Disabilities (UNCRPD), which Zimbabwe has ratified. A social researcher cannot perform an effective study unless they employ conceptual frameworks (McLeod, 2013). Theories provide a framework for understanding the specific phenomenon being studied. This is supported by the assertion made by De Voss and Strydom (2011) that a theory aids the researcher in understanding and interpreting a situation within a particular context. It asserts that impairment is a social construct rather than a reflection of the impairment itself (Mtetwa 2011), demonstrating that society defines disability as incapacity and discriminates against people with disabilities. According to the Jairos Jiri Association (2013), society must prevent, rehabilitate, and accommodate its differently abled members.

The social model of disability, according to Oliver (1988), is based on five main tenets: disability as a social construct, emphasis on discrimination and barriers, responsibility shifting, equal rights and social justice, and, lastly, the necessity of group action. First, disability is a social construct. According to the social model, society's inability to accept and incorporate people with disabilities is what causes disability rather than an innate trait of individuals. Second, highlight discrimination and barriers: The model places a strong emphasis on locating and eliminating obstacles that keep people with disabilities from fully engaging in all facets of life. These obstacles may be systemic, psychological, or physical.

Gibson (2021) asserts that the model promotes beneficial and participatory research methodologies that prioritise the perspectives of individuals who are directly impacted. The social model of disability seeks to promote the inclusion and involvement of people with disabilities by bringing about modifications at the family, community, and societal levels (Lawson 2021). The social model has impacted the creation of accessibility guidelines, anti-discrimination laws, and the encouragement of inclusive practices in a number of fields, such as public services, education, employment, and transportation. It is crucial to remember that the social model aims to remove the social barriers that worsen disability and prevent people with disabilities from fully participating in society, not to ignore the medical components of disability or the unique experiences of impairment.

2.2 Main Literature

In order to meet the needs of families with children who have Cerebral Palsy in St. Mary's Chitungwiza, Zimbabwe, this literature review examines the study's goals, current policies, sustainability-hindering factors, and potential solutions. Among the many difficulties faced by children with cerebral palsy are restricted access to social services, healthcare, and education. These difficulties include a lack of social services, a restricted healthcare infrastructure, and financial limitations. Families in low-income neighbourhoods, like Chitungwiza's St. Mary's, frequently struggle to get the resources they need, like specialised education, counselling, and assistive technology. These issues have been made worse by Zimbabwe's economy, which has reduced public and private resources for special needs care (Chimhenga, 2016).

2.2.1 Global support measures of families raising children with Cerebral Palsy

One of the organizations that helped with the educational department for children with cerebral palsy worldwide is Kupenda for Children in America. This organisation works to improve inclusion, care, and justice for families affected by cerebral palsy (University of Michigan Press, 2022). Kupenda provides community-based rehabilitation support and empowers families and individuals raising children with disabilities, such as cerebral palsy, to stand up for their rights. The organisation trains residents, leaders, and extended families as disability advocates and develops outreach and training activities to address hazardous beliefs and practices that are practised at the community level. Additionally, it establishes continuing collaborations to offer technical support to the government and other organisations in order to execute optimal strategies for the inclusion of persons with disabilities, and then collaborates with these organisations.

Supporting families with children who have cerebral palsy has become widely acknowledged as an issue of human rights on a global scale. Access to health care, inclusive education, and community-based support networks are all emphasised in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (2006). The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the United Nations Convention on the Rights of the Child (UNCRC) are two of the UN's agreements about cerebral palsy. In order to improve lives worldwide, the Cerebral Palsy Foundation also collaborates with international organisations such as the United Nations, UNICEF, and the World Health Organisation (WHO, 2019). Advocacy and awareness work together to bring about constructive change.

2.2.2 Regional support measures

A multifaceted approach is necessary for sustainable support, according to research conducted in African nations like South Africa, Kenya, and Nigeria. Nel (2018) asserts that community engagement and inclusive education are essential elements in maintaining policies that assist kids with special needs. However, political will, the availability of resources, and community awareness are often necessary for such initiatives to succeed. Community-based support has been advocated by the World Health Organisation as a decentralised, community-driven approach to assist individuals with disabilities. However, studies show that these programs are difficult to implement successfully because of a lack of funding, inconsistent government policies, and a shortage of qualified staff (Chang, Chang, Martos, Sallay, Lee, Stam, Batterbee, 2017).

According to research by Mutasa (2015), a large number of special needs children in Zimbabwe are either sent to underfunded special schools or excluded from formal education. According to Mungai (2019), the majority of Zimbabwe's social safety nets have been destroyed by structural adjustment policies and the ensuing economic crisis. By empowering individuals with disabilities and powerful leaders to bring about systemic changes that promote disability justice, Kupenda for Children aims to impact the economic and policy landscape.

When the disorder cannot be prevented, early diagnosis is crucial to improving the outcomes for children. To help prevent and diagnose infant disabilities, Handicap International, for example, runs a child and maternal health program in the Democratic Republic of the Congo. Mothers receive prenatal and postpartum care from staff at nearby clinics, as well as education on healthy lifestyle choices. Following a cerebral palsy diagnosis, rehabilitation is essential to ensuring that these kids can reach their full potential and have the same opportunities to participate in society as other kids. In over 25 countries, Handicap International rehabilitation collaborates with adults and children who have cerebral palsy daily. Through muscle strengthening, stiffness reduction, or balance improvement, physical therapy facilitates movement. Braces and wheelchairs are examples of assistive technology that may be offered. In order to enhance a child's cognitive abilities, physical and occupational therapists frequently incorporate play and other forms of mental stimulation into their rehabilitation regimen.

2.2.3 National-level support measures

2.2.3.1 Healthcare Assistance

Participants emphasised that one of the government's support programs for families with children who have cerebral palsy is the Assisted Medical Treatment Order (AMTO). This service is provided through a combination of outreach initiatives and hospital-based care at Chitungwiza General Hospital, and it is only accessible to government institutions. They provide both inpatient and outpatient rehabilitation services. King (2014) asserts that family-centred care is a tried-and-true method of providing healthcare services to families and children with cerebral palsy. A family-centred care approach benefits the child and the family by enhancing the child's psychosocial adjustment and functioning as well as the parents' emotional and psychological well-being, sense of competence, and self-confidence. According to

Jeglinsky (2011), family-centred care delivery has been linked to favourable outcomes for parents, families, and children with cerebral palsy between hospital and community-based healthcare settings.

According to Dambi (2016), providing care for children involves helping them with everyday tasks and attending to their medical and rehabilitation appointments. These duties can become difficult, and as a result, they can be harmful to the caregivers' health because they often put the needs of the children before their own, so healthcare support is also essential for them. To eliminate any prejudices that may have been instilled in them by their peers and the internet, health professionals must make information easily comprehensible to families with children who have cerebral palsy. This bolsters Pehora's (2015) assertion that.

2.2.3.2 Educational assistance (BEAM)

To determine a child's needs, the Ministry of Education administers psychological tests on behalf of the government. Furthermore, there is limitless access to tertiary educational support that is tailored to the child's aptitudes. All children can learn and realise their full potential when an inclusive learning environment is established, according to UNESCO (2012). More learner-centred strategies should be incorporated into educational systems, including modifications to curricula, instructional strategies, and systems for testing and assessment. However, a lot of St Mary’s schools continue to teach both general and special needs students using identical curriculum and instructional strategies. To encourage the inclusion of children with disabilities in education, a number of nations have put individual education plans into place. Many of the physical obstacles that children with disabilities encounter can be removed with easy steps, like rearranging classrooms. Certain children might need access to extra support services, such as therapy, classroom assistants, and specialised teachers.

2.2.3.3 Disability loans

Disability loans were created by the Department of Social Development to help people with disabilities become more financially and economically independent. The National Disability Policy (2021) emphasises the need to provide opportunities for people with disabilities and families with children who have cerebral palsy. This will allow them to maintain their living conditions and enhance the quality of life for their children. According to Chiwara and Lombard 2019), there is a dearth of literature on developmental social welfare, indicating either its nonexistence or its inadequate application.

2.2.3.4 Family Clubs

Numerous initiatives have been proposed as ways to assist parents of children with cerebral palsy, including support groups, preventative fitness regimens, and caregiver education (Albayrak, 2018). If and when they contact their local Department of Social Development district offices, there is potential for the creation of support groups for families with children who have cerebral palsy. It collaborates with the department of disabilities. Every district is visited by social workers who provide positive parenting techniques to families with children who have cerebral palsy. By teaching parents fundamental therapy techniques, CBR programs, which are backed by UNICEF and neighbourhood organisations, assist families in St. Mary's (Taderera et al., 2020), encouraging support groups to exchange coping mechanisms and lessen stigma (Chikwaiwa & Mafa, 2020).

2.2.3.5 Nutritional Support

The Department of Social Development considers families with children who have cerebral palsy for cash for cereal transfers. Around 80 per cent of people with disabilities reside in low- and middle-income nations, where children with cerebral palsy are particularly vulnerable and access to social, nutritional, and health services is severely limited (WHO, 2022). Since 80%

of children with disabilities struggle with feeding, Klein (2023) discusses how feeding issues are a significant contributing factor to undernutrition in children with cerebral palsy.

2.2.3.6 Non-Governmental Organisations (NGOs)

In St. Mary's, Chitungwiza, a number of NGOs offer vital assistance. For instance, children with cerebral palsy can receive therapy, schooling, and vocational training from Jairos Jiri Association, one of Zimbabwe's oldest disability organisations (Jairos Jiri Association, 2020). Although services are primarily provided in urban areas, Zimcare Trust operates schools and rehabilitation facilities for kids with disabilities, including cerebral palsy (Zimcare Trust, 2020). Children with severe cerebral palsy can receive physiotherapy and residential care from Cheshire Homes Zimbabwe (Mpofu, 2020). The Zimbabwe Parents of Handicapped Children Association (ZPHCA), which actively promotes the rights of children with disabilities, including those with cerebral palsy, in areas like housing, education, and health, seems to be the main organisation in Zimbabwe that focuses on the condition. Their primary responsibility is to advocate for improved rights and access to services for kids with disabilities, including those who have cerebral palsy. They address problems about children with disabilities' housing, education, and health. A more comprehensive organisation that represents individuals with a range of disabilities throughout Zimbabwe, including those who have cerebral palsy, is the National Council of Disabled Persons of Zimbabwe (NCDPZ).

2.3.1 Hindering factors in addressing the needs of families raising children with Cerebral Palsy at a Global level

According to Andrews, Kakooza-Mwesige, and Almeida (2020), parents' experiences show that some parents try to find services for their kids, but frequently in vain because there aren't many, if any, services available. Direct quotes from family members are used to convey the parents' sense of helplessness and despair. Among the things impeding sustainable development are financial limitations and inadequate funding. Children and their families in

Australia are more likely to experience socioeconomic disadvantage and unequal access to care if they have a disability like cerebral palsy (CP) (Friedman 2021). This is made worse by the fact that, in comparison to their peers from more affluent neighborhoods, children with cerebral palsy (CP) who reside in socioeconomically disadvantaged areas are more likely to have severe impairments, such as the need for a mobility device (Woolfenden, 2019) and comorbidity (Oskoui, Messerlian, Blair, Gamache, and Shevell, 2016). Furthermore, hospital outpatient services are less likely to be accessed by families with children with cerebral palsy who reside in socioeconomically disadvantaged suburbs (Paget, McIntyre, Goldsmith, Ostojic, Shrapnel, Schneuer, Nassar, 2022).

2.3.2 Regional level

However, progress remains inconsistent, particularly in numerous African countries. As stated by Mtetwa (2011), individuals with Cerebral Palsy are frequently marginalised due to their conditions, which can lead to greater challenges in the future. There are legislative measures supporting the rights of individuals with disabilities, including children with Cerebral Palsy; these are the Convention on the Rights of Persons with Disabilities (CRPD), the Disabled Persons Act (Chapter 17.01) (1996), and the Zimbabwean Constitution (2013). Informal caregiving networks, which frequently rely on extended relatives or community-based support, are vital in the absence of official state interventions, according to studies on Zimbabwean families raising disabled children (Dambi and Jelsma, 2014). Disparities in support result from government policies frequently lacking the frameworks needed for implementation (Mupedziswa, 2018). A high-density suburb, St. Mary's is marked by socioeconomic issues like unemployment and poverty. These elements exacerbate the challenges faced by families with special needs (Ndlovu, 2020). The National Disability Policy is one of the laws the Zimbabwean government has passed to support people with disabilities. However, lack of resources and poor infrastructure frequently compromise these policies' efficacy at the local level (Mutangadura, 2019).

2.3.3 National level

According to Aisen (2011), there are very few options for enrolling young children in suitable daycare centres in Harare, Zimbabwe's capital, especially those with severe disabilities from low-income families. State institutions occasionally offer rehabilitation, but daily care is provided by caregivers, primarily mothers and occasionally members of the extended family.

2.3.3.1 Cultural beliefs

Social isolation and emotional issues in caregivers may result from stigmatization caused by cultural beliefs about the cause of the disability (Hamzat & Mordi, 2017; Myezwa & M'kumbuzi, 2013). According to Hamzat and Mordi (2015), cerebral palsy may be considered a curse from ancestral spirits for transgressions like pregnancy-related promiscuity. Furthermore, children with cerebral palsy may be locked up in their homes due to stigmatization in its worst form, which prevents them from receiving medical care (Hamzat & Mordi, 2017; Myezwa & M'kumbuzi, 2013).

2.3.3.2 Lack of awareness and sensitization

As primary caregivers, mothers bear the primary responsibility for addressing the needs of children with cerebral palsy, but they are never fully aware of the challenges that may arise in the future (Madzhie et al., 2022). Due to their inexperience in caring for children with cerebral palsy, young parents are disproportionately impacted, particularly in the early postpartum period. According to Cameron, McGinley, Allison, Fini, Cheong, and Spittle (2020), young parents are afraid and insecure because they haven't adapted to the new circumstances.

Therefore, providing them with information about the services that are available to them will help them better care for their children.

2.3.3.3 Financial constraints

According to Kruse et al. (2019), cerebral palsy is a very expensive disorder. According to Kancherla et al. (2022), families with children who have cerebral palsy face significantly greater financial difficulties than other families with children of a similar age. Parents of children with cerebral palsy are more picky than other parents, according to Deborah et al. (2019).

2.4.1 Strategies for improvement at the Global level

The United Nations claims that the Sustainable Development Goals (SDGs) have the potential to improve access to healthcare and education for all children, including those with developmental disabilities. However, it is unclear whether these goals will have an impact on the lives of children who have cerebral palsy. Improving health equity, optimizing health outcomes, and assisting children with CP and their families in thriving in society all depend on an understanding of how the Social Determinants of Health (SDH) affect them (Ostojic, Karem, Paget, Berg, Dee-Price, Lingam, Dale, Eapen, & Woolfenden, 2023).

2.4.2 Strategies for improvement at the Regional level

A multifaceted approach is necessary for sustainable support, according to research conducted in African nations like South Africa, Kenya, and Nigeria. Nel (2018) asserts that community engagement and inclusive education are essential elements in maintaining policies that assist kids with special needs. However, political will, the availability of resources, and public awareness are frequently necessary for such initiatives to succeed. Community-based support has been advocated by the World Health Organisation as a decentralised, community-driven approach to assist individuals with disabilities. However, studies show that low funding, erratic government regulations, and a shortage of qualified staff make it difficult to carry out these programs successfully (Batterbee, 2017).According to research by Mutasa (2015), a large number of special needs children in Zimbabwe are either sent to underfunded special schools or excluded from formal education. According to Mungai (2019), the majority of Zimbabwe's social safety nets have been destroyed by structural adjustment initiatives and the ensuing economic crisis.

Studies on high-tech tools like telemedicine, robotics, virtual reality, tele-rehabilitation, and exoskeletons are presently underway, according to Sharma, Gupta, and Kalra (2023). The effectiveness of various interventions, such as neurologic music therapy, aquatic therapy, virtual reality, robotics, nerve stimulation, constraint-induced circulation therapy, hippotherapy, and hyperbaric oxygen therapy, is the main focus of the current review. Both the effects of dietary intake and the spasticity associated with cerebral palsy can be treated with medications. Both neurologic music therapy and physiotherapy, as well as treadmill gait training and robotics for lower limb improvements, produce favourable rehabilitation results. Additionally, kinesio taping helps to reduce upper limb stiffness and to position the thumb, fingers, and wrist. In cerebral palsy, neuro-restorative treatments like cell therapy, brain-computer interface technology, and transcranial magnetic stimulation may also successfully constructively reroute neural networks. Ritzmann (2018) highlights that patients with this neurological condition are thought to benefit from rehabilitation in addition to neurofeedback and biofeedback.

2.4.3 National level

Oliver (2023) asserts that to advance accessibility and inclusion, the social model of disability advocates for modifications to laws, regulations, and practices. Since some parents will be illiterate, information must be presented to the families in a way that they can understand. According to Askeland (2025), parents frequently find it difficult to respond to their children's inquiries about the subject matter, so they resort to the internet for additional information when they get home, which can leave them feeling overburdened and cause them to worry about other things. According to Ndagire and Seketi (2021), interventions must address both financial and care-related needs in order to improve the quality of life for people with disabilities and poverty.

This claim is supported by research done in Chipinge, Zimbabwe by Muzenda-Mudavanhu (2018), who claimed that in CBR, interventions were to be moved from institutions to homes and neighbourhoods of individuals with disabilities and executed by individuals with little training, such as families and community members, to lower the costs. According to Baldew (2021), parents of children with physical disabilities in low- and middle-income nations are more likely to suffer from mental health issues, which can have a detrimental effect on the health of the child. The idea that psycho-educational interventions enhance parental coping mechanisms and lessen depressive symptoms in families with children with cerebral palsy is also supported by Oliveira (2020), as suggested by Baldew (2021).

2.5 Chapter Summary

An overview of the pertinent research on the approach to meeting the needs of families with children who have cerebral palsy in St. Mary's Chitungwiza was given in this chapter. The chapter begins by examining the study's theoretical framework, in this case, the social model of disability, and outlining its applicability. The three study objectives were then covered, with an analysis of the literature for each goal.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

The research methodology, or the strategy outlining how and from whom data was gathered, is the main topic of this chapter. The target population, design, sampling techniques, and research approach are all included in the methodology. This chapter also covers the sample, data collection techniques, data collection tools, data analysis techniques, and ethical considerations.

3.1 Research Philosophy

The study was carried out with a social constructivist perspective. People want to understand the world they live and work in, according to social constructivists (Creswell, 2009). According to social constructivists, people derive subjective meaning from their experiences (Creswell, 2009). As a result, the researcher only considered the opinions of participants regarding the subject being studied. To better understand how to meet the needs of families with children who have cerebral palsy, the researcher adopted a social constructivist worldview. Kato (2020) asserts that gathering information through observation, interviews, document and media analysis, and other qualitative research methods frequently yields more insight and makes it easier to comprehend the phenomenon from a variety of angles. Thus, the qualitative approach is used in this study.

3.2 Research Approach

In order to gather data for this study, the researcher employed a qualitative research methodology. The qualitative approach, as defined by Taylor, Bogdan, and DeVault (2015), is the broadest definition of research that generates descriptive data of people's own spoken or written words and observable behaviour. Because it provided insight into participants' needs, expectations, attitudes, perceptions, and beliefs regarding raising children with cerebral palsy, this approach was the most appropriate. Additionally, it will be beneficial for expanding the field of study. This strategy seemed to be the most suitable since the qualitative research design's features—participants, their interpretation of their own experiences, data collection, and analysis to find answers—are exactly what the study aimed to use.

3.3 Research Design

A case study research design was used in this study. According to Saunders, Lewis, and Thornhill (2012), research design is the overarching strategy for addressing the research questions and evaluating the research hypothesis. A case study is an in-depth analysis of one or a small number of cases that yields comprehensive insights. Within the case, this design will look at a number of units of analysis, such as families with children who have cerebral palsy, medical professionals, social workers, and local resources. Because case studies are generally more flexible and allow for interaction between the researcher and study participants, the researcher used them to gain insight into the needs of families with children who have cerebral palsy.

3.4 Study Setting

A case study of St. Mary's Chitungwiza, Zimbabwe, was used in this investigation. Study setting, according to Snowdon (2014), is a comprehensive and complex research approach that concentrates on a specific research problem and condenses an extremely wide area of study into one or a small number of accessible examples. Research in this specific field was motivated by the researcher's observation that there was a dearth of studies on approaches that cater to the needs of families in St. Mary's Chitungwiza with children who have Cerebral Palsy. There is a need to conduct research in that area because the researcher also noticed that many families in

St. Mary's Chitungwiza are raising children with CP, with little to no support resources available to them.

3.5 Target Population

The study's target group comprised social workers and medical professionals who work in St. Mary's Chitungwiza, as well as families raising children who have cerebral palsy. A population is a study's unit of analysis (Creswell, 2013). Louise and Son (2018) define the target population as the entire group of people chosen for the study following the objectives of the research. Families with children who have cerebral palsy were chosen because they are frequently impacted in all facets of their lives, including psychological and financial ones. Because they are the professionals who help families with children who have cerebral palsy by offering medical services to children with cerebral palsy, the researcher chose healthcare workers.

3.6 Sampling Techniques

Snowball sampling, a non-probability sampling technique, was used in this study to choose families with children who have cerebral palsy. This method works well because it allows researchers to connect with people who might be hard to find, like members of marginalised groups or people who engage in stigmatised behaviours—in this case, families with children who have cerebral palsy. Snowball sampling enables researchers to increase their sample size through social networks by having initial respondents recommend others who fit the study's requirements (Hair et al., 2020). Because of the stigma attached to cerebral palsy, families may find it challenging to participate, which is why this sampling strategy was chosen.

Purposive sampling was used to choose key informants. Purposive sampling is a method where researchers select participants based on their familiarity with the population and the subject, as Essa (2021) points out. Since they spend the majority of their time working with families who have children with cerebral palsy, health professionals and social workers who offer services to these families were chosen because they have a deep understanding of the problem and the target population (parents). Purposive sampling, according to Bryman (2016), entails selecting participants by the goals of the study to choose units of analysis according to criteria that will allow the study's questions to be answered. Key informants will be useful because of their knowledge and participation in St. Mary's Chitungwiza's Cerebral Palsy support systems.

3.6.1 Sample size

Ten caregivers of children with cerebral palsy will be included in the sample size for qualitative interviews. Simply put, a sample is a subset of the population (Saunders, 2012). According to Kothari (2004), a sample is a collection of items that have been chosen from a population. Given the time and money needed for the exercise, gathering data from the healthy target population in St. Mary's High Density Suburb is nearly impossible. This is why sampling is used, where a manageable and small portion of the population is interviewed for the study and is thought to be representative of the target population. Health professionals, social workers, parents and guardians of children with cerebral palsy, and non-governmental organisations (NGOs) participated in the study. Three child protection officers, ten parents, and two health professionals made up the main participants. The sample size was designed to include all age and sex representations.

3.7 Data Collection Techniques and Tools

Key informant interviews and in-depth interviews with families were employed to gather data. Parveen (2017) defines in-depth interviews as a sequence of extended, one-on-one interviews carried out with the intention to achieve a certain objective. In-depth interviews had the benefit of being conducted in person with a single participant, which made it possible to gather detailed descriptive information regarding the requirements of families with children who have cerebral palsy. Additionally, in-depth interviews were usually done in person, allowing the researcher to observe participants' body language and gain a deeper understanding of their responses (Adams, Khan, and Raeside, 2014). Key informant interviews were also helpful since they offered a low-cost means of fully comprehending a situation. The sources of the information were knowledgeable and perceptive. Bryman (2016) asserts that to address the study themes, the questions must address the topics the researcher needs to discuss from the interviewee's point of view. Because they offered additional chances for investigation and enabled the researcher to pose follow-up questions as they surfaced, open-ended questions were used.

3.7.1 In-depth Interviews

Family members of children with cerebral palsy were interviewed in-depth by the researcher. Direct knowledge of the day-to-day challenges of raising children with cerebral palsy can be gained from families or caregivers. Instead of generalising, these interviews examine the unique experiences of several families with children who have cerebral palsy. They were also able to identify the kind of support that would be most helpful to these families. These interviews illustrate the ways in which caring is impacted by various socioeconomic origins. Disability-related social stigmas and cultural attitudes were recognised by the researcher.

3.7.2 Key Informant Interviews

According to Saunders (2012), key informant interviews are a technique for investigating related problems and issues related to a particular topic. These interviews entail speaking with people who are knowledgeable about the area or specific aspects of the problem, such as extension workers, farmers, local government representatives, traders, and community leaders. According to Marshall (1996), the key informant technique is an ethnographic research method where key informants can offer information and a deeper understanding of what is happening around them due to their position in society and their talents. Key informant interviews were very helpful in this study because they shed light on the difficulties and approaches that can be used to meet the requirements of families with children who have cerebral palsy.

3.8 Research Procedure

The thematic analysis research approach was used in this study. A distinctive qualitative descriptive method for finding, analysing, and summarising patterns is thematic analysis (Braun and Clarke 2006). To create a thorough summary, the researcher contrasted and compared data from the observations and interviews. In order to organise, summarise, and analyse the data gathered on potential methods addressing the needs of families raising children with cerebral palsy in St. Mary's Chitungwiza, data presentation and analytic processes were essential. The creation of the in-depth interview guide and the key informant interview guide served as the basis for the study

3.8.1 Informed consent

When working with vulnerable populations, ethical considerations are especially important. Before the start of data collection, each participant will be asked for their informed consent. The goal of the study, the fact that participation is entirely voluntary, and the freedom to discontinue participation at any moment without facing any repercussions will all be explained to participants. Any identifiable information will be kept anonymous when the results are reported, and confidentiality will be rigorously upheld. In order to make sure that the research process honours regional customs and values, the researcher will also be cognizant of cultural norms and practices within the community. Participants will have access to support services, including counselling, if the research causes them to experience emotional distress or difficulties.

3.8.2 A close reading of data

The researcher carefully examined the data at this stage multiple times because notes, feedback, and recording devices were used to capture the data during data collection. The information that was recorded was transcribed. After reviewing the field notes, the researcher meticulously extracted the data for familiarisation. According to Bryman (2016), the researcher must first become completely acquainted with the body of materials, which may include field notes, documents, photographs, and transcripts. In order to find errors and missing information, the researcher compared the transcribed data with the collected data. At this point, it is essential to verify, test, and check the accuracy of the information that the participants have provided (De Wet and Erasmus, 2005). The investigator reviewed the information multiple times to make notes.

3.8.3 First-level coding

During this stage, the researcher separated the summarised data into expanding groups. The researcher assigned codes to these new categories. According to Dawson (2002), data analysis comprises a number of steps that centre on condensing and organising data to ensure that it is pertinent to the study objectives.

3.8.4 Identifying clusters and hierarchies of information

The data was coded into groups by the researcher, who then went on to analyse and summarise the data from each group in a way that made it easy to spot emerging trends. In order for the researcher to group the data and arrange it hierarchically to ease future analysis, the necessity of organising the data by creating themes is emphasised at this stage (De Wet and Erasmus, 2005). Because of this, the researcher found it easier to analyse the data and provide summaries that answered the research questions on the causes, consequences, and solutions of historical poverty. The researcher was able to discover themes and concerns of relevance from these summaries, such as approaches to overcoming historical poverty.

3.8.5 Identifying patterns, relationships, and explanations

In this step, the researcher analysed data from coded categories of data, overviews, and themes to identify connected and linked thoughts. In order to conclude the study and draw conclusions on the strategies addressing the needs of families raising children with CP, this step was essential.

3.9 Ethical Considerations

No research related to human subjects must violate human rights; rather, it must be designed and carried out in a manner that respects the rights of the individuals involved, as required by ethical principles. Recognised human rights principles for individuals with disabilities are outlined in the UN Convention. The study's ethical considerations, including informed consent, confidentiality, anonymity, and the principle of no harm to participants, are critically important (Economic and Social Research Council, 2010). Participants' freedom to consent to their involvement is essential to ethically sound research because it minimises disruptions to their lives.

3.9.1 Informed consent

Educating individuals about the risks, advantages, and alternatives of a particular procedure or intervention is known as informed consent. Before collecting data, researchers must get participants' informed consent. In the setting of accessibility research, this means making sure that participants are aware of the study's goals, the possible risks and rewards of taking part, and their rights as participants in the study. The patient must possess the mental capacity to voluntarily choose whether or not to have the intervention or procedure done. The respondent's willingness to participate was continuously confirmed, and they were reminded of their right to withdraw from the study at any time for any reason, since consent is not a one-time requirement (Social Research Association, 2003).

3.9.2 Respect for Autonomy and Dignity

Upholding the individual's numerous, interconnected rights and interests is essential to preserving their dignity in research (Canadian Tri-Council Policy Statement, 2005). Participants' autonomy and dignity should be respected by the researcher at every stage of the study. This entails treating participants with dignity, valuing their knowledge and life experiences, and, whenever feasible, incorporating them as active research participants. The Universal Declaration of Human Rights acknowledges the "inherent dignity" of "all members of the human family" in its preamble. The Declaration recognises the ethical boundaries of how we can treat others by acknowledging their dignity. Along with trying to establish a cooperative and welcoming research environment, the researcher will also take into account any possible power disparities between themselves and the participants.

3.9.3 Privacy and Confidentiality

Participants' personal information must be kept private and confidential by the researcher. This is especially crucial when gathering private data about disabilities and experiences receiving social development support. Researchers should do everything in their power to safeguard data privacy and research participant anonymity (Dane, 2012; Miles and Huberman, 2019). The outcomes of the study will be presented in a way that makes it impossible to identify specific participants because appropriate steps should be taken to secure data storage, guarantee anonymisation or pseudonymization of participation data, and restrict access to authorised personnel.

3.9.4 Avoiding harm and ensuring safety

Precautions should be taken by the researcher to reduce the participants' risk of injury or distress. This may entail speaking in an inclusive and nondiscriminatory manner, making the necessary accommodations while gathering data, and making sure that respondents are not placed in circumstances that could endanger their mental or physical health. If participants indicate that they need more help, the researcher should be ready to refer them to professionals or support services. The research has the potential to harm numerous stakeholders, including study participants, research assistants and staff, research participants, and society at large, in addition to undermining the legitimacy of research, claim Drolet & Girard (2020).

3.9.5 Beneficence and Justice

The goal of the research should be to advance justice and beneficence. This involves taking into account how the study might benefit the participants as well as the larger community. Additionally, the researcher should strive to promote inclusivity and equal possibilities for all people with disabilities, keeping in mind the possibility of disparities or injustices in access to social development assistance. Instead of expressing our thoughts and opinions, our collaborative methods during the data collection process should concentrate on eliciting information (Mack et al, 2005:11). The researcher can carry out the study on a strategy addressing the needs of families raising children with CP responsibly and respectfully by taking these ethical considerations into account, guaranteeing that the participants' rights and well-being are given priority.

3.10 Validity and Reliability/Trustworthiness

By guaranteeing credibility, preliminary testing, reliability, conformability, and transferability, the researcher increased the study's credibility. The process and degree to which the investigator can raise the level of trust in the study are referred to as trustworthiness in research. Examples of trustworthiness include adaptability (confirmation of the study findings), dependability (the extent to which the study findings can be replicated in a similar context), adaptability (the degree to which the study outcomes may be utilized in other settings using the same method used in the study), and credibility (authenticity of the study) (Lincoln and Guba, 2015).

The researcher made sure that the study included a thorough explanation of the methodology to enable replication by other researchers who might wish to use the study in the future in order to increase its credibility. To guarantee the validity of the results, a variety of data sources were used, including social workers and nurses as key informants. Through pretesting, the researcher made sure the questions asked of study participants were adequate and pertinent to gather data for the study's goals. Only participants who were interested in participating were permitted to do so because cerebral palsy is a very sensitive subject. This increased the likelihood of sincere and truthful responses to guarantee reliability. The table that follows gives an overview of how reliability was guaranteed:

Table 1: Steps followed to ensure trustworthiness

STEP	PROCESS
Credibility	Use of multiple sources (use of key informants, including healthcare workers)
Dependability	A detailed description of the methodology was given in the study
Confirmability	The Study provides verbatim from participants and key informants.
Transferability	**Provision of a thick description of context and justification of theoretical-methodological choice**

3.11 Data Analysis

Thematic analysis was used to examine the data collected from the participants. The term "thematic analysis" refers to the process of identifying significant themes in one's data through the analysis of qualitative data (Bryman, 2016). The researcher employed thematic analysis because it is easy to use and apply, doesn't require the application of theories, and doesn't cause problems or data distortion. The researcher used the Mahuntse (2019) thematic analysis framework to perform the following data analysis.

3.11.1 Step 1: Data familiarisation

Data familiarisation is the first step in the research process when doing theme analysis. This involves the researcher actively and repeatedly examining the raw data to become familiar with it. In order to fully comprehend the content and context, this phase entails reviewing transcripts, field notes, or interview recordings several times. It also entails recording preliminary thoughts or observations and, if required, transcribing data (Clarke & Braun, 2021). This phase allows the researcher to start seeing early trends and possible areas of interest, which sets the groundwork for a thorough investigation.

3.11.2 Step 2: Generating initial codes

Generating initial codes is the second step, which comprises methodically locating data elements that seem significant and pertinent to the study topics. Codes are brief names given to data segments that can represent thoughts, ideas, behaviours, or recurring themes. Software for qualitative analysis, like NVivo or MAXQDA, can be used for this process, or it can be completed manually (Nowell et al., 2022). In this stage, scientists are not constrained by preconceived notions and are instead receptive to the development of fresh discoveries.

3.11.3 Step 3: Searching for themes

Finding themes is the third stage after coding. In order to do this, the codes must be analysed and grouped into more general themes or patterns that represent important meanings related to the research issue. Themes are deeper, interpretative constructions that aid in making sense of the material overall rather than just rehashing notions (Braun & Clarke, 2022). At this point, researchers frequently organise and connect ideas using visual aids like conceptual diagrams and thematic maps.

3.11.4 Step 4: Reviewing and refining themes

Examining and improving themes is the fourth step. At this point, the researcher assesses whether the themes are cohesive and separate from one another, as well as whether they effectively capture the substance of the data. In order to make sure the themes appropriately represent the data set as a whole, there are two stages of evaluation involved: first, examining the extracted codes for each theme. Overly disparate themes might be dissected, while related ones might be combined (Clarke and Braun, 2021).

3.11.5 Step 5: Defining names and themes

The researcher clearly explains each theme's meaning and the aspects of the data it reflects in the fifth step, which is the establishment of the themes. The scope and content of each theme are thoroughly explained, and each is given a succinct and descriptive name. To answer the research questions, the researcher must determine the "story" behind each theme (Terry et al., 2017; amended in Braun & Clarke, 2022).

3.11.6 Step 6: Producing the report

The sixth and final step is creating the report, where the researcher presents the results along with additional evidence extracts and writes a thorough account of the analysis. Each theme should be explained in detail, backed up by exact quotes, and the report should relate the results to previous research or theoretical frameworks (Nowell et al., 2022). This phase compiles the analytical narrative in a manner that is understandable, logical, and consistent with the goals of the study.

3.12 Limitations

It can be challenging to obtain accurate and thorough data on the accessibility of social development assistance for people with cerebral palsy (CP). This is because the data may be incomplete or fragmented, making it difficult to gain a thorough understanding of the problem. Access to some types of data may be restricted due to ethical and privacy concerns. The researcher resolved this by the use of a unified data system that centralised and standardised data collection across various stakeholders, including government officials and health practitioners, as well as the families raising children with CP. A more thorough and consistent understanding of accessibility issues was offered by this system. Research in this area frequently uses qualitative reports or self-report measures, both of which have limitations and biases. Self-report measures depend on people accurately recalling and presenting their experiences, which can be prone to memory biases or social desirability effects. Qualitative methodologies can yield insightful results, but they may not be readily generalizable to larger populations. A mix of research techniques was employed to counteract the biases resulting from self-reporting and qualitative approaches. Using a variety of data sources, including interviews and observational studies, triangulation helped cross-check results and lowered the possibility of bias. By collecting data from the Department of Social Development, there was a breach of confidentiality between the institution and the client. However, by protecting people's identities through data anonymisation, privacy concerns were lessened while enabling researchers to examine sizable datasets. Confidentiality is maintained while enabling evidence-based decision-making through population-level data aggregation devoid of personal identifiers. Making sure that participants give their informed consent after being fully informed about the use of their data can help to address ethical concerns.

3.13 Chapter Summary

Chapter 3 on methodology discussed the appropriate research methods or approaches used to collect data. The target population, sample size, and sampling procedure were explained. The specific tools that the researcher emphasised were in-depth interviews and key informant interviews. The chapter ended with a succinct description of the data analysis procedure. The next chapter looks at the presentation of data, analysis, and discussion.

CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

The chapter focuses on the presentation and analysis of data collected during field data collection. The data was analysed using the thematic analysis method, and the summaries, themes, and information deduced from the method will be discussed in this chapter. A qualitative approach was used to collect data using key informant interviews. Interview guides were used to collect data from participants in the study. Findings were presented and discussed in line with the aim and objectives of the study.

4.1 Demographic Characteristics of Participants

This section presents the demographic information of the participants which will be displayed in the form of a table. The profile is of great significance as it assists in contextualising the concepts under study. Table 4.1.1 indicates the number of participants who participated in the research.

4.1.1 Table

Total Response Rate

Participant	Intended	Actual
In-depth Interviews	10	10
Key informants interviews	5	5
Total number	15	15

From the table above, a total of 15 people participated in the subject under investigation. The in-depth interviews amounted to 10, which were the caregivers of the children in question, and the key informant interviews were 5, which were 3 social workers from the Department of Social Development, Chitungwiza and 2 nurses from Chitungwiza Hospital. This translates to a 100% response percentage from the participation.

4.1.2 Table: Characteristics of respondents

Characteristics	**Category**	**Frequency**	**Percentage**
Gender	Female	7	70%
	Male	3	30%
Age group	18-25 years	3	30%
	26-35 years	2	20%
	36-45 years	5	50%
Relationship to child	Mother	7	70%
	Father	2	20%
	Grandparent	1	10%
Education level	No formal education	2	20%
	Primary education	4	40%
	Secondary education	3	30%

	Tertiary education	1	10%
Employment Status	Employed	3	30%
	Self-employed (informal)	2	20%
	Unemployed	5	50%
Child’s Age	0-5 years	3	50%
	6-10 years	5	40%
	11-15 years	2	20%

Table 2 shows the biographical and pertinent information of the in-depth interviews.

Table 2 shows the biographical details of the in-depth interviewees interviewed by the researcher. The majority of respondents were female (70%), with most falling into the 36-45 age group (50%). The dominant relationship to the child was that of biological mothers (70%). In terms of education, 10% had attained tertiary education, 30% had completed high school, 40% had primary education, and 20% had no formal education. Unemployment was high among caregivers (50%), with 20% being self-employed and only 30% employed. Most children with Cerebral Palsy in this study were between the ages of 6 and 10 years.

4.2 Themes

4.2.1 Support measures available for families raising children with Cerebral Palsy in St Mary’s Chitungwiza.

The first objective of the research was to identify the support measures available to families raising children with cerebral palsy in the St Mary's area. During the data gathering process, participants revealed various support measures accessible to families with such children, encompassing healthcare assistance, educational resources, support groups, disability loans, family clubs, and nutritional support. The National Disability Policy (2021) highlights that individuals with disabilities living in poverty need help with expenses related to their disabilities and fall under multiple targeted categories. The study utilised existing literature as a secondary data source while collecting primary data in the Chitungwiza District through in-depth interviews and interviews with key informants. Current social assistance programmes for children with cerebral palsy and their families include BEAM, AMTO, and support initiatives for families in distress and children facing challenging circumstances. The study emphasises the need for increased research on the frequency of disabilities, the percentage of children receiving social support, about other at-risk groups, and the efficacy of means testing in delivering aid to children with disabilities. The government of Zimbabwe has enacted legislation to aid children with disabilities, including those with cerebral palsy, through the Disability Act of 2021, which superseded the Disabled Persons Act. However, the execution of these regulations has been inconsistent due to budgetary limitations (Chikwaiwa & Mafa, 2020).

4.2.1.1 Healthcare Assistance

Support for families with children diagnosed with cerebral palsy includes health assistance options as communicated by participants. One form of health support is the Assisted Medical Treatment Order (AMTO), which is a government-initiated measure designed to aid families with children who have cerebral palsy. According to participants, the AMTO is a healthcare assistance program provided by the Government to support these families. This service is accessible to government bodies and involves a mix of hospital care at Chitungwiza General Hospital and outreach initiatives. They offer therapy services for both inpatients and outpatients. This is shown in the narratives below:

Key informants 4said that:

> *'AMTO offers healthcare support that ensures ongoing assistance for the impacted child, and if required, this support can also be extended to caregivers through the Social Services Social Protection Act or Public Aid (PA), contingent on their eligibility.'*

Key Informant 3 said that;

> *Examples of assistive equipment that organisations such as Leonard Cheshire offer to support mobility and independence include wheelchairs and walkers, which are crucial for children in need.'*

Participant 5 said that;

> '*Ma AMTO anotibatsira munguva dzekuti mwana anenge achida kubatsirwa nechipatara kana achinge arwara uyezve kana tave kuda kumuendesa kunorovedza muviri.'(Assisted Medical Treatment Orders are helpful as they assist in terms of hospital bills, including treatments and therapy sessions.)*

The narrative above clearly illustrates that one of the support measures available for families raising children with cerebral palsy is healthcare assistance. King (2014) notes that a family-centred care model is a well-recognised method for delivering healthcare services to children with cerebral palsy and their families. Healthcare professionals often adopt a family-centred approach, acknowledging and valuing parents as the individuals who best comprehend their child's needs and circumstances. This approach involves collaborating with families to strategise and assess services for their child, while also providing adaptable services that cater to the unique needs of each family. The family-centred care approach is advantageous for both the child and the family, as it promotes the child's psychosocial adaptation and functioning while simultaneously enhancing the emotional and psychological well-being, self-confidence, and competence of the parents. This aligns with Jeglinsky (2011), who proposed that family-centred care is associated with improved outcomes for children with cerebral palsy, as well as their parents and families, across both hospital and community settings. This methodology is in line with the social model of disability, which focuses on fostering change at the family, community, and societal levels to facilitate the inclusion and participation of individuals with disabilities (Lawson 2021).

Caregivers of children with cerebral palsy need to receive healthcare support, as these responsibilities can be overwhelming and potentially lead to chronic health issues like hypertension; the family's well-being is also crucial for the child’s development. This aligns with Dambi (2016), who indicated that the caregiving role involves not only helping children with daily tasks but also ensuring they attend medical and rehabilitation appointments. Such obligations can become challenging and adversely affect caregivers' health because they often place their children's needs ahead of their own, making healthcare support essential for them as well. When professionals offer health services to families raising children with cerebral palsy, the information must be clear and accessible to help counter any misconceptions they may have acquired from their peers or online sources. This aligns with Pehora et al.'s (2015) perspective that healthcare practitioners should provide families with expert answers to their inquiries, considering the internet is commonly used for information yet often presents unclear and unsupported details regarding the child's treatment and rehabilitation choices.

4.2.1.2 Educational assistance (BEAM)

The participants also recognised Education Assistance as one of the governmental support programs carried out by the Ministry of Public Service, Labour, and Social Welfare to families raising children with cerebral palsy. Through the Ministry of Education, the government offers complimentary psychological assessments to assess the needs of children. Support for higher education is also boundless, dependent on the child's capabilities. As per UNESCO (2012), fostering an inclusive educational atmosphere can aid all children in learning and reaching their full potential. Educational systems ought to transition towards more learner-centred methods by modifying curricula, teaching techniques, resources, as well as evaluation and examination procedures. Nevertheless, several schools in St Mary's still use the same curriculum and teaching approaches for both typically developing students and those with special needs. Numerous countries have developed individual education plans to aid in the integration of children with disabilities into educational environments. Many of the physical obstacles faced by students with disabilities in schools can be addressed with straightforward measures, such as altering classroom configurations. Some students may need extra support services, including special education instructors, classroom aides, and therapeutic programs. This is depicted by the statements below;

Participant 8 said;

> *'Ndakafambira nyaya dzekuti mwana ayende kuchhikoro chiri ku Sunningdale chinonzi Tose, pachikoro apa panobhadharwa $450 pa temu yoga yoga tichivasiya kuchikoro ikoko kwe mwedzi mitatu. Dambudziko rakauya pakuti Werofeya haina kundipa rubatsiro rwakakwana mayererano nemari yechikoro'(My child got enrolled at Tose Respite Care and Rehabilitation Centre; however, it was unfortunate that my child couldn't go there because Social Welfare did not assist me with the money needed)*

Participant 9 said;

> ‘*Ndakazama kutsvagira mwana nzvimbo yechikoro asi ndakashaya pedyo pekuti ayende kunodzidza’ (I tried to find a school for my child, but I couldn’t find one close enough for him to go)*

Key informant 1 had this to say;

> *The Department of Social Development offers education assistance at tertiary education support to students with disabilities who can pursue their studies. Once they get enrolled, they are assisted with their school fees, accommodation, as well as daily meals.’*

Based on the narratives above, the researcher noted that despite national policies on inclusive and “child-friendly” schools, the government of Zimbabwe is failing to make the school environment accessible for children with disabilities as evidenced in St Mary’s Chitungwiza where there are little provisions in the health and education system for children with Cerebral Palsy, this in many cases effectively denies these children their right to education. Participant 6 outlined that even in new schools and on new blocks being constructed at schools, there are no access ramps and rails, these things take a simple circular to inform all school authorities to include these on new buildings this is supported by the National Disability Policy (2021), which states that existing and upcoming learning institutions including vocational rehabilitation training centres must adopt the principle of universal design. This further shows a lack of urgency on the part of the government to meet the educational needs of children with Cerebral Palsy because most schools for children with Cerebral Palsy are not local schools, and they are expensive, which is challenging given the fact that BEAM is not paying out the children’s school fees.

4.2.1.3 Disability loans

The participants involved cited disability loans as a resource accessible to families with children who have Cerebral Palsy. In Zimbabwe, the government has initiated lending programs aimed at financially and economically empowering individuals with disabilities, especially those raising children with Cerebral Palsy. These initiatives aim to foster self-sufficiency and alleviate poverty among disabled individuals. As outlined in the National Disability Policy (2021), the Ministry of Public Service, Labour, and Social Welfare, through the Department of Disability Affairs, offers loans to people with disabilities and families caring for children with Cerebral Palsy to fund income-generating activities. As per the National Disability Policy, loans are included in a revolving fund and carry a 15% annual interest rate. The aim is to assist individuals with disabilities, along with families caring for children with disabilities like Cerebral Palsy, in achieving a stable income and fostering their economic self-sufficiency. The participants shared the comments below;

Key informant 2 said;

> *Funding options are also accessible for people with disabilities, and by submitting the right application, this assistance can be extended to parents or families who care for children with Cerebral Palsy to promote economic empowerment. Nonetheless, these loans are required to be repaid. They aim to support families in enhancing their financial security, which directly affects the well-being of children impacted by Cerebral Palsy within the family.'*

Participant 7 said;

> '*Werofeya inotibatsira nekunyorera zvikwereti zvevakaremara kubva ku Hurumende ye Zimbabwe, kuti tiwane kubatsirika pama raramiro emwana wangu' (Social Welfare helps us to apply for disability loans from the government, to improve my child's well-being and living conditions.)*

Participant 8 had this to say;

> '*Mari yatinobatsirwa kuwana kubva ku Werofeya inotibatsira kutanga mabasa emaoko akaita sekuchengeta huku dzekutengesera ku nharaunda yandinogara' (The money that is offered from the disability loans from the Department of Social Development, assists my family in the poultry project, and we sell the chickens to the community)*

The above perspectives are in sync with the fact that initiatives in Zimbabwe suffer from a lack of a defined framework for their execution, rendering it nearly ineffective, especially in light of the country's declining economy. This notion is supported by Chiwara and Lombard (2019), who state that there is a dearth of literature on developmental social welfare, which suggests either its absence or inadequate implementation. The current findings corroborate the National Disability Policy (2021), which highlights the importance of creating opportunities for individuals with disabilities and for families who are caring for children with Cerebral Palsy, ensuring they can sustain their living conditions while enhancing their children's well-being.

4.2.1.4 Family clubs

Family clubs represent another initiative by the Department of Social Development aimed at addressing the needs of families with children who have Cerebral Palsy. Participants also identified these clubs as one of the support options available for families dealing with cerebral palsy. Suggested measures to assist caregivers of children with cerebral palsy include support groups, preventive exercise programs, and education for caregivers (Albayrak, 2018). Families with children affected by Cerebral Palsy can reach out to local district offices of the Department of Social Development, which may lead to the establishment of family clubs at the community level. This initiative collaborates with the disabilities department. Social workers visit each district to teach families positive parenting strategies for raising children with Cerebral Palsy.

Key informant 3 had this to say;

‘*We, the Probation Officers from the Department of Social Development, go into the local communities educating families raising children with disabilities about positive parenting styles as well as teaching them against any form of abuse’*

Participant 5 had this to say;

> ‘*Vanhu veku Werofeya vakambopfuurawo nekuna vakatiunganidza pamwe chete, vachitidzidzisa machengetero akanaka atingakwanisa kuita vana vedu vararama nehurema’ (People from the Social Welfare came by, teaching us on how best we can do to take care of our children).*

Key informant 1 said;

> ‘*We came up with the idea of family clubs due to several rising factors of child abuse, and so far this initiative has proved to be helpful.*’

In line with the narratives above, community-centred rehabilitation initiatives, backed by UNICEF and local groups, assist families in St. Mary's by instructing parents in essential therapeutic methods (Taderera et al., 2020). (Chikwaiwa and Mafa, 2020) goes on to validate this notion by stating that they create support groups aimed at reducing stigma and sharing coping strategies. Chikwaiwa and Mafa further validate that family clubs constitute a vital part of community rehabilitation services designed to help families with children who have Cerebral Palsy, as well as the wider community, to dismantle social barriers, empower families, and confront societal perceptions about disability. This aligns with the social model of disability, and Gibson (2021) emphasises the importance of participatory approaches that prioritise 'lived experience' in transformative disability practice, which is often founded in grassroots support networks like family clubs. As noted by Shakespeare (2022), community-driven initiatives that rely on the social model cultivate 'social capital,' which counters ableism and promotes collective accountability.

4.2.1.5 Nutritional support.

The Ministry of Health and Child Care in Zimbabwe, in collaboration with UNICEF, offers nutritional assistance to families with children who have cerebral palsy. Children with disabilities face a heightened risk of malnutrition, and their diverse needs can complicate long-term recovery efforts. Families with children suffering from Cerebral Palsy are prioritised for cash transfers for cereal from the Department of Social Development, alongside other marginalised groups within the community. These families benefit from comprehensive social support, including access to suitable nutritional products, affordable protein-rich diets that are locally sourced and culturally appropriate, in addition to financial assistance.

Participant 3 said that;

> *I am a retiree and a widow, and I reside with my child, who has cerebral palsy and cannot walk. My small pension barely sustains us, but it falls short of covering my child's special dietary needs. She also needs medication, and I am hoping to be accepted into the project so that I can ensure my child receives the proper nutrition.*

Participant 1 said that;

> *'Rumwe rubatsiro rwatinowana tinowana kubva kune masangano akasiyana siyana, zvinosanganisira sangano rinonzi Mufudzi Wakanaka. Sangano iri rinotibatsiro nezvikwanisiro zvakaita se manapukeni nezvokudya zvinovaka muviri.'(Some of the help we receive comes from various organisations, including an organisation called Mufudzi Wakanaka. This organisation helps us with necessities such as diapers and nutritious food.)*

Key informant 2 had this to say;

> *'The cash-for-cereal initiative, supported by the government, was launched in response to El Nino, a devastating drought that greatly affected farming, food reliability, and*

> *livelihoods. Consequently, this program was available to all marginalised groups in the community, including families with children who have cerebral palsy.'*

With the narratives in mind, the nutritional support initiative incorporates the social model of disability by modifying nutritional programs like the subsidy for cereal, where individuals with disabilities or families caring for children with Cerebral Palsy receive funds that match the price of a bag of maize meal. Klein (2023) addresses feeding challenges, which are a major factor contributing to undernutrition in children with Cerebral Palsy, with 80% of affected children having difficulties with feeding. The World Health Organisation (2022) is inconsistent with the previous statement, noting that nearly 80% of people with disabilities reside in low- and middle-income nations, where their access to health care, nutrition, and social services is significantly restricted, making children with Cerebral Palsy especially at risk.

4.2.1.6 Non-Governmental Organisations (NGOs)

Participants reported that non-governmental organisations (NGOs) in St Mary's Chitungwiza offer a range of services, such as respite care, psychosocial support, advocacy, and capacity building, to address both immediate and long-term requirements. Various non-governmental organisations (NGOs) play a vital role in St Mary's, Chitungwiza. For instance, the Jairos Jiri Association, recognised as one of Zimbabwe's oldest organisations for people with disabilities, delivers rehabilitation, education, and vocational training for children with cerebral palsy (Jairos Jiri Association, 2020). Another NGO in Chitungwiza, Rokpa Relief Daycare Centre, offers support to families caring for children with disabilities, helping them to work and sustain themselves. JF Kapnek Trust partners with the Ministry of Labour and Social Welfare on the National Action Plan for Orphaned and Vulnerable Children. Their initiatives in Chitungwiza focus on enhancing child protection systems, delivering psychosocial support, and facilitating access to justice for children with disabilities, especially those with cerebral palsy. One participant highlighted the vital assistance provided by Mufudzi Wakanaka's parental care for children with disabilities, which includes counselling, food packages, and diapers.

Participant 10 had this to say;

> *'Rumwe rubatsiro rwatinowana tinowana kubva kune masangano akasiyana siyana, zvinosanganisira sangano rinonzi Mufudzi Wakanaka. Sangano iri rinotibatsiro nezvikwanisiro zvakaita se manapukeni nezvokudya zvinovaka muviri.'(Some of the help we receive comes from various organisations, including an organisation called Mufudzi Wakanaka. This organisation helps us with necessities such as diapers and nutritious food.)*

Key informant 3 said this;

> *'We refer clients that need assistance that we are not able to provide, for example, food hampers and diapers, to NGO's.'*

Key informant 1 said;

> '*The Department of Social Development collaborate with private voluntary organisations for more programs that address long-term empowerment and inclusion of families raising children with disabilities, including those with Cerebral Palsy'*

With the narratives in mind, the Zimcare Trust runs educational institutions and rehabilitation centres for children with disabilities, such as Cerebral Palsy, primarily in urban areas (Zimcare Trust, 2020). Mpofu (2020 collaborates with the view that Cheshire Homes Zimbabwe offers residential care and treatment for children suffering from severe CP. This further supports that the presence and efforts of non-governmental organisations (NGOs) help address these deficiencies by providing essential services that the government may not always adequately supply. The above findings are in sync with the notion that children diagnosed with CP require continuous therapy (including physical, occupational, and speech therapy), assistive devices, and personalised care. For instance, Rokpa Support Network alleviates the burden on caregivers and enhances the quality of life for children with Cerebral Palsy. The JF Kapnek Trust offers psychosocial support to caregivers, helping to empower them emotionally.

4.2.2 Hindering factors in addressing the needs of families raising children with Cerebral Palsy

One of the objectives of this study was to pinpoint the hindering factors in meeting the needs of families raising children with Cerebral Palsy in St Mary's Chitungwiza. St Mary's is situated in the poorest cities in Harare, where 70% of the population is classified as poor or extremely poor (Zimbabwe National Statistics Agency [ZIMSTAT], 2022). Among the challenges are financial constraints, limited access to specialised services, a lack of awareness and sensitisation, stigma and discrimination, gaps in policy and institutional support, insufficient government assistance, inaccessible public spaces, and a scarcity of resources.

4.2.2.1 Financial constraints

Participants noted that financial constraints were a significant obstacle in addressing the needs of families raising children with cerebral palsy. A majority of families within the St Mary's community depend on the informal sector, where they often live paycheck to paycheck. Consequently, caring for children with cerebral palsy often hinders their ability to work, leading to poverty and insufficient resources for food and healthcare for themselves and their children. Below are the remarks made by the participants.

Participant 2 said that;

> *'Handiende kubasa kwandinoenda nekuti mwana wangu anoda kuti ndiripo pamba ndichimuchengeta, uyezve hapana munhu anokwanisa kusara achimuona nekuti vanhu*

> *vanomusema' (I do not go to work because I cannot leave my child with anyone because she needs me all the time, and people are repulsed by her)*

Key Informant 1said that;

> *'Parents are failing to bring their children to therapy sessions because of transportation expenses, leading to developmental issues and tight muscles'*

Participant 4 said that;

> *'Mari yandinowana kubva kuhama neshamwari hayikwanise kuti ndiwanise mwanawangu zvikwanisiro, zvinosanganisira mushonga wake nechikafu chakakodzerana naye' (The money I get from relatives and friends is not enough to provide my child with all the necessities, which include medicine and the required diet)*

The comments mentioned earlier highlight that financial limitations are a significant obstacle for families raising children with cerebral palsy. Van der Mark et al (2019) substantiate that families raising children with Cerebral Palsy face extrinsic challenges such as environmental barriers, poverty, societal (cultural and religious) beliefs, and poor transportation, which all require attention. St Mary's is characterised by high levels of unemployment and poverty. Most families rely on informal sector income, which is unreliable and insufficient to fulfil the demands of children with Cerebral Palsy, who frequently require special diets, assistive devices, and frequent medical treatment. There are constrained financial resources for supporting therapy sessions, transport to clinics, or acquiring assistive equipment such as wheelchairs or orthotics. Without regular therapy, children with cerebral palsy may experience developmental regression, making long-term care even more challenging and less attainable for families. The social model of disability supports the fact that children with Cerebral Palsy need a parent who is actively involved in their care due to their inability to be self-sufficient, which often leads the parent to be unable to maintain employment while looking after the child, resulting in high rates of unemployment. Children diagnosed with Cerebral Palsy require substantial financial resources for adequate care, which encompasses medical and rehabilitation appointments with specialists as well as specialised diets. Kruse et al. (2009) indicated that cerebral palsy is a 'costly' condition, with lifetime expenses reaching up to EUR 900.00. This notion is further supported by Kancherla et al. (2012), who suggested that the financial challenges faced by families with children who have cerebral palsy are considerably more burdensome than those encountered by families with children of similar ages. Significant financial requirements associated with cerebral palsy, it is often essential for both parents to work or have a reliable source of income; however, finding a childcare provider who is attentive and knowledgeable about their child's specific needs can be a challenge. This aligns with the findings of Deborah et al (2009), who noted that parents of children with cerebral palsy tend to be more selective than other parents when choosing a childcare provider, and they often need to hold multiple jobs to gather sufficient resources to address their children's unique requirements.

4.2.2.2 Limited Access to Specialised Services

Participants noted that insufficient access to specialised services complicates the long-term support for families raising children with Cerebral Palsy. They indicated that there are limited public health facilities in Chitungwiza that provide pediatric rehabilitation services. Private services are typically prohibitively pricey for the average family. The closest hospital offering rehabilitation facilities might be located in Harare, resulting in travel costs that many cannot bear. Irregular or inadequate therapy adversely affects the child's health and increases the mental and physical strain on caregivers. The response of the participants are mentioned below.

Participant 7 said that;

> *'Tinoenda nemwana kuchipatara kunorapwa nekurovedzerwa muviri ku Chitungwiza Government Hospital nekuti ndiko kwega kwatinokwanisa kumuendesa' (We take our child to Chitungwiza Government Hospital for physiotherapy because that's the only one we can afford)*

Participant 4 said that;

> *'Pandinoenda nemwana wangu kuchipatara tinombomira mutsetse nevamwe vabereki takamirira kuti nguwa yedu yekubatsirwa isvike nekuti tinenge takawanda tichibatsirwa zuva rimwechete' (When I go with my child to the hospital, we stand in a queue for a long period until our chance comes since there will be many of us needing assistance that same day)*

Participant 3 said that;

> *'Pandakabatsirwa mwana kuchipatara akawonekwa kunzi ane Cerebral Palsy, chiremba akati ndinofanira kuzopota ndichiuya nemwana kuchipatara kuti abatsirwe kurovedzera mutezo wake kuitira kuti tsinga dzifambise ropa zvakanaka' (When I gave birth to my child, the doctor told me that I would start to bring my child for physiotherapy as early as possible to help with the child's blood circulation)*

Based on the perspectives above, families raising children who have Cerebral Palsy often travel significant distances to reach the hospital and endure long waits as other children seek services on the same day. Moreover, there is only one General Hospital available to offer assistance in these cases. Munsaka and Chireshe (2021) further strengthen this notion, stating that the emotional strain of manoeuvring through healthcare systems that have limited resources and extended wait times leads to caregiver fatigue. This situation results in postponed interventions, heightened caregiver exhaustion, and social isolation for the children. Although the Ministry of Health and Child Care (MoHCC) offers minimal rehabilitative services at central hospitals, families in Chitungwiza commonly confront access challenges due to long travel distances and high costs (Taderera et al., 2020). This statement goes on to support Taderera (2020), postulating that there is a considerable shortage of physiotherapists, occupational therapists, and special education professionals within the public sector. This results in postponed diagnoses and interventions, inadequate follow-up care, and a strain on the current specialists who are already overwhelmed.

4.2.2.3 Lack of Awareness and Sensitisation

This research found that a lack of awareness and education is another factor hindering the long-term sustainability of assistance for families with children who have Cerebral Palsy. In peri-urban areas, service providers and the broader community often do not recognise the needs of these families, resulting in bias, discrimination, and a lack of knowledge. This complicates access to services for individuals with disabilities and limits their ability to participate fully in their communities. Numerous participants expressed worries about neglect, violence, and the fear of being ostracised, which acts as a barrier, especially for younger or older individuals who depend heavily on family support. They are careful not to jeopardise their backing by publicly acknowledging their status as beneficiaries of social development programs. This illustrates how ignorance of their rights affects the accessibility of social development assistance.

Participant 5 said that:

> *"Ini hangu ndakazvimiririra andina ruzivo nezve werofeya inokwanisa kutibatsira takatogutsikana nekurarama nezviripo tichisekiwa nevanhu kuti hatibetsere munharaunda, uye vamwe vanotosvika pakutiseka nekutisema"* (*I am not aware of how I can access Social Development Assistance, such that I have become content with who we are and how we struggle to live as people laugh at us, seeing us as useless members in the community and others are disgusted by us*.)

Participant 2 said that:

> *"Isu tiningorarama nekuda kwekushaya ruzivo nezvewerufeya saka tinoguma totatarika nemararmiro asi tinongobatanidza batanidza kuti tiwane kuchengeta mhuri."*(*We just happen to survive without even the knowledge of welfare services, and we end up finding ways to be able to sustain our families.)*

The researcher's observations and findings indicated that inadequate information and awareness hinder families caring for children with Cerebral Palsy from accessing Social Development assistance services in Chitungwiza. Consequently, numerous households depend on their cultural and traditional lifestyles for survival. This economic determinism raises concerns for the welfare of individuals with disabilities, who endure challenging living conditions. This is substantiated by Loffel (2008) as he identifies several obstacles to the provision of social welfare services, such as a shortage of social workers, a lack of recognition for other social service professionals, insufficient funding, high staff turnover rates, and a limited awareness of available options. The two participants were uninformed of the resources and services provided by the Department of Social Development. They also struggled with their self-identity, which led to hesitation and reluctance in seeking help. Although the Social Welfare Assistance Act 17:06 was established to support individuals with disabilities in accessing aid to improve their quality of life, there remain gaps that could hinder the accessibility of social development support for families caring for children with Cerebral Palsy. Section 6 of the Act, which outlines eligibility for social assistance, clearly indicates that individuals with physical and mental disabilities are considered destitute and impoverished; however, considerable efforts are still required to translate this principle into action, as the study indicates that a lack of awareness is a major obstacle.

The findings and observations of the researcher highlighted that insufficient information and awareness create challenges for families caring for children with cerebral palsy in accessing Social Development assistance services in Chitungwiza. This supports Madzhie M et al (2022)'s contention that the responsibility of meeting the needs of children with CP mainly falls on the mothers, who take the role of the primary caregiver, but this responsibility often comes with little knowledge or awareness of the difficulties that may be faced in the future. This economic determinism raises concerns about the well-being of people living with disabilities, as they endure poor living conditions. Loffel (2008) identifies several challenges to the delivery of social welfare services, including a shortage of social workers, poor recognition of other social service practitioners, a lack of funding, high staff turnover, and a lack of awareness.

In line with the current findings, the researcher noted that young parents are primarily affected, particularly in the early postpartum period, as they lack experience caring for a child with CP; hence lack of information might harm the child's development. This is supported by Palisano (2010), who postulated that young parents are scared and have not yet gotten used to the new situation, so information on the services available to them will improve how they take care of their children.

4.2.2.4 Stigma and Discrimination

Cerebral Palsy is still not well understood in various regions. Common myths associate disabilities with curses or witchcraft. Families raising children with cerebral palsy, especially mothers, often face social isolation, emotional distress, and, in some instances, abandonment by partners or family members. The stigma surrounding this issue impacts people's willingness to seek treatment, participate in support groups, or advocate for their children's needs, which diminishes the effectiveness of coping strategies. According to the study, individuals with disabilities in peri-urban areas face social stigma and isolation, as negative attitudes and misunderstandings about disabilities can result in exclusion from social engagements, educational opportunities, employment options, and community resources. The socioeconomic standing of an individual has been demonstrated to influence the availability of social development support for families caring for children with Cerebral Palsy. In contrast to individuals with disabilities living in wealthier neighbourhoods, such as city areas, they often have access to resources and possess a higher level of education, enabling them to gather information and comprehend it, while the expense of support services is less likely to hinder their access. Discrimination against families raising children with Cerebral Palsy remains a significant challenge in accessing social development assistance. Respondents also noted that they are seen as useless by society and as a burden by the family. Participant 6 noted that;

> *"Tinodanwa tichinzi zvirema kutotisiyanisa nevamwe zvichiratidza kuti tirivashorwa munharaunda."* (We are often referred to as *zvirema,* showing how marginalised in the community.)

Participant 10 said;

> *"hatina musi watinombodanwa tonzi imimi mungadei kuti hupenyu hwenyu hushanduke asi tinongonzi tauya nemuono uyu kuti tishandure hupenyu hwenyu."* (There is no point in time when we are generally asked about our basic needs; rather, we are just given what they think we need.)

Participant 7 said that;

> *"Muno muZimbabwe kunyanyanya nzvimbo yedu yeSt Mary's, kutongoita mwana ane hurema wavekutonzi unopemha saka vanotongotarisira kuti unotokumbira pese saka unotozonyara kuenda kuwerofeya kwacho.*"(*Here in Zimbabwe, especially in locations like St Mary's, families raising children with Cerebral Palsy are classified as official beggars. So wherever they are, they (abled people) expect to see you begging.*

> *This behaviour and expectations exist here in St Mary's, and you will end up shy to go and access welfare with the fear of your socio-economic status being ruined.*

Participant 6 said that;

> *"Vanhu vemunharaunda medu vanongoti shora, zvinoita sekuti takasarudza kuzvara mwana anorarama nehurema saka vanhu vanotikavira kure."* (People marginalise us and dehumanise us as though we are not human beings, such that just living becomes a problem in general.)

The participants' feedback highlights that societal stigma is a recurring theme as an obstacle in addressing the needs of families with cerebral palsy. This illustrates how social stigma hinders families raising children with cerebral palsy from obtaining necessary social development support, which affects their quality of life and their ability to sustain themselves. While the constitution addresses various disability issues, including the obligation to integrate students with disabilities, as supported by Section 22 which specifically emphasizes the need for children with cerebral palsy to be included in all societal aspects, asserting that the state must give priority to the special requirements of individuals with all types of disabilities in its development initiatives. This illustrates the Zimbabwean government's initiatives to support families caring for children with Cerebral Palsy; however, the community continues to reinforce societal stigma by marginalising individuals with disabilities. Families with children who have Cerebral Palsy often depend on social development support, but their inability to afford or access public transportation restricts their options and leads to their being viewed as beggars, which alienates them from societal activities and potential aid. The social model posits that disability arises from societal factors rather than individual impairments (Mtetwa, 2011), suggesting that societal norms determine disability, thereby resulting in discrimination and the classification of disability as incapacity.

From the in-depth interviews with the key informants, it can be noted that extended families view their relatives with disability as of no use, thereby depriving them of access to many services. This can be related to Goreczny (2011) who stated that such discrimination meted against persons living with disability results in oppression against them in all areas of life including their ability to obtain housing, maintaining regular employment, access to health services, engage in meaningful relationships and enjoy the quality of life afforded to all citizens. Additionally, due to discrimination, they are less economically active, experiencing a higher rate of poverty, and cannot always live independently or participate fully in community activities. Despite all the efforts from legislation and policies at international, regional, and local levels to prohibit discrimination against families raising children with Cerebral Palsy, it is evident that this challenge requires concrete ideas for resolution. The Convention on the Rights of Persons with Disabilities is an international human rights treaty of the United Nations that outlines the rights of people with disabilities, promoting their full inclusion and participation in society, as well as protecting the rights and dignity of persons with disabilities.

4.2.2.5 Policy and Institutional Gaps

This theme sought to address some gaps in policies and institutions that hinder families raising children with Cerebral Palsy from deriving meaningful benefits for their children. Most families are not aware of the available policies due to stigma and discrimination, and a lack of knowledge among some policy actors and service providers about such policies. Though the Disabled Persons Act is a good policy, it is now repetitive. The language used in the policy, as with the terms ‘disabled persons’, is not disability sensitive and needs to be replaced. The participants also highlighted that the social welfare system in Zimbabwe provides minimal disability grants, which are not enough to cover the needs of children with Cerebral Palsy. There is no comprehensive national policy specifically addressing the needs of children with

Cerebral Palsy in low-income urban areas. Families rely heavily on NGOs or community goodwill without systemic support, which may be inconsistent and unsustainable.

Participant 1 said that;

> *'Isu hatina ruzivo rwakakwana mayererano nenyaya dzemitemo inobatsira vabereki vanogara nevana vane Cerebral Palsy' (We as families raising children with Cerebral Palsy are not aware of the policies and acts that guide or address us)*

Participant 3 mentioned that;

> 'Matanho akaiswa nehurumende ne werofeya haasi kutibatsira kana kutitsigira zvakakwana nekuda kwekuti hatichawana mari yaimbotumirwa ne werofeya.' (The innovations that were put in place by the Government and the Social Welfare are no longer that effective because the money is no longer coming into their accounts.)

Given the above perspectives, the Ministry of Public Service, Labour and Social Welfare provides disability grants, though these are often insufficient and irregular, as validated by (Mpofu & Shumba, 2020). This opposes the notion that persons with disabilities who live in poverty must receive the maximum level of assistance related to expenses, which includes access to assistive devices and support services, health and rehabilitation services, respite care, counselling, training and financial assistance. Policies such as the Disabled Persons Act were never fully implemented, and the provisions of the Convention on the Rights of People with Disabilities were not fully implemented (Tom & Munemo, 2019). The Act protects persons with disabilities from discrimination when accessing premises or services (Chikate, 2020).

4.2.2.6 Inaccessible Public Spaces

Like many peri-urban settlements, all participants indicated that St Mary's has poor road infrastructure, making physical mobility difficult for children in wheelchairs or with mobility aids. Families raising children with Cerebral Palsy struggle to access clinics, schools, and community centres. This discourages full participation in society and limits access to resources. The participants reported that social participation, such as socialisation with other people, and economic participation, such as entrepreneurial opportunities, as well as education, are negatively affected due to the failure to access public spaces. When participants were asked about the effects of the inaccessibility of public spaces on their lives, this is what Participant 1 had to say:

> '*Mwana wangu haakwanise kuenda kuchikoro sezvinoita vana vevamwe nekuda kwekuti zvikoro zviri munharaunda munomu hazvina zvikwanisiro zvinoita kuti mwana ayende kuzvikoro ikoko.' (My child is not able to attend school like other children because the local schools do not have the recommended infrastructure to accommodate children who use wheelchairs.)*

Hammering in on the same question, Key Informant 3 had this to say;

> '*So persons with Cerebral Palsy end up failing to access services because of their disability and the environment, which is not designed in a manner that accommodates them, and that disadvantages their families'*

With the perspectives in mind, public transportation systems are often ill-equipped to accommodate individuals with disabilities, in this case, children with Cerebral Palsy, as most of them are wheelchair bound. Buses and commuter omnibuses(kombis) lack wheelchair ramps and designated seating, making travelling more difficult for both the children and the caregivers. (Madzimure & Ruzvidzo, 2019) Supports this notion, insinuating that transportation inaccessibility exacerbates isolation and hinders participation in community life. (Jaeger and Hale, 2022) further supports that limited economic participation exacerbates poverty for families raising children with Cerebral Palsy, as one of the consequences of inaccessible spaces such as shopping centres, banks and other business-related spaces. (Kapsalis et al. 2022) Substantiates that physical barriers in public spaces substantially diminish the quality of life, health and safety, autonomy, and social participation of users of Mobility Assistive Devices.

4.2.2.7 Scarcity of resources

The scarcity of resources can indeed pose significant challenges for families raising children with Cerebral Palsy in accessing social development assistance. Cerebral Palsy often require additional support and accommodations to ensure equal participation and access to opportunities. To begin with, children with Cerebral Palsy may face higher medical expenses, specialised equipment costs, as well as additional caregiving needs. Limited financial resources can make it difficult for them to access necessary assistive devices, therapy, or transportation services. Also, the in-depth interviews alluded that accessibility is a crucial aspect of social development assistance; henceforth, inadequate infrastructure, such as a lack of ramps, elevators, or accessible transportation, can restrict the mobility and independence of individuals with disabilities. Participant 9 said that;

> *"Ini ndinotadza kuwana zvifambiso zvekuti ndiende ku werofeya nekuzvipatara nemwana nekuda kwekuti vatyairi vengoro dzemoto vanotaura kuti wiricheya inotora nzvimbo yakawanda" (I fail to get access to welfare services as well as hospitals due to lack of transportation to take me and the child to and from these places)*

Key informant 4 added that;

> '*Vabereki vane vana vane Cerebral Palsy havasi kukwanisa kuuya nevana kuzvipatara kuti vana vaongororwe nekuda kwekushaya ma wiricheya ekuisira vana kuti vafambe zvakanaka' (Parents raising children with Cerebral Palsy are not able to bring their children for physiotherapy sessions, due to a shortage of wheelchairs)*

Participant 8 said that;

> *"Kutongoshaiwa zvinotirerutsira mararamiro ndiko kunotitadzisa kuzvichengetawo sezvinoita vamwe."* (The scarcity of resources led to poor living conditions as compared to others.)

From the above statements, scarce resources can result in long waiting lists or limited availability of support services, and this could include rehabilitation programs, vocational training, counselling, or personal assistance services, which are essential for the social development and inclusion of people with disabilities. Henceforth, limited access to resources becomes a challenge for families raising children with Cerebral Palsy in accessing social development assistance. Several respondents from the focus groups confirmed that different challenges being faced by people with disabilities are a result of poverty, which has turned some of them into beggars in the street. This was argued to be accelerated by the lack of opportunities for this group. Respondents also noted that disabled people from poverty-stricken families are generally deprived of some basic needs, which leads them to undesirable situations. These can include those with multiple disabilities and those with both parents or families with any form of disability, as respondents highlight that they are the most vulnerable and are susceptible to many challenges.

Addressing the scarcity of resources as a challenge for people with disabilities requires a multi-faceted approach. It involves increasing funding for disability-related programs, improving infrastructure and accessibility, promoting inclusive education and employment opportunities, and raising awareness to reduce social stigma and discrimination. Additionally, collaboration between governments, organisations, and communities is crucial to ensure that resources are allocated effectively and inclusively to support the social development of individuals with disabilities. Lombard (2005) adds that the challenges include high case loads, which indicate a lack of resources. According to the social model, it is the role of the community to accommodate people with disabilities, even when resources are scarce as a challenge in accessing social development assistance. Jairos Jiri association 2013 goes on to state that society has a responsibility to prevent, rehabilitate and accommodate its differently able members.

4.2.3 Effective long-term support strategies for families raising children with Cerebral Palsy

One of the objectives for the study was to investigate on the effective long-term support strategies for families raising children with Cerebral Palsy in St Mary's Chitungwiza. Participants of the study expressed that strategies should include government efforts, advocacy and policy frameworks and evidence-based programming. These proposed strategies will be discussed below:

4.2.3.1 Accessibility and Inclusion

Accessibility and inclusion are a long-term support strategy for families raising children with Cerebral Palsy. Ensuring that social development assistance programs, facilities, and services are accessible and inclusive for people with disabilities is a measure that can be taken to promote better accessibility for families raising children with Cerebral Palsy in accessing social development assistance.

Key informant 2 had this to say;

> ‘*isu ishuviro yedu kuti pavakwe zvikoro zvinobatsira vanhu vakaremara zvakangofananawo nemunhu wose kuti vawane dzidzo and vave vanhu vanoziva kodzero dzavo.’ (We, as social workers we hope that schools should be built for people with disabilities as well, for them to get educated and know their rights.)*

Key informant 4 said this;

> *‘Many families are struggling to bring their children to the clinic for therapy and reviews because we don’t have wheelchair-friendly roads and public transport that accommodates children with disabilities’*

Based on the perspectives above, accessibility and inclusion involve making both physical and digital environments accessible. Physical accessibility features include ramps, elevators and accessible restrooms; also, digital accessibility ensures that online platforms and information can be accessed by children with Cerebral Palsy. Sen (2018) posits that there is a need to understand the conditions that make it difficult to access and get the needed and necessary aid that is developmental, as thinking of development as a process helps expand human capabilities to lead to a valued life. This therefore proves that inclusion helps in accessibility of social development assistance, as children with Cerebral Palsy will be able to have access to social protection services and lead a normal life. It is clear from the Disabled Persons Act Chapter 17:01 that its main goal is to achieve equal opportunities for people with disabilities. This includes ensuring, as much as possible, that they can access education and employment, fully participate in sporting, recreational and cultural activities and have full access to community and social services. It is essential, therefore, to include families raising children with Cerebral Palsy and allow them to have equal access to social development assistance.

4.2.3.2 Raising Awareness and Information

Raising awareness about available social development assistance programs and services among families raising children with Cerebral Palsy and their communities is another strategy that can be made use of. This can be done through targeted outreach campaigns, community events, and collaborations with disability organisations to disseminate information about eligibility criteria, application processes, and available support. This is shown in the narratives below:

Participant 1 said this;

> *'ini ndinokurudzira vanhu kuti vave neruzivo nezvemapoka akaita seZPHCA nekuti anobatsira kuti mararamiro evana vedu aite nyore, ndinoda kupa kutenda kune mapoka anokoshesa vabereki vevana vane hurema.' (I encourage people to know groups such as ZPHCA because they assist and stimulate better living and a sustainable life for our children, and I would like to extend my gratitude to the groups that assist families raising children with Cerebral Palsy.)*

Participant 9 had this to say

> *'Takanyanya kuwana ruzivo rwatinoda kuburikidza ne internet. Nenzira iyoyo takawana muono wakanaka wenyaya dzakasiyana siyana dzinofambidzana ne Cerebral Palsy. Chatingaite sevabereki kuziva kuti Ndeapi masevhisi aripo uye anokwanisa kunyorera kuti abatsirike'. (We have mostly found the information we need through searches on the internet. In that way, we have gained a good overview of the various issues accompanying Cerebral Palsy. What we can do as parents is to know what services are available and possible to apply for.)*

As per the findings, this therefore proves the importance of awareness and information to the accessibility of social development assistance to people with disabilities. Proactively reach out to people with disabilities to provide information and guidance on accessing social development assistance. This can involve conducting outreach activities in peri-urban areas, establishing helplines or hotlines, and organising information sessions or workshops specifically tailored to the needs of people with disabilities. This is validated by Oliver (2023), who notes that the social model of disability calls for changes in law, policies, and practices to promote inclusion and accessibility. In providing information to the families, it has to be delivered in such a way that can be easily understood by them since some parents will be illiterate. They often resort to the internet, trying to get information, which might leave them overwhelmed since the information might be confusing. Askeland (2025) stresses that information has to be tailored to their level of understanding. Parents often struggle to answer their child's questions about the topic discussed. Upon returning home, they turn to the internet for more information, which might leave them overwhelmed and introduce additional worries.

Combating issues of accessing false information through the internet and peers, families have advocated for government and hospital websites that provide authentic and easily understandable information. In Zimbabwe, the Ministry of Health and Child Care (MoHCC) website serves this purpose. This has been supported by Askeland (2025), who posits that parents preferred national official websites and hospital websites for health-related and diagnosis-specific information, which were seen as reliable, easier to understand and targeted at parents. Furthermore, equal rights and social justice, the social model promotes the idea that people with disabilities have the same rights as everyone else and should be treated with dignity and respect. It therefore goes on to help in advocating for equal opportunities, non-discrimination and the full participation of people with disabilities in society. Lastly, the need for collective action, the social model recognises that achieving disability rights and inclusion requires collective efforts from people's organisations, advocacy groups, policymakers and society as a whole.

4.2.3.3 Training and Capacity Building

Training and capacity building are another strategy that supports families raising children with Cerebral Palsy. Social development assistance through training and capacity building for staff and volunteers to enhance their understanding of disability issues, including disability etiquette, communication strategies, and reasonable accommodations. This will help ensure that individuals with disabilities receive respectful and effective support throughout the application and service delivery processes. Economic empowerment programs provide transformative support for families raising children with Cerebral Palsy, particularly in low-income communities such as St Mary's in Chitungwiza. Implementing income-generating projects and vocational training tailored to caregivers of children with Cerebral Palsy builds resilience and reduces dependency on limited social welfare systems.

Key informant 3 said that;

> "*The people with disabilities are being offered vocational skills such as baking, cooking, detergent making and poultry to lead a sustainable and better life; however, due to a lack of resources, they often cannot travel to the district offices where the vocational skills trainings take place.*"

Participant 8 said;

> '*Kufunga kwangu kwanga kuri kwekuti dai Hurumende yedu ye Zimbabwe yakwanisa kutiwanirawo mari yekuti titange mubati wedu wemaoko, wakaita se kuchengeta huku kuti tiwane mararamiro arinani nevana vedu' (My idea was for the Government to provide us with money to start small businesses like poultry farming so that we and our children can have a better life'*

The current findings corroborate the Disability Persons Act, Chapter 17:01, which has the function of encouraging and securing the establishment of facilities and services that provide vocational rehabilitation, employment support and other forms of rehabilitation for people with disabilities, which is evident by institutions in Zimbabwe such as Jairos Jiri and Danhiko. This shows that training and capacity building help people with disabilities help with confidence, and help them sustain themselves and their families, thus reducing discrimination and stigmatisation. Chiwandire and Vincent (2020) argue that when disability related interventions are designed with gender sensitivity and livelihood support, they produce more sustainable outcomes for families in Southern Africa. Families raising children with Cerebral Palsy often face significant financial constraints due to high medical costs and limited access to employment. This is supported by Shakespeare, Ndagire and Seketi (2021), who state that poverty and disability are interlinked, and interventions must address both economic and care-related needs to improve the quality of life for people with disabilities and their families.

The Jairos Jiri is a sign of the success of the government's efforts to offer vocational training and knowledge for persons with disabilities, including children with Cerebral Palsy. This support strategy to families raising children with CP is in congruence with the social model of disability, which advocates for people with disability as active agents and not as people who require just charity (charity model of disability).According to Oliver (2023), the social model advocates for creating a more inclusive society that accommodates the diverse needs of all people, including equipping persons with disability.

4.2.3.4 Strengthening Community-Based Rehabilitation (CBR)

Expand and institutionalise Community-Based Rehabilitation programs that deliver physiotherapy, occupational therapy, and caregiver training directly within the community was one of the study findings mentioned by families raising children with Cerebral Palsy. This is depicted in the perspectives below:

Participant 3 said that;

> (*I just saw people coming to our house to give me a wheelchair and conduct physiotherapy).*

Key informant 3 stated that;

> *(Community members also contribute labour and local resources for the construction of Blair toilets with rumps at schools and their homes.)*

From the narratives above, CBR requires initial investment in training community health workers, but leverages existing local human resources; it brings services closer to families, reducing transport costs, and improving therapy adherence. Muzenda-Mudavanhu, (2018) backs up this assertion with the research she conducted in Chipinge, Zimbabwe where she stated that, in CBR, interventions were to be shifted from the institutions to the homes and communities of people with disabilities and carried out by minimally-trained people such as families and community members, thereby reducing the financial costs. Train local volunteers and health workers in basic CP care, supported by a mobile team of trained therapists visiting periodically.

The government and local authority should prioritise resource allocation for marginalised groups such as people with disabilities. This type of rehabilitation is different from institutionalisation, which focuses on the medical side, but CBR is holistic, where it wants to achieve a better quality of life for children, which includes access to school, the community's negative attitudes towards children with disability and integration of these children in the community. Environmental and attitudinal barriers lead to exclusion and restriction in participation, and representation is one of the main aims of CBR initiatives to dismantle. The aim of CBR is in sync with the social model of disability, which views disability as a societal problem rather than an individual hence, in coming up with various support strategies for families raising children with CP, it has been done first in the community (Lawson 2021).

Involving families in decision-making and participating in the rehabilitation process in the CBR initiative will have an everlasting impact on the development of the child, and parents will have a better understanding of how to take care of their children even when specialists are not around. Muzenda-Mudavanhu (2018) supported this study's finding when they stated that the assumption is that working with the targeted community instead of working for them is an essential strategy used in the CBR model, which gives them the chance to learn and gain experience. Rehabilitation in the community setting will help children and their families attain a quality of life through enhancing the children's natural abilities in the natural environment. This shows that rehabilitation that provides services in the child’s natural environment is very effective because the child is most likely to demonstrate his or her abilities in a familiar setting (Muzenda-Mudavanhu, 2018). Due to poor economic background of ST Marys where the study was conducted it’s hard to mobilise funds by the locals to initiate community programmes for families raising children with cerebral palsy hence they heavily rely on donors, which is risky if the donor withdraw her funds, just like what recently happened with USAID withdrawing its funding. This assertion was also addressed in research performed by Muzenda-Mudavanhu 2018 who said that high dependence on donor funding will cause the programme to discontinue if the donor withdraws, and in that case was World Vision.

4.2.3.5 Caregiver Support and Mental Health Services

Many participants said that one of the long-term support strategies for families raising children with cerebral palsy is caregiver support and mental health services. Establish caregiver support groups and offer psychosocial counselling services within clinics or community centres. Can be initiated with minimal resources using peer-led models and existing community structures. Reduces caregiver burnout, improves mental health, and enhances resilience. Partner with local churches or NGOs to host regular support group meetings and provide basic training in mental health first aid for community leaders. This is portrayed in the narratives below:

Participant 1 stated that;

> ‘*Sharing experiences with others who understand my struggles has improved my mental health, and Social Welfare helped me cope with the emotional toll of caregiving.’*

Participant 2 has this to say:

> *I have become a member of the association’s local parental team. In that way, l can contribute to arrangements and support for families that they need and value. And it is an opportunity to influence the services where we emphasise parents’ needs through the association’s feedback.’*

The above findings have depicted how much caring for a child with Cerebral Palsy is associated with high levels of stress, anxiety, and depression due to the demanding nature of long-term caregiving, leading to burnout as well as financial pressures. This is validated by Baldew (2021), who states that caregivers of children with physical disabilities in low and middle-income countries are at higher risk of mental health disorders, which in turn negatively impact the child’s health outcomes. As postulated by Baldew (2021), Oliveira (2020) also supports the notion that psychoeducational interventions improve parental coping skills and reduce depressive symptoms in families raising children with Cerebral Palsy. Mental health services enhance caregiver resilience by promoting peer support groups, community-based interventions and therapy sessions.

4.2.3.6 Policy Advocacy and Institutional Support

Policy advocacy and institutional support are one of the support strategies that address the needs of families raising children with Cerebral Palsy. Engaging in advocacy to strengthen disability-related policy frameworks at local and national levels, including disability grants and inclusive services, promotes inclusion and protection of these families. For example, coalition building among NGOs and parent networks, lobbying for disability-inclusive budgeting, and engaging media and public platforms to challenge stigma and promote inclusion.

Key informant 4 said that;

> '*We try to provide psycho-social counselling, but we are understaffed. Sometimes I'm the only officer handling over 10 cases per day, so we need more institutional support and policies that match the ground realities.*

Key informant 1 said that;

> '*Most parents raising children with Cerebral Palsy are mothers who had to quit jobs, so we advocate for income-generating projects and link them with NGOs, but resources are limited.'*

Participant 5 said that;

> *'Hurumende inotibatsira dzimwe nguva nechikafu kana rubatsiro asi haisi nguva dzese. Tinoday mamwe mapoka ekutsigira, nzvimbo dzakawanda dzekurapwa, uye vanhu vanonzwisisa zvatinosangana nazvo' (The government helps sometimes with food and a grant, but it is not regular. We need more support groups and therapy centres as well as people who understand what we are going through).*

Referring to chapter 2 of this study (UNICEF Zimbabwe, 2021), in Zimbabwe, organisations like Leonard Cheshire Disability Zimbabwe and Zimbabwe Parents of Handicapped Children

Association (ZPHCA) have championed caregiver rights through workshops and public engagement. According to this study, as postulated by Kuper, Banks, Bright and Walsham (2021), advocacy has led to greater visibility of children with disabilities in global and national policy frameworks, pushing for their inclusion in social protection, education, and healthcare reforms. Chikanya, Mavundutse, and Machekanyanga (2023) emphasise that while policy frameworks exist in Southern Africa, implementation remains weak due to resource constraints and limited training among frontline workers. This contradicts the National Disability Policy (2021), whereby mandates inclusive education, healthcare, and social services for persons with disabilities.

4.3 Conclusion

In summation, findings from the study were displayed, deliberated and assessed hand in hand with the objectives and the aim of the study. The aim was to explore a strategy towards addressing the needs of families raising children with Cerebral Palsy in St Mary's Chitungwiza, Zimbabwe. The main objectives of the study were to identify the support measures available, to examine hindering factors in addressing the needs of families and to develop strategies for improving long-term support mechanisms for these families raising children with Cerebral Palsy in St Mary's Chitungwiza. The results of the study aligned with the existing literature and the insights gathered from the key informants. The next chapter presents the summary, conclusions and recommendations of the study.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter summarises, concludes, and recommends issues from the study. Firstly, it provides an overview of the research findings and conclusions from the themes and subthemes that emerged under each objective. The chapter also presents recommendations drawn from the study's findings, which are categorised into four areas: policy and programme recommendations, stakeholder and partner-based recommendations, social work-based recommendations, and community and research participant-based recommendations.

5.2 Summary

The Study findings inform the subsequent chapter's identification of the support measures available, factors hindering sustainability and strategies for improving long-term support mechanisms for families raising children with Cerebral Palsy in St Mary's Chitungwiza. These findings serve as a basis for the development of recommendations aimed at enhancing accessibility and promoting inclusive practices for families raising children with Cerebral Palsy by social service providers. Findings noted the hindering factors in addressing the needs of families raising children with Cerebral Palsy, as a lack of awareness, discrimination, social stigma, inaccessible public spaces, policy and institutional gaps and scarcity of resources. The study was motivated by the fact that, in most parts of Zimbabwe, Chitungwiza St Mary's, to be specific, children with Cerebral Palsy and their families constantly experience barriers to the enjoyment of their basic human rights and their inclusion in society. Their abilities are generally overlooked, their capacities are underestimated, and their needs are given low priority. The participation by people with disabilities in income-generating projects was also an area that came through in their life histories during the interviews.

5.2.1 Support measures available for families raising children with Cerebral Palsy in St Mary’s Chitungwiza.

The first research objective was analysed in this study, focused on identifying the support measures available to families of children with cerebral palsy in the St Mary’s community. Through data collection, participants highlighted various support measures, including healthcare assistance, educational support, support groups, disability loans, family clubs, and nutritional support. The National Disability Policy (2021) acknowledges that people with disabilities living in poverty need support for disability-related expenses, and they are among several targeted groups. The study drew on existing literature as a secondary data source, and used in-depth interviews and key informant interviews to gather primary data in the Chitungwiza District. Current social assistance programmes for children with Cerebral Palsy and their families include BEAM, AMTO, and support initiatives for families in distress and children facing challenging circumstances.

The study recommends further research into the prevalence of disabilities, the percentage of children receiving social assistance compared to other vulnerable groups, and the effectiveness of means testing in delivering assistance to children with disabilities. Zimbabwe's government has established policies to support children with disabilities, including those with cerebral palsy, under the Disability Act of 2021, which replaced the Disabled Persons Act (Chapter 17:01). However, the implementation of these policies has been inconsistent due to financial constraints.

5.2.2 Examining hindering factors in addressing the needs of families raising children with Cerebral Palsy

Several factors may hinder sustainability in addressing the needs of families raising children with Cerebral Palsy; this summary therefore highlights the key factors that are financial constraints, discrimination, lack of awareness, scarcity of resources, policy and institutional gaps, inaccessible public spaces and social stigma. On financial constraints, most families survive on informal sector income, which is unstable and insufficient to meet the needs of children with Cerebral Palsy, who often require specialised diets, assistive devices, and frequent medical attention. Discrimination against people with disabilities remains a significant barrier to accessing social development assistance. Negative attitudes, stereotypes and prejudiced beliefs can lead to exclusion, unequal treatment and limited opportunities. Discrimination may also manifest in various forms, such as denial of services and biased decision-making processes. Limited awareness about available social assistance programs is a hindering sustainability in addressing the needs of families raising children with Cerebral Palsy. Many people may not be aware of their rights, entitlements and the specific support services available, and this lack of information can prevent them from accessing the assistance they need to enhance their social and economic well-being.

There is also the issue of the scarcity of resources dedicated to social assistance for families raising children with Cerebral Palsy, which can impede their access to support. Insufficient funding, limited availability of services and inadequate infrastructure can be barriers and prevent individuals with disabilities from accessing the necessary assistance programs. Scarcity of resources can disproportionately affect marginalised groups within disability in the disability community. Social stigma attached to disability remains a challenge that affects access to social development assistance. Negative societal attitudes and stereotypes can lead to the marginalisation and exclusion of individuals with disabilities. Stigma can discourage people from seeking assistance or prevent them from fully participating in social development programs due to fear of judgment, discrimination or social isolation. Addressing these factors requires concerted efforts from multiple stakeholders, including policymakers, service providers, communities and individuals themselves. Strategies such as implementing anti-discrimination policies, promoting inclusive education and awareness campaigns, allocating adequate resources and funding and fostering a supportive and inclusive society can help mitigate these challenges.

5.2.3 Effective long-term support strategies for families raising children with Cerebral Palsy

The key measures that can be taken to assist families raising children with CP to access social development assistance are inclusion, capacity building, awareness, and collaboration, strengthening Community-Based rehabilitation services as well as caregiver support and mental health services. Accessibility includes ensuring physical infrastructure, information, and communication channels are designed to be accessible and inclusive for individuals with diverse disabilities, implementing universal design principles to create environments, products, and services usable by all people, without the need for adaptation and removing barriers and providing reasonable accommodations to enable equal access to social development programs and resources. Awareness includes conducting public awareness campaigns to educate the general population about the rights, needs, and capabilities of people with disabilities, providing training and sensitization programs for service providers, policymakers, and community members to increase understanding and reduce stigma and engaging with people with disabilities and their representative organizations to amplify their voices and perspectives.

There is also training and capacity building which includes offering specialized training programs for people with disabilities to develop skills, knowledge, and confidence in accessing assistance, empowering people with disabilities to become self-advocates, navigate systems, and effectively communicate their needs and strengthening the capacity of disability-focused organizations and service providers to deliver quality, inclusive, and responsive support. Collaboration and Coordination include fostering partnerships between government, civil society, and organisations that support families raising children with Cerebral Palsy for a comprehensive approach, promoting cross-sectoral coordination to address the multifaceted needs of people with disabilities and establishing feedback.

5.3 Conclusions

The study aimed to explore and develop a strategy to meet the needs of families in St Mary's, Chitungwiza, Zimbabwe, who are raising children with Cerebral Palsy. The findings show that these families face significant and multidimensional challenges, including financial burdens, inadequate access to specialist healthcare, and a lack of inclusive education and psychosocial support. We investigated existing support mechanisms, such as disability loans, nutritional support, therapy access, and community-based services. Although some services are available, they are often inconsistent, under- resourced, or poorly coordinated. Furthermore, stigma and a lack of information isolate families and limit their access to help. The study highlights the vital role of caregiver support and mental health services, noting that these remain overlooked despite their positive impact on caregiver well-being. NGOS fill many critical gaps through practical assistance, but their efforts are constrained by funding and coverage limitations. By applying the social model of disability, it can be concluded that sustainable, community-rooted strategies are essential. Economic empowerment programmes, family clubs, interdisciplinary collaboration, increased community awareness, and policy advocacy, along with institutional support, are among the strategies recommended for long-term support.

Several key deductions emerged from this study. Firstly, Cerebral Palsy care must be family-centred, recognising the caregiver's mental, emotional, and economic needs as integral to the child's well-being. Another key deduction is that the current social services structure is insufficient, requiring reorientation towards inclusive and integrated service delivery. Community engagement and peer support are powerful, underutilised tools for strengthening family resilience. The research highlights that a multi-stakeholder approach involving government, civil society, and families is critical for sustainable impact. Holistic support strategies are more effective than isolated services. Empowering caregivers economically and emotionally is key to improving outcomes for children with Cerebral Palsy. Long-term planning must move beyond charity or welfare models to focus on inclusion, rights, and sustainability.

5.4 Implications for Social Work

The findings of this study carry significant implications for the field of social work, particularly concerning how practitioners respond to the complex needs of families raising children with Cerebral Palsy in under-resourced communities like St Mary’s, Chitungwiza. These implications influence not only the methods and setting of practice but also training, ethics, values and principles in social work. On the implications for methods of practice, social workers must adopt a holistic and family-centred approach that includes the child, caregiver, and extended support system. Case management and community-based rehabilitation should be central methods, ensuring coordination across sectors (health, education, welfare). Implications for practice settings include the fact that social work must extend beyond traditional office-based or institutional settings to community-level and home-based interventions, especially for families that struggle to access services due to transport or mobility barriers. The study unveiled that schools and clinics should be integrated as inclusive service hubs, with social workers embedded to support children with Cerebral Palsy and their families directly. When it comes to training and professional development implications, social workers need specialised training on disability inclusion, Cerebral Palsy, and the intersection of disability and poverty. Capacity building on interdisciplinary collaboration is critical, and social workers must learn to effectively partner with health professionals, therapists, and NGOs. The study highlighted some ethical implications, emphasising the need for advocacy as an ethical obligation, due to the fact that social workers must challenge systemic injustices and push for inclusive policies. It also portrayed how confidentiality, informed consent, and cultural competence are essential in supporting families in marginal communities. The research brought to light how the findings reinforce social work's core value of social justice, urging practitioners to address the marginalisation and exclusion experienced by families of children with Cerebral Palsy.

5.5 Recommendations

Based on the findings of the study on families raising children with Cerebral Palsy in St Mary's Chitungwiza, the following recommendations are made to address existing service gaps, improve policy and practice, and ensure sustainable rights-based support.

5.5.1 Policy/programmatic recommendations

Recommendations for policy/programmatic recommendations are as follows:

- Strengthening of the Disability Policy Implementation by enforcing and adequately funding Zimbabwe's disability policies, ensuring they align with the UN Convention on the Rights of Persons with Disabilities (UNCRPD).
- Expansion of access to services by developing and decentralising physiotherapy, mental health support, and assistive device programs within community clinics and schools.
- Integration of early intervention programs through the implementation of structured early childhood intervention policies that link health, education, and social services for children diagnosed with Cerebral Palsy.
- Inclusive education policies to ensure that children with Cerebral Palsy have access to inclusive education through teacher training, infrastructural adjustments and assistive technologies.
- Improve Accessibility of Government Services: The government should take steps to make its services and programs more accessible to people with disabilities. This could involve optimising digital platforms, providing assistive technologies, offering accessible formats of information, and training staff on disability awareness.

5.5.2 Stakeholders/partners ' recommendations

Recommendations for stakeholders/partners are as follows;

- Multi-sectoral collaboration encourages cooperation among health workers, educators, social workers, and NGOs to provide holistic services to families. It also promotes
- Private sector involvement engages local businesses and corporations in disability-related corporate social responsibility initiatives, such as sponsoring mobility aids or vocational training.

- Capacity building for frontline workers, for example, training healthcare providers, social workers, and community health volunteers in Cerebral Palsy awareness, inclusive service delivery, and family counselling.

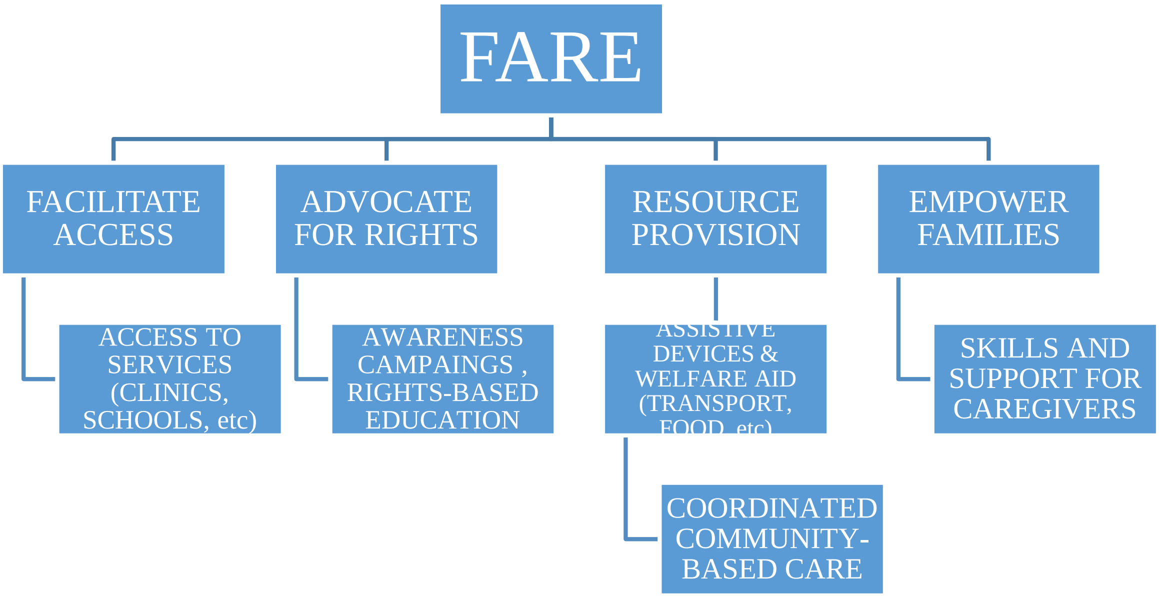
5.5.3 Community/research participants-based recommendations

- Raising awareness through community disability awareness campaigns, to reduce stigma by sensitising communities about Cerebral Palsy and promoting acceptance and inclusion.
- Including caregivers and persons with disabilities in the design, monitoring, and evaluation of programs that affect them.
- Providing training and startup resources for caregivers to engage in sustainable livelihoods.
- Establishing peer support networks, empowering caregivers through regular meetings, peer mentoring, and shared caregiving strategies.

5.5.4 Social work-based recommendations

- Enhance field training by integrating disability-focused content into university social work curricula and field placements.
- Strengthen ethical practice by upholding values of dignity, empowerment, and cultural competence when engaging with families.
- Promote interdisciplinary practice by working closely with therapists, nurses, teachers, and community health workers for integrated case management.
- Adopt inclusive and Rights-based practice. Social workers ought to apply the social model of disability, focusing on systemic barriers rather than individual deficits.

Proposed Intervention Model: The FARE Model (Facilitate, Advocate, Resource, Empower)



This study proposes a practical intervention framework titled the FARE Model (Facilitate, Advocate, Resource, Empower) to address the multifaceted needs of families raising children with Cerebral Palsy (CP) in St Mary's, Chitungwiza, Zimbabwe. Rooted in the Social Model of Disability, the FARE model shifts focus from the individual's impairment to the environmental, attitudinal, and institutional barriers that hinder full participation in society (Oliver, 1990). The social model asserts that disability arises not from the individual's condition but from the failure of society to accommodate difference. In this context, Cerebral Palsy is not viewed as a personal tragedy but a condition whose disabling effects can be reduced through inclusive policies, community support, and systemic change (Shakespeare, 2013). This perspective is particularly relevant in urban, high-density settings like St Mary's, where poverty, stigma, and inadequate service provision exacerbate the challenges faced by caregivers.

The FARE Model Components

Facilitate Access (F)

Objective: To dismantle physical, institutional, and systemic barriers that limit participation.

Strategies:

- Advocate for accessible health facilities and schools.
- Collaborate with local councils to improve infrastructure, for example, ramps.
- Train service providers in inclusive practices.

Justification: Access to basic services is a right, not a privilege. The model aligns with Article 9 of the UNCRPD (United Nations Convention on the Rights of Persons with Disabilities), emphasising accessibility as a foundational right.

Advocate for Rights (A)

Objective: To challenge stigma, promote inclusion, and assert the legal and social rights of children with CP and their families.

Strategies:

- Conduct community-based awareness campaigns.
- Facilitate disability rights training for caregivers.
- Engage local churches and traditional leaders to promote inclusive narratives.

Justification: Cultural beliefs and negative attitudes contribute to the marginalisation of disabled persons in Zimbabwe (Mukaratirwa, 2020). Empowering caregivers to speak out reduces isolation and promotes social justice.

Resource Provision and Coordination (R)

Objective: To address the material and informational needs of families.

Strategies:

- Distribute assistive devices (e.g., wheelchairs, communication boards).
- Partner with NGOs to provide nutrition and transport support.
- Train community health workers to coordinate service delivery.

Justification: The absence of assistive technologies and coordinated support increases dependency and caregiver stress (Chikwature et al., 2016). Resource mobilisation is key to equitable care.

Empower Families (E)

Objective: To build the resilience and capabilities of families raising children with CP.

Strategies:

- Facilitate caregiver support groups.
- Provide training on home-based rehabilitation and caregiving.
- Support income-generating initiatives for caregivers.

Justification: Empowerment reduces caregiver burnout and enhances the long-term well-being of both children and families. As recommended by WHO (2010), community-based rehabilitation must include economic empowerment.

Implementation Framework

Component	Key activity	Stakeholders	Timeline	Resources
Facilitate	Accessibility audits	Local governments, NGO's	3 months	Volunteers, data tools

Advocate	Awareness campaigns	Churches, Schools, Parents	Ongoing	IEC materials
Resource	Assistive device distribution	Health Centres, Donors	6 months	Donated devices
Empower	Caregiver training and groups	Community Health Workers	Monthly	Trainers, venues

Relevance to St Mary's, Chitungwiza

St Mary's is characterised by overcrowding, high unemployment, and strained public services. These structural issues compound the challenges of disability. The FARE model is context-specific: it emphasises community-based, low-cost, and rights-driven strategies that fit into existing social and health structures. By working with stakeholders already embedded in the community, such as churches, schools, and local clinics, the model ensures sustainability and cultural alignment. The FARE model operationalises the social model of disability by offering a rights-based, inclusive, and community-driven framework to support families raising children with Cerebral Palsy in low-income urban settings. It is a step toward transforming not the child, but the community, into one that accepts, supports, and empowers.

5.6 Areas for Future Study

This study provided significant insights into the needs and support strategies for families raising children with Cerebral Palsy in St Mary's Chitungwiza. Several gaps and limitations point to valuable directions for future research. Future research should focus on rural settings, where access to services is often more constrained, as well as a comparative study between urban and rural caregiving experiences, so that policymakers understand regional disparities in service provision and caregiving experiences. Future research should include the voices of children with Cerebral Palsy, especially those who can communicate verbally or through assistive devices. This study did not include a formal evaluation of disability-specific government or NGO programs as such future research could conduct program evaluations to assess effectiveness, efficiency and accessibility, as well as focusing on policy implementation gaps at local and national levels. The limitations of the current study include, small sample size due to resource and time constraints, a lack of quantitative data to statistically generalise the findings, and limited access to government data on disability funding and programming. Addressing these limitations can provide a more comprehensive, evidence-based picture to inform future social work.

5.7 CHAPTER SUMMARY

This was the concluding chapter of the study. The dissertation provided a comprehensive examination of a strategy addressing the needs of families raising children with Cerebral Palsy in St Mary’s Chitungwiza, grounded in the social model of disability. The findings and Recommendations offer valuable insights to inform policy, program design, and service delivery to enhance the inclusiveness and accessibility of strategies addressing the needs of families raising children with Cerebral Palsy.

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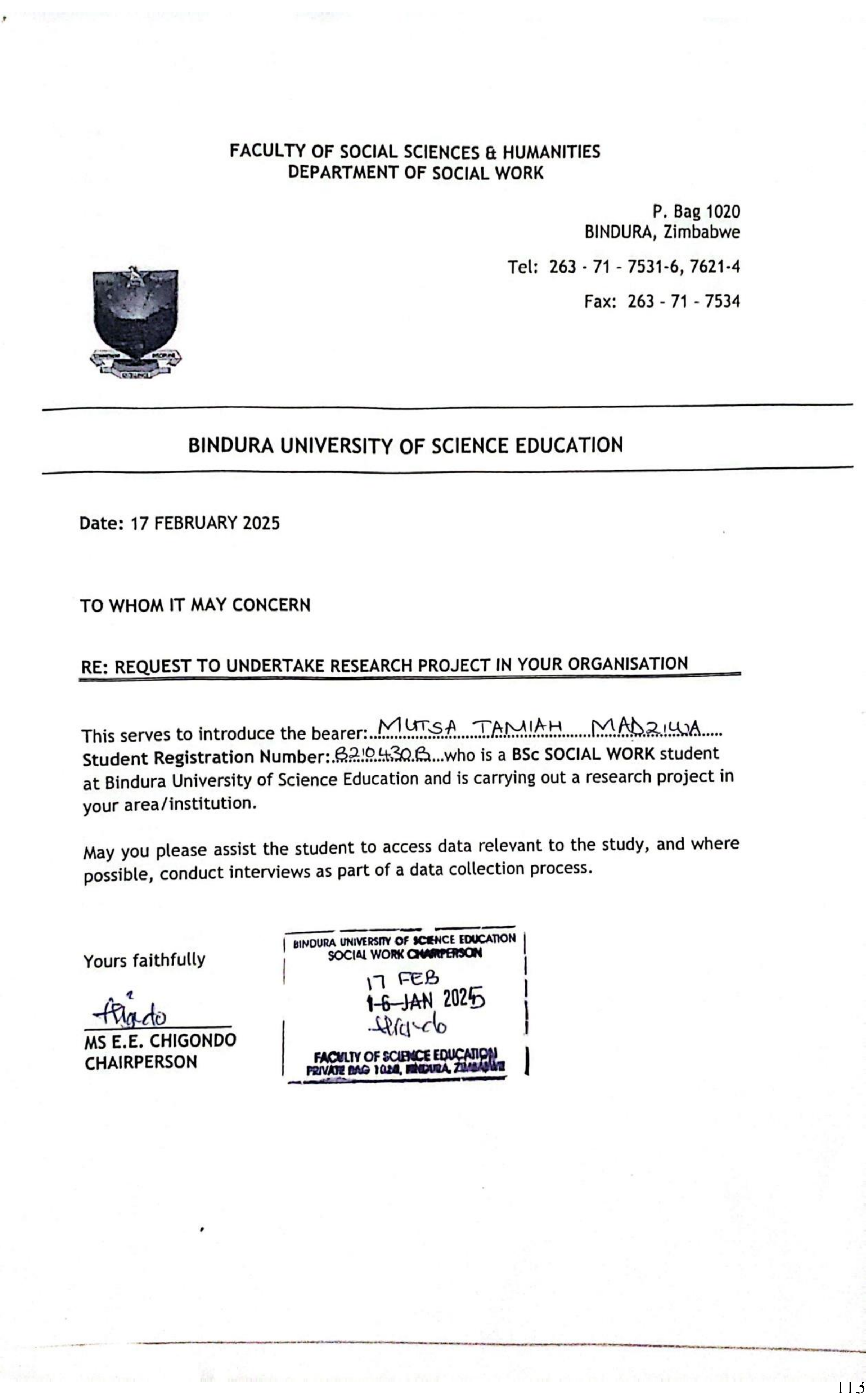
APPENDICES

APPENDIX A: LETTER FROM BINDURA UNIVERSITY OF SCIENCE EDUCATION TO CONDUCT THE RESEARCH



FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 17 FEBRUARY 2025

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer: MUTSA TAMIAH MADZIWA
Student Registration Number: B210430B who is a **BSc SOCIAL WORK** student at Bindura University of Science Education and is carrying out a research project in your area/institution.

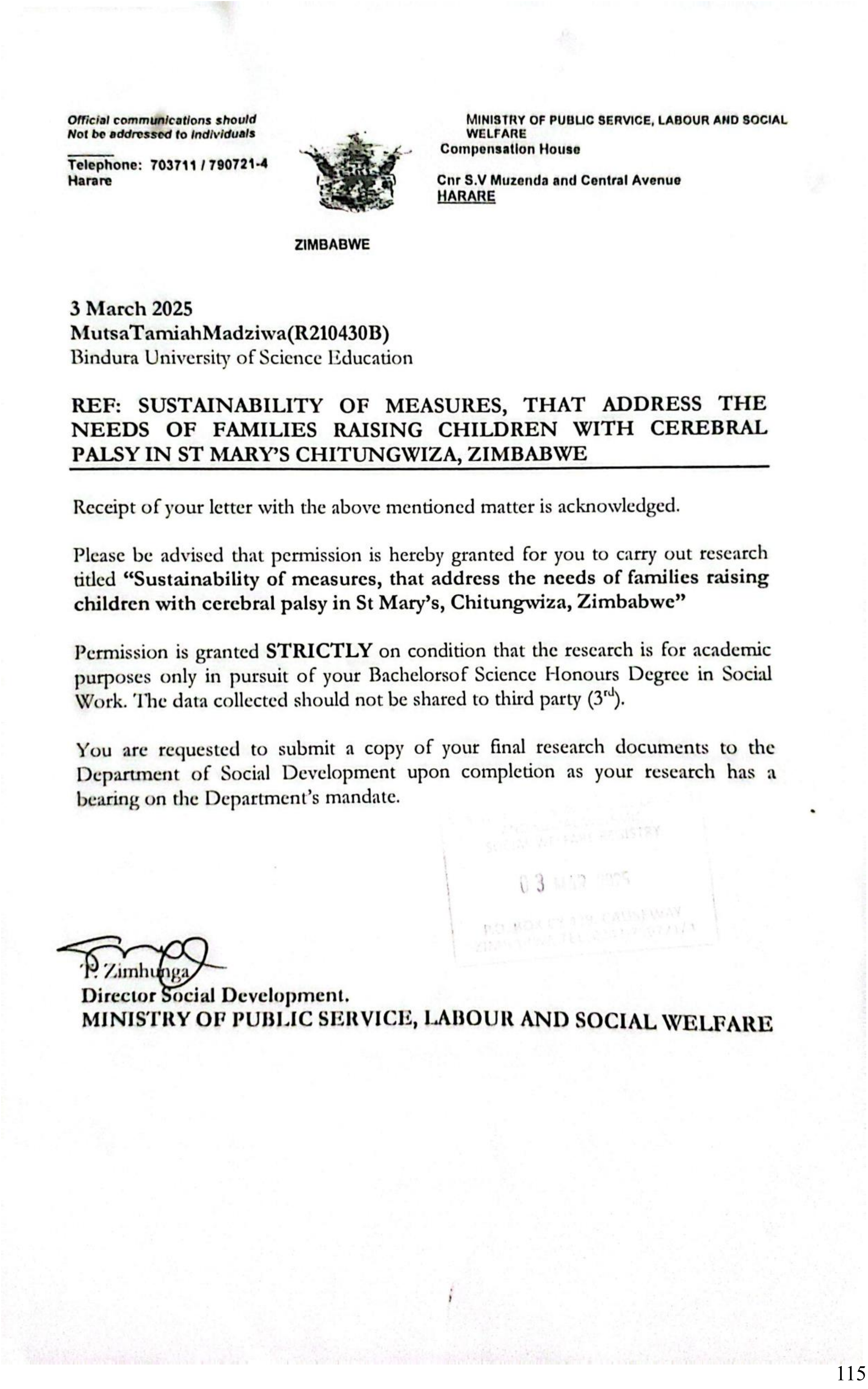
May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

MS E.E. CHIGONDO
CHAIRPERSON

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON
17 FEB
~~1-6 JAN~~ 2025
FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

APPENDIX B: APPROVAL LETTER FROM THE DEPARTMENT OF SOCIAL DEVELOPMENT TO CONDUCT RESEARCH



Official communications should
Not be addressed to individuals

Telephone: 703711 / 790721-4
Harare

ZIMBABWE

MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE
Compensation House

Cnr S.V Muzenda and Central Avenue
HARARE

3 March 2025
MutsaTamiahMadziwa(R210430B)
Bindura University of Science Education

REF: SUSTAINABILITY OF MEASURES, THAT ADDRESS THE NEEDS OF FAMILIES RAISING CHILDREN WITH CEREBRAL PALSY IN ST MARY'S CHITUNGWIZA, ZIMBABWE

Receipt of your letter with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out research titled **"Sustainability of measures, that address the needs of families raising children with cerebral palsy in St Mary's, Chitungwiza, Zimbabwe"**

Permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your Bachelorsof Science Honours Degree in Social Work. The data collected should not be shared to third party (3rd).

You are requested to submit a copy of your final research documents to the Department of Social Development upon completion as your research has a bearing on the Department's mandate.

SOCIAL WELFARE REGISTRY
03 MAR 2025
[illegible] CAUSEWAY

P. Zimhunga
Director Social Development.
MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE

APPENDIX C: INFORMED CONSENT FORM

INFORMED CONSENT FORM

This part of the research is to seek consent for participation in the research titled: A strategy addressing the needs of families raising children with Cerebral Palsy in St Mary’s Chitungwiza, Zimbabwe. Participants’ information will be kept confidential, and the results will only be utilised for academic purposes. Be certain that all information will not be disclosed to anyone, and not even directed back to you. The research study will use pseudonyms to protect participants' information. It is voluntary to participate in this study, and whenever you feel uncomfortable, you are allowed to withdraw without any consequences.

The researcher has received clearance and permission from all involved organisations and ministries. I would like to invite you to take part in this study. Participation in this research is entirely voluntary; if you choose not to participate, it will not affect you adversely. Should you agree to join the study, please note that no compensation will be provided. Your participation involves an individual interview, guided by a well-structured interview guide. We will schedule the interview at a time and location that suits you, and it will last about one hour. You are free to skip any questions that make you uncomfortable and can withdraw from the study at any point without facing any consequences. With your consent, we will record the interview. Only my supervisor and I will have access to these recordings. Rest assured, your name and personal information will remain confidential, and no identifying details will be included in the final research report.

Signature of participant....................Date....................

Signature of researcher....................Date....................

APPENDIX D: In-depth interview guide

In-depth interview guide

I am Mutsa Tamiah Madziwa, a part 4 social work student at Bindura University of Science Education. As part of my studies, I am conducting a study on the topic of "A strategy addressing the needs of families raising children with Cerebral Palsy in St Mary's Chitungwiza, Zimbabwe". Participant information will be kept confidential, and the results will only be utilised for academic purposes. Once one feels that they want to withdraw from the interviews, it is allowed.

Objective 1

i) What are the sustainable measures available for families raising children with Cerebral Palsy?
ii) To what extent are those measures effective? Why do you say so?
iii) What challenges do families raising children with cerebral palsy face in accessing those measures?

Objective 2

i. What are the factors hindering sustainability in addressing the needs of families raising children with Cerebral Palsy?
ii. What are the needs of families raising children with Cerebral Palsy?

Objective 3

i) What are the most effective long-term support strategies for families raising children with Cerebral Palsy?

ii) What existing gaps are there in social services towards families raising children with cerebral palsy?

iii) What strategies can be implemented to cover the gaps that are caused by existing social services which are available to families raising children with Cerebral Palsy?

iv) How can interdisciplinary collaboration among healthcare providers and social workers enhance the support provided for families?

APPENDIX E: Key informants interview guide

I am Mutsa Tamiah Madziwa, a fourth-year social work student at Bindura University of Science Education. For my studies, I am researching "A strategy for supporting families raising children with Cerebral Palsy in St Mary's Chitungwiza, Zimbabwe.' Participants' information will remain confidential, and findings will be used solely for academic purposes.

Objective 1

i) What are the sustainable measures available for families raising children with Cerebral Palsy?

ii) To what extent are those measures effective? Why do you say so?

iii) What challenges do families raising children with cerebral palsy face in accessing those measures?

Objective 2

i) What are the factors hindering sustainability in addressing the needs of families raising children with Cerebral Palsy?

ii) What are the needs of families raising children with Cerebral Palsy?

Objective 3

i) What are the most effective long-term support strategies for families raising children with Cerebral Palsy?

ii) What existing gaps are there in social services towards families raising children with cerebral palsy?

iii) What strategies can be implemented to cover the gaps that are caused by existing social services which are available to families raising children with Cerebral Palsy?

iv) How can interdisciplinary collaboration among healthcare providers and social workers enhance the support provided for families?