

**BINDURA UNIVERSITY OF SCIENCE EDUCATION**

**FACULTY OF SOCIAL SCIENCES AND HUMANITIES**

**DEPARTMENT OF SOCIAL WORK**



**EXPERIENCES OF CHILDREN UNDER THE CARE OF PERSONS WITH  
DISABILITIES WORKING ON THE STREETS OF HARARE CENTRAL  
BUSINESS DISTRICT**

**BY**

**MERCYLINE CHINYAMA (B210686B)**

**SUPERVISED BY: MR NYAMAKA**

**A dissertation submitted to Bindura University of Science education, Faculty of  
Social Sciences and Humanities, Department of Social Work in partial fulfillment  
of the requirements of the Bachelor of Science Honours Degree in Social Work**

**JUNE 2025**

**DECLARATION**

I, Mercyline Chinyama, hereby declare that this dissertation titled ,The experiences of children under the care of persons with disabilities working on the streets of Harare CBD is my original work and has not been submitted elsewhere for any academic award. All sources used have been properly cited and referenced in accordance with academic rules.

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**APPROVAL FORM**

I certify that I supervised CHINYAMA MERCYLINE (210686B) in carrying out this research titled: Experiences of children under the care of persons with disabilities working on the streets of Harare CBD; in partial fulfillment of the requirements of the Bachelor of Science Honors Degree in Social Work and recommend that it proceeds for examination.

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Date: **20 June 2025**

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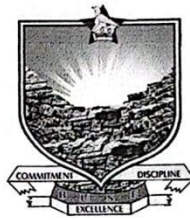
**DEDICATION**

With my deepest gratitude, I dedicate this dissertation to my parents, D. Chinyama and C. Matsikira for your unwavering prayers, constant inspiration and invaluable financial support that made this journey possible and to my siblings Courage, Rumbidzai, Dorcas and Blessed for your steadfast love, boundless encouragement and support that carried me through every challenge. This milestone is yours as much as it is mine.

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

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**Chapter 2 LITERATURE REVIEW**

Introduction- what do you want to write about in this chapter?	<b>5</b>	
Conceptual or theoretical framework	<b>10</b>	
Identification, interpretations and evaluation of relevant literature and citations	<b>40</b>	
Contextualisation of the literature to the problem	<b>10</b>	
Establishing gaps in knowledge and how the research will try to bridge these gaps	<b>10</b>	
Structuring and logical sequencing of ideas	<b>10</b>	
Discursive skills	<b>10</b>	
Summary	<b>5</b>	
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### **Chapter 3 RESEARCH METHODOLOGY**

Introduction	<b>5</b>	
Research design	<b>10</b>	
What instruments are you using to collect data?	<b>30</b>	
Population, sample and sampling techniques to be used in the study	<b>25</b>	
Procedures for collecting data	<b>15</b>	
Data presentation and analysis procedures	<b>10</b>	
Summary	<b>5</b>	
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Introduction	<b>5</b>	
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Summary of the whole project including constraints	<b>25</b>	
Conclusions- have you come up with answers to the problem under study	<b>30</b>	
Recommendations(should be based on findings) Be precise	<b>30</b>	
References	<b>5</b>	
Appendices i.e. copies of instruments used and any other relevant material	<b>5</b>	
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## ABSTRACT

*The issue of child labour is one of the most pressing problems facing the global community particularly among children under the care of persons with disabilities (Tshuma and Ncube,2022).The study employed the qualitative approach and the interpretive phenomenology design. The target population included children under the care of persons with disabilities, their caregivers and social workers from DSD. The researcher used in-depth interviews for children under the care of persons with disabilities and their parents and key informant interviews for key informants. The researcher used a sample size of fifteen participants including eight children, four parents, one community care workers and two social workers.The study's objectives were to analyse the nature of care given to children of persons with disabilities working on the streets, to examine the care-related challenges faced by children of persons with disabilities working on the streets and to proffer intervention strategies to enhance proper care for children with parents working on the streets.The study findings showed that the nature of care given to children the parents with disabilities is filled with complexities however parents with disabilities come up with adaptive strategies to ensure that they meet their children's needs. However some adopt detrimental methods such as using the children as begging guides which is not proper for the children as it violates their rights. Findings also showed that children in this households face care-related challenges such as stigmatization, safety and exploitation risks, financial strain, lack of access to healthcare and lack of access to education. To enhance proper care for children under the care of PWDs the findings showed there is need for economic and educational empowerment and support networks to ensure effective and sustainable solutions to the challenges they encounter. The conclusions that were drawn from the study are that the nature of care given to children under PWDs is compromised by lack of support networks and it shows systemic neglect.The study also provided some recommendations to the Ministry Of Public Service, Labour And Social Welfare, the community, social workers and CSOs to address the unique experiences and challenges of these vulnerable groups which include enforcing laws that safeguard children's rights, working together to end discrimination, having disability sensitive policies and increase funding on program.*

## LIST OF ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
BEAM	Basic Education Assistance Module*]
CBD	Central Business District
CCW	Community Care Worker
CSO	Civil Society Organization
DSD	Department of Social Development
ILO	International Labour Organization
NGO	Non-Governmental Organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
PWD	Persons with Disabilities
SAHRC	South African Human Rights Commission
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## TABLE OF CONTENTS

DECLARATION.....	I
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ACKNOWLEDGEMENTS.....	V
DEDICATION .....	VI
ABSTRACT .....	XII
LIST OF ABBREVIATIONS AND ACRONYMS .....	XIII
CHAPTER ONE.....	1
1.0 Introduction .....	1
1.1 Background.....	1
1.2 Statement of the problem.....	4
1.3 Aim of the study .....	5
1.4 Objectives of the study .....	5
1.5 Research questions .....	5
1.6 Assumptions of the study .....	6
1.7 Significance of the study .....	6
1.9 Chapter summary.....	7
CHAPTER 2 :LITERATURE REVIEW .....	8
2.0 Introduction .....	8
2.1 Theoretical framework .....	8
2.1.1 Child centred approach.....	8
2.1.2 Rights-Based Approach.....	9
2.3 Understanding global overview on disability .....	10
2.3.1 United Kingdom .....	11
2.3.2 South Africa.....	12
2.3.3 Zimbabwe.....	13
2.4 Nature of given to children by their parents with disabilities .....	13
2.4.1 Adaptive care strategies.....	14
2.4.2 Emotional support .....	14
2.4.3 Provision of basic needs .....	15
2.4.4 Collaborative care networks .....	16
2.4.5 Child protection .....	16
2.5 Care-related challenges faced by children of persons with disabilities working on the streets.....	17
2.5.1 Safety and exploitation risks.....	17
2.5.2 Lack of access to healthcare services .....	18
2.5.3 Barriers to education.....	18
2.5.4 Economic hardships.....	19
2.5.5 Social Stigmatization.....	20
2.6 Intervention strategies that can be instituted to enhance proper care for children working on the streets.....	21
2.6.1 Educational empowerment .....	21
2.6.2 Support networks.....	21
2.6 International, regional and local legal and policy frameworks for children under the care of persons with disabilities.....	22
2.7 Literature gap.....	23
2.8 Chapter Summary .....	24
CHAPTER 3 : METHODOLOGY .....	25
3.0 Introduction .....	25
3.1 Research philosophy.....	25
3.2 Research approach.....	26
3.3 Research design .....	26
3.4 Study setting .....	27
3.5 Population of the study .....	28
3.6 Sampling technique .....	28
3.6.1 Purposive sampling.....	28
3.6.2 Sample size.....	29
3.6.3 Inclusion and exclusion criteria.....	30
3.7 Data collection methods .....	31
3.7.1 In-depth interviews .....	31

3.7.2 Key informant interviews .....	32
3.7.3 Data collection tools .....	32
3.7.4 In-depth interview guides .....	32
3.7.5 Key informant guides .....	33
3.8 Research procedure.....	34
3.9 Trustworthiness of the research .....	34
3.9.1 Credibility.....	35
3.9.2 Transferability .....	35
3.9.3 Dependability .....	35
3.9.4 Confirmability .....	36
3.10 Ethical considerations.....	36
3.10.1 Confidentiality .....	37
3.10.2 Informed consent .....	37
3.10.3 Permission .....	37
3.10.3 Respect .....	38
3.11 Data analysis.....	38
3.12 Limitations.....	39
3.13 Chapter summary.....	39
CHAPTER 4: DATA PRESENTATION AND ANALYSIS .....	40
4.0 Introduction .....	40
4.1 Demographic information.....	40
4.1.1 Table 1 : Children under the care of persons with disabilities .....	40
4.1.2 Table 2 : Parents with disabilities .....	40
4.1.3 Table : Key informants .....	41
4.2 The nature of care provided to children of parents with disabilities working on the streets of Harare Central Business District. ....	41
4.2.1 Adaptative daily care strategies .....	42
4.2.2 Emotional support .....	43
4.2.3 Provision of basic needs .....	45
4.2.4 Collaborative care networks .....	47
4.2.5 Child safeguarding.....	48
4.3 The care related challenges faced by children under the care of persons with disabilities working on the streets of Harare.....	50
4.3.1 Safety and exploitation risks.....	51
4.3.2 Health access and well-being.....	52
4.3.3 Access to education .....	54
4.3.4 Financial strain .....	55
4.3.5 Stigmatization and discrimination .....	57
4.4 Strategies to enhance proper care for children with parents working on the streets of Harare .....	58
4.4.2 Economic empowerment .....	59
4.4.3 Educational empowerment .....	60
4.4.4 Support networks .....	62
4.5 Chapter summary.....	64
CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS .....	64
5.0 Introduction .....	64
5.1 Summary of findings .....	65
5.1.1 The nature of care given to children under the care of persons with disabilities .....	65
5.1.2 Care-related challenges faced by children under the care of persons with disabilities working on the streets of Harare CBD.....	66
5.1.3 Strategies that can be implemented to enhance proper care for children with parents working on the streets of Harare CBD.....	67
5.2 Conclusions .....	68
5.3 Implications for social work .....	70
5.3.1 Practice methods and settings .....	70
5.3.2 Training and ethical practice .....	71
5.3.3 Economic and systemic advocacy .....	71



5.3.4 Support network building .....	71
5.4 Recommendations .....	71
5.4.1 To the government and policy makers.....	72
5.4.2 To social workers .....	72
5.4.3 To the community.....	72
5.4.4 To the civil society organizations .....	73
5.5 Recommendations for further study .....	73
5.6 Chapter summary.....	73
REFERENCES .....	74
APPENDICES .....	79
APPENDIX 1: IN-DEPTH INTERVIEW GUIDE .....	79
APPENDIX 2 : IN-DEPTH INTERVIEW GUIDE FOR PARENTS .....	81
APPENDIX 3: SEMI-STRUCTURED INTERVIEW GUIDE FRO KEY INFORMANTS .....	83
APPENDIX 4: APPROVAL LETTER FOR DATA COLLECTION .....	86

## **CHAPTER ONE INTRODUCTION AND BACKGROUND**

### **1.0 Introduction**

Street vending is one of the most prevalent ways in which many individuals, including persons with disabilities depend on for survival due to the economic instability of our country. In trying to support their families some persons with disabilities bring along their children which pose challenges of vulnerability to them. The experiences of these children have often been overlooked hence there is need for investigation. This study seeks to explore the experiences of children under the care of persons with disabilities on the streets of Harare Central Business District. The researcher is interested in finding out the complexities of their experiences and to analyse the nature of care given to these children by their parents. In addition, the research is going to highlight the problem statement pin pointing the effects of street life on the physical well being of children under the care of persons with disabilities.

### **1.1 Background**

The issue of child labour is one of the most pressing problems facing the global community particularly among children under the care of persons with disabilities (Tshuma and Ncube,2022). According to Salihu (2019) London alone reported approximately 30 000 children surviving through street life and labour during 1848. Estimates show that 160 million children, that is, 1 in 10 globally are engaged in child labour for example street vending and begging and 5-10% of these children are under the care of persons with disabilities (ILO,2021). Globally there are about 1,3 billion people with disabilities which represents 16% of the world's total population (WHO, 2021,p.13). It should be noted that parents with disabilities face many challenges in taking of the needs of their dependents which then results in them getting involved in streets work together with their children such as street vending or begging so that they could survive. Habtamu and Arindam (2016) highlight that children are driven to work the streets due to two main categories of factors which are push and pull factors. According to Powell (2017) families with parents with disabilities often experience higher rates of poverty and lower educational attainment which can lead to financial difficulties. This economic pressure may force children to contribute to the household

income by working even at a young age. Notably children with parents with disabilities who are working on the streets encounter distinct challenges and vulnerabilities globally. Some of the experiences include food insecurity, shelter and exposure to violence (Ennew and Swart-Kruger,2019). They also face barriers to education (United Nations Educational, Scientific and Cultural Organization,2019). It should be noted that various policies and programs have been implemented to address the experiences of children with caregivers who have disabilities who are working on the streets. The United Nations Convention on the Rights of the Child is a global human rights agreement that outlines the civil, economic, social, health and cultural rights of children which has been utilized to undertake for the needs of these children (Campaign for U.S. Ratification of the Convention on the Rights of the Child,2018). Governments and non-governmental organizations have responded with targeted interventions such as cash transfer programs which reduce financial pressures that force children into labor (Barrientos and Dejong, 2022).

As poverty worsens in Africa an increasing number of children particularly those under the care of parents with disabilities are becoming involved in paid economic activities (UNICEF,2022). Data indicates that millions of children across Africa are engaged in child labor which include those being utilized as begging guides(ILO, 2021). According to Cumber et al. (2017) children with persons with disabilities are pushed into working on the streets due to extreme poverty which then forces them to contribute to the family's income. In some African cultures such as the Almajiri culture in Northern Nigeria parents still send their children to beg as a means of livelihood (Abdulkareem and Ojo,2021). Unfortunately there has been lack of attention on the intersecting challenges of disability and child labor in Africa (Groce and Kett,2021). This lack of support shifts care-giving responsibilities onto children which violate their rights to education, health and development (UNCRC,1989). Research by Fuseini and Daniel (2020) confirms that child labor causes lasting physical and psychological harm while recent studies highlight its detrimental effects on cognitive development (Pankhurst et al.,2021). In response to these issues awareness campaigns on children's rights and vocational training for parents with disabilities for example weaving and shoe making have been introduced in countries like Ghana (Ghana Statistical Service, 2021). Ethiopia has also strengthened its National Technical and Vocational Education and Training (TVET) Strategy to include disability-inclusive livelihoods (FDRE Ministry

of Education,2020). Meanwhile Nigeria has invested millions of dollars in education as a way to empower its population so that people do not depend on begging(World Bank, 2022). Policy responses include National Action Plans for Vulnerable Children and alignment with international frameworks like the UN Convention on the Rights of the Child and ILO Convention No. 182 on Worst Forms of Child Labour (OHCHR, 2023).

In Zimbabwe the number of children begging or working on the streets alongside their parents who have disabilities is increasing and this practice carries a negative connotation among minors (Chikwaiwa et al., 2020). The city of Harare has a total of 4,100 children living on the streets, this includes children who work regularly on the streets but have homes to return to at night (The Ministry of Public, Labour and Social Welfare Report, 2017). Poverty is the main reason driving children to work on the streets alongside their parents with disabilities in Zimbabwe. Children from poor families drop out of school since they need to work to supplement their household income (Mupedziswa and Ntini, 2021). According to a recent survey by UNICEF Zimbabwe (2021) lack of income to meet basic needs, religious, educational and sociocultural obligations has contributed as major factors to child street vending. This makes them vulnerable to crime, illness and abuse. It should be noted that these children are usually not reached by national child protection programs (Mushunje and Moyo, 2022). The United Nations International Children's Emergency Fund (UNICEF, 2022) acknowledges that when children excessively engage in begging it prevents them from exercising their right to education. The African Child Policy Forum (2021) recognizes that children who work alongside their parents with disabilities should be viewed as victims of child labour practices. To address these issues Zimbabwe has ratified both the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child demonstrating its commitment to child rights. The Zimbabwean Constitution (2013) further reinforces these rights by mandating that the state must prioritize the best interests of children in matters concerning them. Section 19 of the Constitution requires the implementation of policies and measures that ensure comprehensive care and protection for children (Government of Zimbabwe, 2013). Significant progress has been made to enhance the well-being of children through social programs such as the Basic Education Assistance Module, the Harmonised Cash Transfer Scheme and supplementary school feeding schemes. There was also the establishment of the Ministry of Health and Childcare in 2013 and the National Action

Plan for Orphans and Vulnerable Children. Programs to address issues of children working on the streets mainly involve the Ministry of Public Service, Labour, and Social Development.

There is lack of comprehensive studies focusing specifically on the intersection of disability and child welfare in urban settings particularly regarding how the disabilities of caregivers impact the care and experiences of children living in vulnerable conditions. Notably existing literature primarily addresses broader issues of disability focusing on the challenges faced by parents who have got children with disabilities. While some research highlights the vulnerability of street children there is limited understanding of the experiences children under the care of persons with disabilities. Furthermore, the socioeconomic factors influence the experiences of these children such as access to education, healthcare and social services require further investigation particularly in the Zimbabwean context where there is economic instability. The researcher examined the experiences of children under the care of persons with disabilities and noted some intervention strategies that can be employed to enhance proper care for these children. The researcher revealed the perceptions of the children who are working on the streets as their concerns are not heard. This will inform policy adjustments and interventions tailored towards the challenges being faced by both caregivers with disabilities and their children. Addressing these gaps will provide a more holistic understanding of the challenges and needs of children under the care of persons with disabilities in Harare.

## **1.2 Statement of the problem**

Children under the care of persons with disabilities working in the streets of Harare Central Business District are exposed to severe vulnerability, deprivation and exploitation while supporting their caregivers with disabilities (Manjengwa et al.,2016). This issue mainly affects the children who are working for the parents with disabilities as they are forced to contribute to the family's income which exposes them to verbal, sexual and emotional abuse from the public and street peers (Human Rights Watch,2020). Their rights education, healthcare and protection are violated as they endure the harsh street conditions and psychological trauma. It is imperative to point out that the failure of governmental support to persons with disabilities forces families into street based work such as vending and begging. It is also critical to note that

inadequate family support systems and lack of employment opportunities and sources leave persons with disabilities with no alternative but to involve their children in street work (Pazos,2016). Having the children to work on the streets has got a negative impact on the psychological , physical, social and mental aspects of their lives. The children are disrupted in their education, they are also exposed to harsh streets conditions, face mental distress trauma, girls are exploited whereas boys engage in drug abuse. In an ideal scenario the children are supposed to have access to education, health services and also to be in safe environments. There should also be comprehensive government support, that is policies and programs aimed at supporting both children and their parents with disabilities such as cash transfers and disability grants which can alleviate economic pressures and reduce reliance on child labour (UNICEF, 2021) However on the ground the reality is starkly different. Children are very much exposed to street environments which compromises their safety, their rights to education, health and protection are severely undermined and parents with disabilities are depending on children's labour for survival.

### **1.3 Aim of the study**

1.To explore the experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District.

### **1.4 Objectives of the study**

1.To analyse the nature of care given to children of persons with disabilities working on the streets of Harare CBD.

2.To examine the care-related challenges faced by children of persons with disabilities working on the streets of Harare CBD.

3.To proffer intervention strategies to enhance proper care for children with parents working on the streets of Harare

### **1.5 Research questions**

1. What is the nature of care provided to children of persons with disabilities working Harare Central Business District?

2. How do persons with disabilities care for children on the streets and what challenges do they face?
3. What intervention strategies can be implemented to enhance proper care and support for children working on the streets on Harare CBD?

### **1.6 Assumptions of the study**

The researcher is assuming that parents with disabilities have no other proper or rather limited means of survival due to financial constraints thus take their children along with them so that they help them to work. In Zimbabwe ,only a few persons with disabilities have formal jobs .Additionally, they may also be in need of physical support especially those who have got hearing or visual impairments to communicate and navigate the busy streets of Harare Central Business District. On the other hand, the children may be lacking proper positive parenting ,hence begin to do all harmful things such as drug abuse and sexual behaviors at tender age. This study will guide policy makers to effectively implement and also review policies which cater for persons with disabilities as well as their dependents and to develop policies that address issues of parents who take their children to work instead of sending them to school. Therefore ,the researcher has got time and funding to do a proper research.

### **1.7 Significance of the study**

This study will point out the rough experiences of children under persons with disabilities working on the streets of Harare Central Business District. These challenges can not be explained by a single theory as there are many reasons to why parents with disabilities work in the streets with their children. Moreover ,this research will also investigate accurate information on parents with disabilities as it is necessary to guide policy, direct funding and also inform clinical services. It is crucial to pinpoint that children under the care of parents with disabilities face quite a number of challenges and this is being overlooked by many organisations and the government also because their number is increasing. As such, the study will assist in revealing the difficulties being faced by the children working with their parents on the streets of Harare Central Business District. The difficulties are not limited to lack of access to education, health facilities, emotional and psychological damage and exposure to harmful substances. Therefore bringing this to plain view may allow organizations and the

government to centre their attention on the most important aspects which need to be addressed. It is of great importance to also note that this study will help to initiate programs that assist persons with disabilities to get proper employment or start projects which do not hinder their children from pursuing their dreams. It is crucial to also mention that these people with disabilities vend on the streets of which it is prohibited thus they may get in trouble with the council of Harare. As such this study seeks to help persons with disabilities find better means of survival which are not risky to them and their families. Additionally, the implementation of policies that are governing children with parents with disabilities working on the streets have not been implemented effectively. Hence there is need to review the child labour policies and also to develop new policies aimed to address these issues. Therefore this study will assist in informing policies related to the issues affecting children who are street connected and making sure that they are implemented.

### **1.8 Definition of key terms**

**Child** - According to UNCRC (1989) A child is a human being who is below the age of eighteen.

**Persons with disabilities-** According to the UNCRPD, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers many hinder their full and effective participation in society on an equal basis with others.

### **1.9 Chapter summary**

This chapter introduces the study, outlining the research direction and discusses the historical background of the experiences of children under the care of persons with disabilities working on the streets. It also presents the aim of the study, the objectives and the research questions. Furthermore it clearly shows the issues that prompted the researcher to consider conducting a research on the experiences of children under the care of persons with disabilities working on the streets of Harare.



## **CHAPTER 2 :LITERATURE REVIEW**

### **2.0 Introduction**

This chapter presents review of the literature on the experiences of children under the care of persons with disabilities working on the streets. An examination of earlier studies related to this topic reveals the nature of care provided by parents with disabilities to their children, care-related challenges faced by these children and also the intervention strategies that can be instituted to enhance proper care to these children. This chapter shows the intersection between disability and child welfare. It also includes the legal instruments that have been put in place to safeguard the rights of children.

### **2.1 Theoretical framework**

The study is centred on two approaches which are the Rights-based Approach and the Child-Centered Approach. These theories complement each other effectively in addressing the experiences of children working on the streets of Harare Central Business District. The Child-Centered Approach focuses on the individual's needs and rights of the child ensuring that their perspectives are prioritized in decision making processes. The rights-based approach provides a broad framework that recognizes the rights of both children and their parents with disabilities ensuring that individual needs are addressed within the context of their rights and entitlements. Thus the integration of both theories supports the development of tailored intervention strategies.

#### **2.1.1 Child centred approach**

The research was guided by the Child centred approach. The child centred approach is a framework which focuses on safeguarding and promoting the rights and welfare of children (Featherstone et al.,2018). This approach states that a child should be kept in focus when making decisions that involve them (Scourfield,2018). This enables the child to be able to develop and have the capacity to solve their own problems. This theory was utilized in addressing the nature of care provided by parents with disabilities to their children who are working on the streets and also in addressing the intervention strategies that can be instituted to enhance proper care for these children. This is because it focuses on the well-being, development and unique needs and it also helps to assess

whether the care being provided by parents with disabilities meets the emotional, physical and psychological needs of their children. This theory can inform intervention strategies also as it ensures that it prioritizes children's voices and needs. The designs of interventions can be based on children's expressed needs. Lundy and Tobin (2022) emphasize prioritizing the child's needs and interests when making decisions that affect them. The theory guides the analysis of how parents with disabilities interact with their children, the quality of care they are given and whether the child's developmental needs are being prioritized despite the parent's challenges. It should be noted that the approach is also centred on the educational aspect of children. According to Hattie and Larsen (2020) child centred education takes a strength-based view by taking into consideration the child's skills, capacities, dispositions, interests and motivations. It should be noted that the approach puts the child at the centre of the learning process and seeks to meet the needs of each individual child. The Child Centred Approach concentrates on the child as an individual which means that the approach views a child as a unique individual hence has got their unique needs which are different from others. United Nations Convention on the Rights of the Child (1989) has put some measures to ensure that children are not deprived of their rights. Therefore this theory empowers the children under the care of persons with disabilities working on the streets of Harare Central Business District to express their opinions, needs and desires.

### **2.1.2 Rights-Based Approach**

The rights-based approach is a framework for human development that is grounded in international human rights standards which include the Universal Declaration of Human Rights (1948), United Nations Convention on the Rights of the Child (1989), United Nations Convention on the Rights of Persons with Disabilities (2006) and has also evolved through contributions of various organizations and activists. The rights-based approach emphasizes on the rights of children such as the rights to education, health, protection from all forms of abuse as stated in the Convention on the Rights of the Child (1989). The rights-based approach was utilized in addressing the care-related challenges being faced by children under the care of persons with disabilities working on the streets and also to address the intervention strategies which can be instituted to enhance proper care for these children. This is because this approach emphasizes on human rights. Thus this approach enables the framing of challenges for instance economic hardship, societal stigma and lack of accessible rights as violations of

children's rights. This approach ensures that interventions align with legal and policy frameworks that protect children and persons with disabilities. It is important to investigate the systemic inequalities and societal attitudes that impact the quality of care by parents with disabilities hence resulting in care-related challenges. These parents often encounter a system that lacks understanding of their unique needs and experiences (Mauldin,2019). Applying this framework enabled the researcher to critically examine the care-related challenges being faced by children under the care of persons with disabilities working on the streets and how societal structures impact the ability of parents with disabilities to provide adequate care highlighting some of the barriers they face such as stigma, discrimination and lack of access to resources (Malle, Pirttimaa and Saloviita,2015). This approach facilitates an understanding on interdependence between parents and children where the rights of one influences the well being of the other.

### **2.3 Understanding global overview on disability**

A global overview of disability highlights that there are about 1.3 billion individuals with disabilities which account for 16% of the world's total population (World Health Organisation,2022). The Convention on the Rights of Persons with Disabilities (2006) defines individuals with disabilities as those who experience long term physical, mental, intellectual or sensory impairments that when interacting may hinder their full participation in the societies. The Progress Report on the implementation of the European Disability Strategy (2010-2020) indicated that by 2020 around 120 million Europeans would be having some form of disability (European Commission,2017). It should be noted that disabilities can affect anyone at various points in their lives impacting multiple dimensions of existence (Jurado, Garcia and Fernandez,2020). Parents with disabilities face a myriad of challenges when trying to meet their own needs as well as those of their dependents. These include discrimination and high unemployment rates (Mitra,2021) which may hinder their full participation in the society even in developed countries (United Nations Department of Economic and Social Affairs,2018). According to the latest statistics from the International Labor Office (ILO,2023) the employment rate of persons with disabilities is significantly lower than that of persons without disabilities. Persons with disabilities have the right to work on an equal basis with others however their employment rate stands at only 48.7% significantly lower than the 72.5% rate for the individuals without disabilities

(Jurado, Garcia and Fernandez,2020). International organizations are actively trying to achieve full and productive employment, decent work for all including persons with disabilities and equal pay for equal work as outlined in Goal 8 of the United Nations Sustainable Development Goals (UN Department of Economic and Social Affairs,2018). Other challenges faced by persons with disabilities include limited accessibility, lack of specialized support, specialized healthcare, transportation barriers, education, social isolation, social stigma, stress and trauma and limited mobility (Qureshi,2023). It should be noted that parents with disabilities frequently face the assumption that they are incapable of adequately caring for their children. This perception can result in child welfare agencies and courts doubting their ability to benefit from available services (Powell and Andrews,2023). Additionally, these parents and their families encounter a system that lacks sufficient understanding of their needs and experiences.

### **2.3.1 Understanding disability in United Kingdom**

Disability in the United Kingdom is a significant social issue affecting a substantial portion of the population. According to Sakellariou and Rotarou (2017) it is estimated that around 19% of people in the UK have got disabilities. Approximately 1 in 5 people in the UK are reported to have a disability which can encompass a wide range of physical and mental impairments that affect daily activities (Employment of disabled people,2023). People with disabilities are recognized as the largest minority stakeholder group globally, this group still face significant barriers to labour market and inclusion in corporate settings (Khan et al.,2019). It should be noted the parents with disabilities face a myriad of challenges which then affect their dependents. They often face significant public scrutiny, judgement and intervention (McConnel,2020). As a result, many of these parents live with a constant fear of losing their children. Research indicates that over 20% of children taken by child protection authorities are removed from parents perceived to have intellectual or cognitive impairment (Llewellyn and Hindmarsh, 2015). The research conducted by the Tilda Goldberg Centre of Social Work and Social Care at the University of Bedfordshire in collaboration with Ginger Giraffe revealed that many parents with disabilities often feel too intimidated to seek assistance from social services due to concerns about being perceived as unfit to care for their children. The findings indicate that children tend to be overlooked by professionals in adult social care and health services. Furthermore, parents with

disabilities reported that when their needs are assessed health and social care professionals frequently neglect to consider how their disabilities affect their parenting and fail to coordinate effectively with children's services (Disability Research on Independent Living and Learning, 2020). According to Ayers (2021) caregivers with disabilities often face emotional distress and depression due to various stressors. These include financial difficulties and experiences of discrimination. Research from the UK indicates that individuals with disabilities continue to be significantly underrepresented in higher education institutions including social work programs (Osborne, 2021)

### **2.3.2 Understanding disability in South Africa**

According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) disability is defined as an evolving concept (United Nations, 2006). The UNCRPD (2006) states that persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which may hinder their full and effective participation in society on an equal basis with others. In South Africa data indicates that 7.5% of the population are experiencing one or more difficulties (Census, 2022). Notably South Africa has developed a numerous policies aimed at addressing the challenges of people with disabilities and they are recognized as a designated beneficiary group in Broad-Based Black Economic Empowerment Act (Republic of South Africa, 2023). The constitution also guarantees equal opportunities for people with disabilities. However despite the broad policy framework people with disabilities continue to fare worse than their non-disabled peers with many studies indicating they are disproportionately represented among the poor and unemployed (World Bank, 2023). It should be noted that individuals with disabilities often struggle to access adequate healthcare services and information (SAHRC, 2023). Because of these challenges in some African countries parents with disabilities have resorted to using their children as begging guides. This issue has severe implications on children's mental health, education and safety particularly exposing girls to abuse and exploitation. The use of children as begging guides not only restricts their educational rights but also undermines the SDG 4 which advocates for education for all (Agunyai and Ojakorotu, 2021). South Africa has made significant efforts to make sure that persons with disabilities are included in the social protection system (Kidd, 2018). Policies such as the strategic policy framework on disability for the post-school education and

training system that aim to equip people with disabilities with technical skills for better livelihood opportunities have been implemented.

### **2.3.3 Understanding disability Zimbabwe**

According to the Zimbabwe National Statistics Agency (2017) the prevalence of disability in Zimbabwe is estimated to be 2.% of the total population. There is a prevalent misconception that people with disabilities are inactive and economically unproductive leading to a belief that they are a burden on society. According to Choruma (2017) the ongoing political and economic instability in Zimbabwe along with significant developmental challenges has worsened the living conditions of PWDs .Consequently it is common for many PWDs to resort to begging in the streets with their children. People with disabilities face a myriad of challenges, specifically parents with disabilities. According to Bhattarai and Smedema (2023) access to benefits, work, housing and healthcare are some the challenges faced by people with disabilities. Notably these challenges begin to affect the dependents of persons with disabilities. To address the problems being faced by persons with disabilities Zimbabwe has been making efforts to establish disability friendly laws and policies such as the Disabled Persons Act(Chapter 17.01). Sections 22 and 83 of the Zimbabwean constitution consists of the rights of persons with disabilities. The Social Welfare Assistance Act Chapter (17.06) also addresses issues concerning persons with disabilities. The United Nations Partnership on the Rights of Persons with Disabilities(UNPRPD) has also been working on addressing issues to do with equality, non-discrimination, accessibility and inclusive service delivery. Harmonized-cash transfers have been introduced by the government to help persons with disabilities and their families. Organizations such as Leornard Cheshire, Mufudzi wakanaka and the Department of Social Development among others have been working towards the betterment of the living standards of persons with disabilities in Zimbabwe.

### **2.4 Nature of given to children by their parents with disabilities**

The nature of care given to children with parents with disabilities is complex compared to that of persons without disabilities as it is encompassed by a range of practices that reflect both the unique challenges they face and their commitment to nurturing their

children. Research shows that these parents may employ creative solutions to overcome barriers related to their disabilities such as utilizing assistive technologies or seeking community resources to enhance their care giving capabilities. (Gabel,2023). Additionally, having a form of disability can affect the quality of the home environment. Parents may struggle with physical, emotional and social challenges that can limit their ability to provide a good environment for their children. According to Abdallah (2017) some parents have come up with certain help strategies that involve using their children as guides for begging in order to solicit from the society.

#### **2.4.1 Adaptive care strategies**

Parents with disabilities employ adaptive strategies, assistive technologies and social support to fulfil care giving demands of child rearing. Research indicates that parents with disabilities often creatively modify their environments to accommodate their impairments in order to take care of their children's physical needs (Al-Shammari,2024). For instance parents with mobility impairments may use specialized baby carriers, adjustable cribs or wheelchair accessible changing stations to perform tasks like feeding, bathing and lifting (Jones and Harrington,2020). Those with sensory disabilities such visual or hearing impairments rely on tactile, vibrating or adaptive tools to monitor safety and respond to their child's needs (Shuttleworth and Mona,2021). According to Al-Shammari (2024) many parents with disabilities rely on spouses, extended family or friends for physically demanding tasks whereas some encourage children to perform age appropriate tasks for example dressing themselves, fetching items. This reduces physical strain on the parents while fostering the child's independence.

#### **2.4.2 Emotional support**

According to Zeliha and Gokcearslan (2024) being a parent is not entirely based on care-giving. A successful parent-child relationship is possible under a variety of circumstances. According to Green et al., (2022) parents with disabilities provide emotional support to their children by demonstrating resilience, creativity and unconditional love. Despite societal misconceptions they actively engage in their children's lives offering guidance and encouragement. Their adaptability in care-giving whether through alternative methods or relying on community support teaches children

problem solving and empathy (Jones and Harrington,2020). Many parents with disabilities emphasize on open communication, helping their children understand diversity and strength in difference. By nurturing their children's aspirations and participating in their activities they prove that emotional support is not defined by physical ability but by presence, dedication and the ability to foster a loving, inclusive environment (Powell et al.,2021). Waissbein and Argento (2017) state that parents with disabilities provide guidance, love and stability while their children learn empathy and adaptability. However, some parents with disabilities have a supermom complex which is a result of being judged by the community which at times affect their care-giving capacities ( McConnel,2020)

### **2.4.3 Provision of basic needs**

Parents with disabilities encounter unique challenges in securing their children's basic needs, they often rely on systematic support and also adaptive strategies. Bjornsdotti and Stefansdottir (2023) state that parents with physical disabilities utilize state funded home adaptations for safe childcare spaces while food security is supported through disability-inclusive subsidiaries. According to Mji et al (2022) in Africa formal support systems are limited hence parents with disabilities frequently rely on kinship networks. It should be noted that having a stable home is crucial for creating and maintaining a family, however many parents with disabilities encounter barriers in accessing proper housing. This lack of housing can directly impact their ability to provide safe care for their children (National Council on Disability,2020). PWDs develop adaptive strategies such as relying on community based services or peer support groups to ensure their child's well-being. In Africa parents with sensory disabilities often rely on harmful strategies to provide basic needs for their children due to systematic exclusion and socioeconomic, marginalization. Agunyai and Ojakorotu (2021) highlight that poverty together with inadequate governmental support and vocational opportunities drive many parents to depend on their children as begging guides. This practice enables families with parents with disabilities to secure daily sustenance through collecting alms collected in public places. However this practice deprives children of their education and also they are exposed to health risks as well as being subjected to psychological trauma.



#### **2.4.4 Collaborative care networks**

Parents with disabilities face unique challenges in ensuring that their children have the best of care so they rely on collaborative care networks to ensure that they meet their children's needs. These parents encounter physical, sensory or cognitive barriers that hinder their ability to actively provide adequate care for their children however they demonstrate remarkable resilience and creativity. They get assistance from the community, faith based associations and NGOs. According Chihya et al (2025) CCNs emerge as critical survival infrastructures when formal systems fail. Churches provide material aid to these groups such as food and school fees and temporary child care during parental work hours. PWDs further rely on NGOs to address their needs and this dependency has proved to be vital in mitigating the challenges of care-giving through resource provision, advocacy and psycho-social support (Dube and Mupedziswa,2019). According to Brown et al (2021) parents with cognitive disabilities collaborate with social services to create a more accessible and supportive environment for their children. The society empowers these parents to fulfil their care giving roles by having the children to attend school and by providing educational resources and financial assistance (Smith et al.,2022). However it should be noted that systemic inequalities persist highlighting the need for inclusive policies that recognize and address the intersectional challenges faced by parents with disabilities.

#### **2.4.5 Child protection**

The nature of care given to children by their parents with disabilities is significantly influenced by the parents' capacity to understand and meet their children's needs. According to Li et al. (2016) parents with disabilities are viewed as less capable than those without disabilities. Despite the recognition of their rights to be parents, the society continues to doubt their ability to protect their children's rights (Stefansdottir et al.,2022). There is still negative stereotype from many professionals, educators and even other parents. They doubt that parents with disabilities can effectively raise and protect a child in any situation (McConnel et al., 2017). According to Strnadova et al (2017) research indicates that parents particularly those with intellectual disabilities face challenges due to a system that is often unprepared to support them. Key factors such as social isolation, poverty, stigma and a lack of both formal and informal support are common in their lives which further worsens their difficulties (Llewellyn and

Hindmarch,2015). According to Powell (2023) parents with disabilities show resilience in their care-giving roles despite facing many challenges.

## **2.5 Care-related challenges faced by children of persons with disabilities working on the streets.**

This section reviews existing literature on the care-related challenges faced by children under the care of persons with disabilities. Literature showed that children in these households face challenges which include barriers to education, lack of access to healthcare services, economic hardships, social stigmatization and limited support networks. Novoa (2020) notes that these children experience exclusion from school due to the care-giving and income-generating roles they have to take. Lack of access to healthcare services is mainly due to financial strains (Casey Foundation, 2024). Additionally Shahali et al. (2024) notes that these challenges are linked to the parents' disabilities as children face stigmatization due to poverty in their households and due to their parent's disability.

### **2.5.1 Safety and exploitation risks**

Children under the care of persons with disabilities working on the streets face significant safety risks and exploitation. Research highlights that children connected to the streets are highly vulnerable to violence, abuse and exploitation (International Day for Street Children, 2016). These children are often exposed to gang violence, forced labor, sexual exploitation and trafficking due to limited access to protection mechanisms (UNICEF, 2021). For children under the care of persons with disabilities, these risks may be exacerbated by their caregivers' limited capacity to provide adequate supervision or access to resources. Additionally, violence, abuse, exclusion from education, substance abuse, mental ill-health, and social isolation further compound their vulnerabilities (United Nations, 2017). Children under the care of PWDs working on the streets also face heightened risks of recruitment, trafficking and exploitation by criminal networks (OHCHR, 2020). The sale, sexual exploitation and abuse of these children, along with child labor and modern slavery remain serious concerns (UNICEF, 2021). The need to earn money for survival forces many children into street work such as begging and vending which further limits their access to education and healthcare (International Day for Street Children, 2016). Chronic

illnesses, substance abuse and mental health issues are prevalent due to unsafe living conditions and lack of medical care (United Nations, 2017). Existing literature shows that these children sometimes experience police harassment and legal conflicts which worsens their already precarious situation (International Day for Street Children, 2016). The intersection of their caregivers' disabilities and their own vulnerabilities underscores the urgent need for targeted interventions to ensure their safety and well-being.

### **2.5.2 Lack of access to healthcare services**

Researches that have been done show that children under the care of persons with disabilities who are working on the streets have difficulties in accessing healthcare services (Solile et al., 2023). Their parents who work on the streets face economic instability as their disabilities limit their potential to secure better paying jobs and earn more money resulting in limited financial resources for healthcare expenses (Emerson et al., 2016). This economic vulnerability is made worse by the high costs in medical care, transportation and medications which persons with disabilities fail to afford due to poverty (WHO, 2020). Onyango et al. (2020) found that some children working on the streets with their parents with disabilities fail to visit health facilities because they struggle to raise money for food and necessities. They prioritize food and shelter over medical healthcare. Additionally, Nyanza et al. (2021) note that the stigma which is associated with disability hinders the children with parents with disabilities from accessing medical care as they further isolate these families leading to a lack of community support. Findings from Solile et al. (2023) illustrate that children working on the streets experience neglect and inadequate protection. These barriers require a more comprehensive approach in addressing issues of the provision of health care services to persons with disabilities and their children. This should include socioeconomic support and also policies that prioritize the health and well being of children and parents with disabilities.

### **2.5.3 Barriers to education**

Children under the care of persons with disabilities encounter challenges in accessing education. According to Shields (2016) caregivers with disabilities face societal stigma which directly impact their children's educational opportunities. Children under the care of persons with disabilities experience higher poverty rates, due to this poverty

their parents fail to provide for their school related expenses such as school uniforms, books and transportation (Mitra et al.,2017). Additionally these children take on care giving responsibilities leading them to absenteeism or dropout (Peng et al.,2020). These care-giving responsibilities can lead to lower academic achievements for these children compared to their peers. According to Manomano et al.(2020) having children to work the entire day in the streets not only limit them to access to education but it also negatively impacts their health and overall well being. Notably the lack of parental involvement in school activities can adversely affect a child's academic success as children depend on their parents support which is often lacking due to their parents' circumstances (Humphrey-Tailor,2015). Addressing these challenges requires comprehensive social protection programs to ensure equitable access to education for this vulnerable demographic.

#### **2.5.4 Economic hardships**

Manomano et al. (2021) point out that children under parents with disabilities are subjected to extreme poverty, lack of access to basic necessities and education. Their parents encounter barriers to formal employment which include workplace discrimination, limited access to education or vocational training which then lead them into doing informal works which has got low incomes. Notably economic hardships being faced by parents with disabilities eventually affect their dependents (Fernqvist,2015). According to Treanor (2016) a research which was done in Scotland indicated that financial vulnerability of parents has impact on a child's well-being as it influences their emotional, social and behavioral development in both direct and indirect ways. Financial instability affecting these families results in extreme poverty which then forces the children to contribute economically through child labour which disrupts their education and limits future socioeconomic mobility (Grech,2015). It is researched that this economic instability drives the children to engage into survival strategies such as vending and begging which further perpetuates their cycle of poverty. Authors argue that these circumstances are exacerbated by the systematic issues such as inadequate social services and societal stigma. Hence there is need for comprehensive mechanisms that address the root causes of poverty and also provide sustainable support for these marginalized groups.

### **2.5.5 Social Stigmatization**

Stigmatization appears to be another critical barrier to the well-being of children under the care of persons with disabilities working on the streets. According to Alnajdawi (2019) a study in Amman Jordan showed that street connected groups which include children of parents with disabilities experience societal stigma. These children face marginalization due to their association with street based labor which is frequently stigmatized as deviant or indicative of familial neglect. They also face discriminatory societal attitudes which underestimate the capabilities of caregivers with disabilities. This inter-sectional stigma manifests in exclusion from educational institutions, discriminatory treatment in public spaces and reduced access to social services as community perceptions equate disability with incompetence in care-giving. Furthermore caregivers' marginalization may hinder their ability to advocate for their children exacerbating cycles of exclusion. Alnajdawi's findings shed light on the emotional impact of stigma on street-connected children revealing that the weight of shame and negative labels can decrease their sense of identity and self worth especially when they are discriminated. This systemic dehumanization not only isolates families but also reinforces structural inequalities. According to Fantahun and Taa (2022) a study in Ethiopia indicated that children experience stigmatization because of their involvement in streets work and also their ties to parents whose disabilities are stigmatized as markers of incompetence or moral failing. Societal attitudes confuse disability with dependency, perceiving parents with disabilities as unfit caregivers and their children as contaminated by inherited inferiority. These children face stigma in schools where they are excluded due to assumptions about their parents' ability to support their education and in public where they are subjected to verbal abuse and denied access to basic services. This often lead to withdrawal from community networks which are critical for survival. In Gondar where cultural narratives may frame disability as spiritual punishment such stigmatization is deeply rooted which then push families into deeper uncertain living situations. Addressing these challenges necessitates dismantling stigmatizing narratives and implementing inclusive policies that recognize the agency and dignity of both caregivers and children.

## **2.6 Intervention strategies that can be instituted to enhance proper care for children working on the streets**

This section reviews literature on the strategies that can be instituted to enhance proper care for children under the care of persons with disabilities working on the streets. The focus is on educational empowerment and support networks which are critical in addressing the challenges being faced by these vulnerable families.

### **2.6.1 Educational empowerment**

To ensure that there is proper care given to children under the care of persons with disabilities who are working on the streets there is need for educational empowerment. Sharma (2023) highlights that there should be inclusive education models that combine formal schooling with psycho-social support and caregiver assistance programs to mitigate the challenges being faced by these children. This concurs with Groce et al.(2016) study which finds out that children under the care of parents with disabilities experience limited access to education due to financial strain, stigma and caregiver incapacity hence there is need for community based schooling techniques. Similarly Mitra and Yap (2018) emphasize the role of social protection policies such as cash transfers and inclusive vocational training for persons with disabilities which then reduce the economic pressure that drive children to work on the streets. Lund and Stubbs (2021) also advocates for inclusive education which include mobile learning centred with disability accessible infrastructure. Thus there is need for education systems to integrate disability sensitive measures to ensure that both the children and their parents receive tailored support for long term empowerment.

### **2.6.2 Support networks**

According to Embleton et al. (2021) support networks are crucial in addressing the complex needs of children under the care of persons with disabilities working on the streets of Harare. The literature stresses the importance of having inclusive interventions that consider the vulnerabilities of these families which include economic hardships, social exclusion, limited access to healthcare and social services. Support networks should integrate disability sensitive approaches such as providing accessible health to parents, financial assistance and caregiver support to alleviate the burden on children (Embleton et al.,2021). Collaborations between government agencies, NGOs

and community based organizations are essential to deliver holistic services that address both the needs of the children and their parents. Kaluku (2020) states that there is need for collaborative interventions which involve grassroots organizations and policy makers advocating for multi-stakeholder approaches to strengthen care-giving capacity. Mupambeyi and Machingura (2018), affirms that community driven support systems reduce parental strain and improve child welfare outcomes in low resource urban settings. By having effective support networks stakeholders can be able to create a supportive environment that promotes the well being of children under the care of persons with disabilities working on the streets of Harare.

## **2.6 International, regional and local legal and policy frameworks for children under the care of persons with disabilities.**

There are various legal frameworks that govern the rights and protections of children under the care of persons with disabilities. Internationally, there is the United Nations Convention on the Rights of the Child (UNCRC) which is a global human rights agreement that outlines the civil, economic, social, health and cultural rights of children (Campaign of the U.S. Ratification of the Convention on the Rights of the Child, 2018). It is an important, legally binding agreement which was adopted in 1989 and was signed by 196 countries as of 12 July 2022. This framework includes the following principles derived from Articles 2, 3, 6 and 12; equality and non-discrimination, the best interest of the child, the right to life, survival and development and participation rights. Notably the principle concerning life, survival and development entitles children to essential resources, skills and support necessary for their survival and holistic development. This include rights to adequate nutrition, shelter, clean water, formal education, primary healthcare, leisure activities, cultural experiences and information about their rights. Lundy and Tobin (2018) highlights development as a fundamental aspect of children's rights.

The African Charter on the Rights and Welfare of the Child is another framework which deals with children under parents with disabilities. Similar to the UNCRC, the ACRWC serves as a thorough framework that outlines the rights of children and establishes universal principles and standards regarding their status (Mezmur, 2020). Mbagua

(2002) argues that the ACRWC was developed in response to concerns from the African member states which felt that the UNCRC overlooked significant sociocultural and economic aspects that are unique to the African context. The Children's Charter recognizes that children have the right to freedom of expression, association, peaceful assembly, thought religion and conscience. It seeks to protect the child's private life and shield them from all forms of economic exploitation as well as from hazardous work that disrupts their education or jeopardize their health and overall development be it physical, social, mental, spiritual or moral (Nhenga-Chakarisa,2021).

Additionally, the Children's Act (Chapter 5.06) was adopted in 2001 to strengthen child protection in Zimbabwe. This adoption was an effort to domesticate various international standards in as far as the care and protection in Zimbabwe was concerned (Bhaiseni,2016). This Act includes several provisions that address issues related to children engaged in hazardous labour, living on the streets and experiencing poor welfare just to mention but a few. It also outlines the role of Zimbabwe National Council for the Welfare of Children which involves coordinating initiatives and executing policies related to children. The Act imposes contribution orders to ensure that parents or guardians fulfil their financial responsibilities towards their children. However ,the Children's Act has got its short comings. According to Bhaiseni (2016), it does not cover the issue of children's education as stated in both the UNCRC and the ACRWC

## **.2.7 Literature gap**

There is a lack of qualitative data that explains the firsthand experiences and perspectives of children under the care of persons with disabilities. This gap is concerning because these children face severe deprivation of their rights. The existing information about these children especially those living with PWDs on the streets is insufficient and lacks detailed case studies. This leaves a huge gap in understanding their unique realities.



There is need for understanding the intersectionality of the various vulnerabilities these children face such as poverty, the experiences of street life and their caregivers' disabilities. More research is required to examine how these factors intersect and influence their lived experiences as well as how they cope up with their circumstances.

Additionally, the perspectives of caregivers who are responsible for these children are often overlooked. This study found out that their views are crucial in understanding family dynamics and the challenges they face. By including the experiences of caregivers we can gain a clearer picture of their needs and coping strategies while working on the streets to support their children. This information could be crucial for developing comprehensive interventions aimed at improving their situations.

## **2.8 Chapter Summary**

In summary this chapter reviewed existing literature on the lives and experiences of children under the care of persons with disabilities. It examined the nature of care given to parents with disabilities, care-related challenges faced by these children and the intervention strategies that can be instituted to enhance proper care given to children of persons with disabilities working on the streets. The next chapter will outline the methodology of the study explaining the rationale behind the selected data collection methods and tools used to undertake the research on the experiences of children under the care of persons with disabilities working on the streets of Harare CBD.

## **CHAPTER 3 : METHODOLOGY**

### **3.0 Introduction**

This chapter presents the research methodology used in the study of the experiences of children under the care of persons with disabilities working on the streets of Harare CBD. It outlines the research approach, design, study setting, target population, sampling techniques, sample size, data collection techniques and tools, trustworthiness of the research, limitations and data analysis. The chapter concludes with a summary of the methodological framework guiding the study.

### **3.1 Research philosophy**

The set of ideas, presumptions and guidelines that guide the study is known as the research philosophy (Jansen,2023). In this research interpretivism research philosophy was utilized. Interpretivism philosophy is a research approach which focuses on understanding people's subjective meanings and experiences within their social context (Nickerson,2024). According to Jansen (2023) it guides investigations aim to comprehend the interpretations and meanings people attach to their experiences. The researcher considered the following philosophical pillars, ontology, epistemology and axiology in undertaking the research. According to Alele and Malau-Aduli (2023) ontology is the way that reality is seen and appropriately represented as an entity or entities. The study operated from a subjective ontological stance recognizing that reality was socially constructed through the children's interactions and perceptions (Lincoln et al., 2018). For instance, the challenges faced by these children such as economic hardship, stigma or caregiving burdens were shaped by their unique contexts which necessitated a philosophy that accommodated multiple realities. The area of philosophy that focusses on the study of belief and knowledge is called epistemology. It explains how people learn, comprehend and apply knowledge about reality. Epistemologically, interpretivism aligned with qualitative inquiry where knowledge was co-constructed through close engagement with participants (Creswell and Poth,2018). The study employed in-depth interviews to capture nuanced narratives which reflected the philosophy's emphasis on meaning-making over measurable data. Axiology refers to the researcher's understanding of values and their role in research. It examines values, deals with issues of right and wrong and measures the level of development and types of perceptual biases. The researcher's role and values were acknowledged as influential

in data collection and interpretation (Saunders et al.,2019). Given the delicate nature of the children's experiences, reflexivity was used to reduce biases. This approach was justified as it helped to investigate personal experiences which required a philosophy that centered on individual perspectives (Creswell, 2017). Interpretivism also enabled the analysis of socioeconomic dynamics such disability stigma, street labor that quantitative approaches might oversimplify (Lincoln et al., 2018). The study promoted a human-centered perspective of the children's realities by embracing interpretivism.

### **3.2 Research approach**

According to Creswell (2015) research approaches are defined as the plans and procedures for research that spans the steps from broad assumptions to detailed methods of data collection, analysis and interpretation. A research approach provides a detailed road map for the research process. In this study the researcher used the qualitative research approach. Qualitative research approach is a study which dives deep in real life issues uncovering rich insights and nuanced understanding of people's experiences, challenges and perspectives (Moser and Korstjens,2017). According to Teherani et al. (2015) qualitative research examines subjective realities focusing on individual perspectives. This allowed for an in-depth exploration of the lived experiences of children by capturing their perspectives and emotions that quantitative methods may fail to address. It also helped the researcher to discover new insights and ideas on the experiences of children under the care of persons with disabilities. Qualitative approach enabled the researcher to understand the realities of children under the care of persons with disabilities working on the streets of Harare. The approach captured nuanced emotional narratives and contextual challenges that structured surveys could not reveal. This approach was justified because it allowed the children tell their own stories about that experiences which are under researched. Quantitative methods could not adequately capture the depth of emotions for example shame or contextual factors shaping their lives. Furthermore, the focus on subjective realities uncovered policy-relevant views such as how disability support systems increase child labor which demonstrates the approach's capacity to inform targeted interventions.

### **3.3 Research design**

According to Wisenthige (2023) a research design is a set of methods and techniques that the researcher has selected to carry out the study. The researcher adopted the

interpretive phenomenology design. Badil et al. (2023) defines phenomenological study as a study that describes the meaning of the lived experiences of a phenomenon or concept for several individuals. Interpretive phenomenological design aims to investigate how individuals experience and interpret a particular phenomenon acknowledging the interplay between personal perspectives and broader social contexts. The researcher encouraged detailed narratives from the participants. The researcher also adopted the steps of conducting a phenomenological study which are bracketing, intuiting, analyzing and describing in conducting the research (Greening, 2019). In this study interpretive phenomenology worked by using in-depth interviews to explore how children in the streets of Harare interpreted their lived experiences. Through bracketing and analyzing emotional narratives it uncovered context specific struggles like balancing school and also guiding their parents in the streets. This approach was justified because it prioritized children's subjective meanings which are crucial for capturing nuanced experiences of disability and survival that other designs would miss (Badil et al., 2023; Greening, 2019).

### **3.4 Study setting**

Study setting refers to the physical environment, social structures and cultural conditions in which research is carried out (Menon et al., 2023). The study setting of this research was Harare CBD particularly in the streets where vending is allowed and also in areas where persons with disabilities can beg with their children. Harare is the capital city of Zimbabwe, it lies in the nation's northeastern region and is home to roughly 1.4 million people. This location was selected because that is where most children under the care of persons with disabilities do their begging and vending because of its high population density which creates conditions where income generation strategies like begging become viable. This setting allowed the researcher to have access to all the primary participant groups within their natural environment. This setting can be justified as it helped in revealing how physical factors like crowded streets near markets shape survival tactics and how social conditions public attitudes toward disability influence their lives. This environment provides unique insights into vulnerabilities and resilience mechanisms unique to crowded cities

### **3.5 Population of the study**

According to Philips and Mrowcznski (2021) the group in which the researcher wants to draw conclusions from is called the target population. Target population may also be defined as the total number of units from which samples are selected for measurement (Kindly et al,2016). The target population of the researcher comprised of children under the care of persons with disabilities working on the streets of Harare CBD, their parents and social workers from DSD. Children between the age of 7 to 17 years were chosen, both girls and boys. This was because they are directly involved in the phenomenon being studied and also that they could verbally articulate the experiences which enabled the researcher to get rich phenomenological data on their experiences. The researcher also targeted parents or caregivers with physical, multiple and visual disabilities who have children who are working on the streets because they could supply the crucial data required for the study as they are the ones who take care of the children. The researcher also targeted professionals from the Department of Social Development in order to include expert observations on these vulnerable children and also to get insights about support systems for them (Ivankova, 2018). The entire target population collectively helped to capture the phenomenon of the experiences of children under the care of persons with disabilities working on the streets of Harare CBD from multiple dimensions and view points which then helped to gather meaningful data that covered specific issues.

### **3.6 Sampling technique**

According to Sharma (2017) sampling techniques are ways that are employed by researchers to methodically select a smaller group of representative individuals or items from a larger target population. This group serves as subjects for observation or experimentation aligning with the researcher's objectives. The researcher used a non-probability sampling method called purposive sampling.

#### **3.6.1 Purposive sampling**

Purposive sampling is a method where researchers choose participants based on specific criteria such as their relevance to the study, willingness to take part, availability and educational background (Newing,2020). According to Etikan and Bala (2017)

purposive sampling relies on the researcher's judgement in selecting participants who can offer relevant information to achieve the objectives of the study. The researcher should focus on individuals who share relevant perspectives, possess the necessary information and are open to providing it. The researcher used purposive sampling to select all the participants that is, children under the care of persons with disabilities, their parents and professionals from DSD. To select children, the researcher visited their natural settings and observed those accompanying PWDs. This enabled the sharing of real life experiences. Parents with disabilities working on the streets with their children were identified through observations. This allowed the researcher to get deeper understanding on the dynamics of disabilities and the nature of care that children under these parents get. Social workers were chosen from DSD Makombe based on their field experience with street families to provide expert insights about their experiences as they directly work with them. This targeted approach allowed the researcher to gather meaningful information from people who truly understood the situation, which would have been difficult with random sampling due to the hidden nature of street-based families (Etikan and Bala, 2017; Newing, 2020).

### **3.6.2 Sample size**

According to Whitacker (2017) a portion of population being investigated is called the sample size. In this study the sample size was determined based on the principle of data saturation. This approach emphasizes the need to collect data until no new themes or insights emerge indicating that further data collection may be unnecessary (Saunders et al., 2018). Fusch and Ness (2015) advocate for selecting a sample size that provides the best opportunity to reach data saturation which allows the researchers to capture the full range of experiences without redundancy. The researcher used a sample size of 15 participants which included 8 children under that care of persons with disabilities, 4 parents, 1 CCW and 2 social workers from DSD. Information from these groups was sufficient to achieve saturation because it revealed all core themes and added no new insights but redundantly confirmed existing patterns. Additionally preliminary analysis showed that key themes such as children guiding their parents on the streets, taking care giving responsibilities, barriers to education and healthcare services, financial strains, stigma associated with parental disability and poverty and systemic support gaps were consistently repeated by the 11th interview. By the 15th participant,

no new themes about the experiences children under the care of PWDs working on the streets emerged which confirmed that saturation had been reached. This approach ensured depth over quantity while capturing all relevant experiences without unnecessary data redundancy (Saunders et al., 2018)

### **3.6.3 Inclusion and exclusion criteria**

According to Nikolopoulou (2022) inclusion and exclusion criteria define which individuals from the target population are eligible or ineligible to participate in a research study. According to Polit and Beck (2018) inclusion criteria outline the subjects included in the study. The inclusion criteria for children encompassed children aged 7 to 17 who were under the direct care of an individual with a disability, resided in or frequently visited Harare CBD and regularly engaged in street activities for work. For the parents the inclusion criteria included those who were primary caregivers of the child under study and were willing to participate and had a disability. The inclusion criteria for social workers and the CCW included those with at least 2 years of experience working on child protection and disability issues. The exclusion criteria identify attributes that prevent a person from being included in the study (Gray et al., 2017). Thus the exclusion criteria included children with severe cognitive impairment that hindered their understanding and consent, those who were not permanently under the care of persons with disabilities. The exclusion criteria for parents included those who were not willing to participate, temporary caregivers and those who had severe cognitive impairment. The exclusion criteria for professionals included those with less than 2 years of experience, lack of experience working on child protection and disability issues and those not currently practicing social work in Harare. These criteria ensured that there was safety and relevance of the study population facilitating a comprehensive understanding of the experiences of the target group. Establishing inclusion and exclusion criteria for subjects is an important step in designing high quality research (Patino and Ferreira, 2018). This was accomplished by engaging caregivers with disabilities and their children who are working on the streets and also professionals.

### **3.7 Data collection methods**

Data collection is the generation of large amounts of data for a specific research taking place regardless which method is being used (Sutton and Austin,2015). It is the process of gathering information with the aim to gain insights regarding the research topic. Kabir (2016) states that plenty time should be spent on the collection of data to gain appropriate results since insufficient and inaccurate data prevents assuring the accuracy of findings. In this study the researcher used in-depth interviews and key informant interviews.

#### **3.7.1 In-depth interviews**

These refer to a research technique where the researcher engages in detailed, open-ended conversations with participants to understand their viewpoints, experiences and beliefs (Rubin and Rubin,2017). The research used in-depth interviews to interview children with parents with disabilities working on the streets of Harare CBD as well as their caregivers. These interviews consisted of informal conversational exchanges that flowed naturally as well as guided interviews that include in-depth probing. They were also conducted face to face such that the researcher was able to concentrate on the responses of the interviewee while also being attentive to their emotional cues and body language that accompanied those responses. According to Rutledge and Hogg (2020) establishing an interpersonal connection and trust is essential in in-depth interviewing. The researcher employed techniques such as inductive probing which involves asking open-ended questions that encourage deeper responses. The researcher also employed conversational norms and this helped to create a relaxed atmosphere that resembled a casual conversation which fosters empathy and trust , and encourages the discussion of feelings and emotions (Anastassiou,2017). Additionally, the researcher followed the participants' comments and requested further explanations to enrich and clarify their viewpoints. This method was justified because it enabled the researcher to collect comprehensive, high quality information about the participants and also allowed the path of inquiry to better identify and reflect audience meaning and experience (Rutledge and Hogg,2020).



### **3.7.2 Key informant interviews**

Key informant interviews are a qualitative research method where researchers conduct interviews with knowledgeable individuals who provide valuable insights on a specific topic (Kumar, 2019). Key informant interviews were conducted with social workers from the DSD and a CCW. The researcher used semi-structured interviews with key informants from the this organisation. In conducting the interviews the researcher followed the provided guidelines when asking questions but was free to explore further topics if additional information was required (Taherdoost, 2021). The researcher tailored interview questions through careful preparation for each participant allowing the conversation to concentrate on the experts' unique insights regarding the subject matter as emphasized by (Braune and Clarke, 2022) in this case, the experiences of children under the care of persons with disabilities. Their insights helped to identify the support systems available to these children and the effectiveness of programs that had been implemented to cater for their needs. The researcher had a prior appointment with the informants to create rapport. Having to interview that key informants allowed the researcher to gather clear, reliable, comparable qualitative data from the participants without bias.

### **3.7.3 Data collection tools**

Data collection tools are essential instruments which are used in research that allows one to collect and store data from various sources. In-depth interview guides and key informant interview guides were used to facilitate effective data gathering during key informant interviews and in-depth interviews. This helped in gaining insights into the experiences of children under the care of persons with disabilities working on the streets of Harare.

### **3.7.4 In-depth interview guides**

According to Bird (2016) an interview guide is a compilation of the main topics you intend to discuss during the interview along with the key questions you aim to address for each topic. In-depth interview guides are structured or semi-structured questionnaires used to conduct detailed, exploratory interviews so as to acquire detailed, rich data in relation to participants' experiences and perceptions on the topic under study. The researcher utilized in-depth interview guides for children who were under

the care of persons with disabilities as well as their parents. According to (Braune and Clarke,2022) in-depth interviews require greater preparation and resource allocation because of their more demanding nature. There was also a need to prepare the interview guides such that the researcher organized her line of thinking. The in-depth interview guides were designed around key themes such as the nature of care that they were provided with, the care-related challenges being faced by children under the care of persons with disabilities working on the streets and also the intervention strategies that can be instituted to enhance proper care for these children. The questions were open-ended. The researcher brought a fresh copy of the guides to keep track of the questions as they were covered. They helped in pacing during the interview (Bird,2016). Some questions got answered naturally during interviews so using the guide helped not to revisit those questions later. By addressing these questions the research provided a comprehensive understanding of the unique dynamics at play in this context ultimately informing policy recommendations and support initiatives.

### **3.7.5 Key informant interview guides**

A key interview guide is a comprehensive framework designed for conducting in-depth or individual interviews with knowledgeable stakeholders who possess specific expertise related to the research subject (Kumar,2019). Semi-structured interview guides were used by the researcher to facilitate semi-structured interviews with social workers from DSD and a CCW. The researcher clarified the purpose of the interview, explained the structure and what participants could expect. The guide also included introductory questions to establish rapport followed by targeted inquiries about the nature of care provided by parents with disabilities to their children, the care-related challenges faced by children under the care of persons with disabilities working on the streets of Harare and the strategies that can be instituted to enhance proper care for children with parents with disabilities working on the streets. The researcher used this tool because it allowed for a balance between guided questioning and spontaneous discussion. These guides provided a framework for the interview while allowing flexibility for exploration that is to ask supplementary questions. This flexibility enabled interviewers to explore unexpected topics that may have been raised which then led to richer, more nuanced data.

### **3.8 Research procedure**

Research procedure refers to the methodological order of practical steps undertaken to implement the research design and gather empirical data (Kumar, 2019). The procedure followed these key steps which include securing formal approvals, recruiting participants, implementing ethical safeguards, conducting context-specific data collection and managing recorded data. Firstly, data collection started after receiving a formal approval from the University and permission obtained from the Ministry of Public Service, Labour and Social Welfare office. Purposive sampling was then employed to select participants including both children under the care of persons with disabilities and their parents through naturalistic observations conducted on the streets of Harare. Social workers were accessed through prior appointments at their offices while a CCW who was knowledgeable on the issues of street children with parents with disabilities was identified by social workers. Ethical protocols included obtaining informed consent from the participants both children and parents and participation was voluntary. In-depth interviews were conducted with both the children and their parents. These interviews occurred in street corner settings within the town. Concurrently key informant interviews were held with the social workers and the CCW in their respective office settings at DSD Makombe. Interviews with children were conducted directly by the researcher one-on-one. All interviews were recorded with permission obtained beforehand and data were anonymized for confidentiality. This procedure was justified as it ensured ethical access to vulnerable populations through formal permissions and informed consent, captured authentic lived experiences by conducting child and parent interviews within their natural street contexts and utilized methodologically appropriate tools which are in-depth interview guides and key informant guides so as to get information on the experiences of the children. The researcher maintained data integrity through systematic recording with participant approval, thereby supporting the goals of the interpretive phenomenological design (Badil et al., 2023).

### **3.9 Trustworthiness of the research**

Trustworthiness of a study refers to the degree of confidence in data, interpretation and methods used to ensure the quality of a study (Haq, Rasheed, Rashid, & Akhter, 2023). It also refers to the confidence in the data that has been gathered, methods and

interpretations. The criteria to ensure the trustworthiness of the study's findings has four elements which are credibility, transferability, dependability and confirmability.

### **3.9.1 Credibility**

Credibility in qualitative research pertains to the authenticity and consistency of the information and data collected. It is equivalent to the internal validity as it assesses how well the research aligns with the actual conditions in the environment. Researchers develop credibility by engaging over extended periods, observing persistently and using triangulation (Dogson, 2019). Gunawan (2015) states that the utilization of triangulation, which involves the integration of many data sources or approaches, helps to validate findings, enhancing their credibility. To ensure credibility, the researcher dedicated more time in the field, engaging with the participants, persistent observations were done, and also studying their activities to acquire comprehensive knowledge. The researcher had an open-minded attitude and engaged in consistent reflection on herself to overcome personal bias. Moreover, the researcher ensured that the study was driven by ethical considerations and was conducted in a professional manner.

### **3.9.2 Transferability**

Transferability refers to how well research findings can be applied to different contexts or situations (Haq, Rasheed, Rashid, Akhter, 2023). The researcher provided a clear picture of the study's context, participants, data collection and methods to enhance the potential for transferability. This enabled other researchers to evaluate similarities of their own context and the study hence allowing for judging the applicability and relevance of findings to their own settings or situations. By emphasizing transferability the researcher provided a richer understanding of how specific contexts influence results, which could inform future studies.

### **3.9.3 Dependability**

According to Polit and Beck (2017), dependability refers to the consistency of data across similar contexts. This means that if results of one study can be reproduced in a comparable population, situation, or environment, those results can be considered dependable (Guy-Evans and McLeod, 2024). To ensure the dependability of the study,

the researcher ensured that the process was thoroughly detailed to enable other researchers who wished to conduct a similar study to replicate it. This was done by utilizing a prototype model and providing detailed descriptions, which assisted the readers in evaluating and comprehending the research methods and findings in relation to the process, as emphasized by (Haq et al., 2023).

#### **3.9.4 Confirmability**

Confirmability pertains to the impartiality and objectivity of the findings guaranteeing that they remained unaffected by any biases or preferences of the researchers (Haq et al., 2023). Peer debriefing, member checking and reflexive journaling were some of the approaches that were utilized by the researcher to improve the confirmability of findings. The impartiality of the researcher allowed for results to be derived objectively from the participants' responses. The researcher clarified the concept of confirmability regarding the conclusions, interpretations and results by demonstrating that these were directly based on the data collected (Ghafouri and Ofoghi, 2016). This enabled the researcher to validate that the research findings accurately reflected the participants' perspectives and experiences rather than the researcher's interpretations.

#### **3.10 Ethical considerations**

Ethical considerations are a set of principles or morals which are used when conducting a research (National Institutes of Health, 2016). Research ethics play a pivotal role in ensuring the well-being and rights of participants. According to Erazo (2021), research ethics and integrity are intertwined emphasizing the researcher's responsibility for ethical data collection and reporting. De Wet (2021) counters the misconception that social science research is harmless and highlights the complex ethical dilemmas. This study prioritized some of the ethical considerations which included confidentiality, informed consent, permission and respectful treatment. Transparency when communicating the risks and benefits of the study was done.

### **3.10.1 Confidentiality**

Confidentiality refers to the idea that a person's information will be kept private unless the person has given permission to disclose it (Bryman, 2016). The researcher ensured that no material was published regarding the identity of the participants to guarantee their safety. The researcher upheld the principle of confidentiality by making sure that only approved researchers were able to access the information regarding this study. This was done by making use of pseudonyms, data encryption and removing identifying information.

### **3.10.2 Informed consent**

Informed consent involves giving participants comprehensive information about the study such as its objectives, what their involvement entailed, potential risks and benefits, any reimbursements they received, how the results were communicated to them and the publication details of the research findings (Ackerly and True, 2020). The researcher explained the purpose, risks and benefits behind the study prior to the study. According to Akaranga and Makau (2016) informed consent is granted when an individual voluntarily and intentionally agrees to participate after being thoroughly informed of the potential risks and benefits. The participants were free to withdraw from the research at any time. The researcher created rapport with the participants to ensure that they gave detailed data concerning the study.

### **3.10.3 Permission**

Obtaining explicit permission from the participants was a crucial ethical consideration to ensure that they fully understood what their involvement entailed and affirmed their willingness to participate. Participation in the research was a voluntary decision by the participant (Polit & Beck, 2024). The researcher did not apply pressure, deception or coercion to compel participants to join the study. The researcher informed the participants that they could withdraw at any time. Prioritizing permission in the research process underscored the commitment to ethical standards and the protection of participants' rights.

### **3.10.3 Respect**

According to Emanuel et al.(2020) to respect means to regard someone as deserving of admiration, to avoid imposing or interfering and to show concern for their well-being. Both children and their parents were treated with respect and the highest level of trust. All participants were treated equally and their contributions during the study were given full consideration. According to Bera (2018) participants must be allowed to express themselves freely, without obstruction, interference or fear. Participants were treated justly, sensitively and with dignity in this research to encourage open communication and promote inclusivity.

### **3.11 Data analysis**

Data analysis refers to the systematic organization, interpretation and synthesis of collected data to derive meaningful insights relevant to research objectives (Braun and Clarke,2022). The researcher utilized the interpretive phenomenological analysis. IPA is a qualitative methodology which focus on examining how individuals make sense of their personal lived experiences (Smith et al., 2022).It should be noted that data collection involved open-ended interviews which were audio-recorded and verbatim transcribed to ensure textual accuracy and preserve linguistic nuances (Braun & Clarke, 2022). The analysis followed IPA's structured six-stage framework (Smith et al., 2022) which are immersive engagement, initial noting, theme development, pattern identification, theme refinement and interpretive thesis. The researcher achieved immersive engagement through reading the transcripts repeatedly alongside audio recordings to absorb participants' stories. Initial noting involved line by line critical analysis of each transcript, noting linguistic features such as metaphors and repetitions, conceptual observations and researcher thoughts while consciously applying bracketing to avoid biases (Tuffour, 2017). Step number three was theme development. Emergent themes arose from distilling notes into brief expressions reflecting lived realities and grouping consistent trends within each story. Furthermore, comparisons among cases revealed overlaps and distinctions among participants utilizing thematic charts. During the fifth phase, overarching concepts were developed via repeated adjustments to embody shared encounters, yet honoring distinct personal nuances. Finally an interpretative narrative integrated theme clusters with vivid extracts contextualized within broader literature (Eatough and Smith, 2017). IPA was selected for its unique

capacity to generate phenomenological depth through idiographic exploration of lived experiences which enabled nuanced understanding of how children and caregivers interpret care challenges within disability contexts while bracketing researcher assumptions (Smith et al., 2022; Tuffour, 2017).

### **3.12 Limitations**

According to Creswell and Creswell (2023,p.221) limitations refer to flaws in design, data, or analysis that restrict confidence in inferences. They are potential weaknesses or constraints that may affect the validity, generalizability or interpretation of research findings . This study on the experiences of children under the care of persons with disabilities working on the streets of Harare had several limitations. Firstly, the participants were hesitant to participate due to fear of stigma or being involved in something political. More so some children were failed to verbally articulate what they were encountering especially those below the age of 10. Additionally the study focused solely on Harare CBD which limited the generalizability of findings to other urban or rural settings in Zimbabwe. These limitations were considered due to practical constraints, ethical concerns and the sensitive nature of the research topic. Despite these challenges the study provided valuable qualitative insights into an under-explored area which highlighted the lived realities of vulnerable children and informing policy interventions. The researcher tried to explain the ethics to the participants and was also patient with them as they were responding. She also used Shona language to those who could not understand English. This helped to get deeper understanding of the experiences of children under the care of persons with disabilities working on the streets of Harare CBD.

### **3.13 Chapter summary**

This chapter outlined the research approach, design, target population, sampling methods, inclusion and exclusion criteria, data collection techniques and tools, data analysis and ethical considerations. It also highlighted the study's relevance and the researcher's adherence to ethical standards during the research process.



## CHAPTER 4: DATA PRESENTATION AND ANALYSIS

### 4.0 Introduction

This chapter contains data presentation and analysis gathered from interviews with children under the care of persons with disabilities, their parents and the key informants. The purpose was to comprehend the experiences of children under the care of persons with disabilities working on the streets of Harare. The findings from this study were presented and analyzed to address the project's objectives which were to analyze the nature of care given to children of persons with disabilities working on the streets of Harare, to examine the care-related challenges faced by children working on the streets of Harare and to proffer intervention strategies to enhance proper care for children with parents with disabilities working on the streets.

### 4.1 Demographic information

#### 4.1.1 Table 1 : Children under the care of persons with disabilities

Participant name	Age	Sex	Level of Education
Participant 1	7	M	Grade 2
Participant 2	9	F	Grade 2
Participant 3	11	M	Grade 6
Participant 4	13	F	Dropout
Participant 5	14	F	Form 1
Participant 6	14	M	Form 2
Participant 7	16	F	Form 3
Participant 8	17	F	Dropout

#### 4.1.2 Table 2 : Parents with disabilities

Name	Sex	Age	Type of disability	Employment
Parent 1	F	37	Physical disability	Self-employed

Parent 2	M	42	Visual impairment	Unemployed
Parent 3	F	43	Multiple disabilities	Unemployed
Parent 4	F	55	Visual impairment	Unemployed

#### **4.1.3 Table : Key informants**

<b>Name</b>	<b>Sex</b>	<b>Designation</b>	<b>Affiliation</b>	<b>Experience(years)</b>
KI 1	M	Social Worker	DSD	2
KI 2	F	Social Worker	DSD	5
KI 3	F	CCW	DSD	3

The tables above show the demographic information used to analyse the experiences of children under the care of persons with disabilities working on the streets of Harare. In-depth interviews were conducted with eight children from the age of 7 to 17 and four caregivers from the age of 35 to 55 using purposive sampling. Among the caregivers who participated in this study, two had visual impairments, one had a physical disability and the last one had multiple disabilities. This diversity in disability types among caregivers provided insights into how varying support needs may intersect with street based livelihoods. Semi structured interviews were conducted with three informants. Two are social workers from the Department of Social Development and the other one is a community childcare worker (CCW). This helped to gather information from professionals' perspectives.

#### **4.2 The nature of care provided to children of parents with disabilities working on the streets of Harare Central Business District.**

The objective analyzes the nature of care provided to children by parents with disabilities working on the streets of Harare CBD. Care-giving in this context encompasses response s to the physiological, emotional and social needs of children shaped by the challenges of parental disabilities. These include the basic daily tasks such as feeding, bathing and dressing and also the complex responsibilities such as providing meals, managing risks in the streets just to mention but a few. Parents with

disabilities may face emotional, physical and social challenges that usually limit their ability to properly take care of their children unlike those without disabilities. There is description of how parents with disabilities manage care-giving and street work with adaptive care strategies. Similar to a study by Abdallar (2017) some parents have adopted certain help strategies so that they could meet their children's needs. The research showed the intersection of disability and care-giving and how care is redefined by survival priorities and systematic gaps emphasizing resilience in navigating the hardships

#### **4.2.1 Adaptative daily care strategies**

From this study the researcher found out that parents with disabilities employ various strategies to meet their children's physical care needs. They have got certain ways of adjusting and coping up with their situations so that they can be able to provide adequate physical care needs to their children despite having complexities. Persons with visual disabilities reported that they memorize every corner of their homes and environments. They can actually prepare meals, clean, bath their children alone. Those with physical and multiple disabilities reported that they can crawl to get things and also make use of their wheelchairs in for them to get where they want to be in order to perform daily tasks for their children such as cooking, dressing, bathing and cleaning. The children noted that their parents try by all means to do everything for them. A community care worker added that these parents love their children unconditionally to an extend that they do whatever it takes to ensure that the children are well taken of despite the challenges they face. Some of the participants had this to say:

*“My mother used to dress me while sitting on a wheelchair as she cannot walk nor stand on her own. We use fire for cooking so she sits down so that she can be able to prepare meals for us. I help my mother to reach out for things she cannot get by herself for example things that are on the top of the cupboard. I also assist her to push the wheelchair or she does that by herself when I am not around.” (Participant 2)*

A mother with visual impairment said  
*I may not see but I have learnt how to see with my hands and memory. I take care of my grandchildren by mastering every inch of our home. I can do all the house chores*

*simply because I know where I can get anything. If I cannot reach what I want, I get assistance from the girls. (Parent 4)*

A key informant noted that

*“I have worked with many families and what strikes me is how these parents despite their disabilities pour every ounce of their strength into caring for their children. They navigate inaccessible and chaotic roads, working long hours in the sun and even face stigma yet their love never wanes. They bathe their children and go hungry to ensure that their children do not.” (KI 3)*

This study reveals that care-giving practices of parents with disabilities working on the streets shows a complex interplay of resilience and structural inequalities. These parents employ adaptive strategies such as crawling, using wheelchairs and engaging children in shared labour to perform the daily tasks like cooking and cleaning. Such things align with the strength-based perspectives which emphasize marginalized populations' agency in overcoming hardships (Beres, 2021). This also aligns with a study by Al-Shammari (2024) which found that PWDs employ adaptive strategies to fulfil care-giving demands of child rearing. However, these adaptations also stress the systematic failures such as inaccessible infrastructure, economic exclusion and inadequate social protections which then force parents to rely on methods which violate their children's rights to education, play and protection as stated in articles 31 and 32 of the UNCRC as the children are directly involved in street life and child labour. It should be noted that lack of social protection for these families results in cycles of inter-generational poverty.

#### **4.2.2 Emotional support**

The study revealed that parents with disabilities also support their children emotionally. However, this has often been overlooked as they also face difficulties which affect them in taking care of their children's emotional needs properly. These parents emphasize on open communication to ensure that their children felt comfortable to discuss their feelings. Many participants described using affirmations and praise to build their children's self-esteem with one parent mentioning that they read the bible to encourage their children. The children reported they get emotionally supported by their parents as

they see them going lengths for them despite their circumstances. A social worker from the Department of Social Development also added that parents with disabilities take care of their children's needs by using verbal assurance, patience and empathy to navigate the challenges they face. Participants stressed that emotional bonds rather than physical care-giving abilities formed the foundation of their relationships ensuring that the children felt loved, secure and valued. A child had this to say:

*“My mother tells me that she loves me so much. She shows how much she loves by providing for me despite the fact that she has got a disability. She encourages me to work hard. She also worries about me when I am not around her and also tells me not be get involved with boys or drugs.” (Participant 5 )*

A parent with a physical disability noted:

*“I make sure that I encourage my son to talk openly with me so that I get to know what he is going through with. I also also remind him he is the one who gives me the strength to carry on. When he struggles I always encourage him using Bible verses and remind him God will carry them through“.( Parent 3)*

A social worker from DSD added:

*Disability related depression affects care-giving. However many parents with disabilities show deep affection through consistent routines and verbal reassurance. We lack mental health services for these parents (KI 2)*

The findings show a critical role of emotional support and relational bonds in the care provided by PWDs to their children. The findings reveal that the way parents with disabilities care for their children emotionally shows both strengths and challenges. These parents make use of positive methods like encouraging words and actions to prove their love for them. This shows that effective parenting and child well-being are multifaceted as it relies on emotional availability and consistent presence strengths which are demonstrated by these parents (Powell et al.,2017). The use of reading the Bible and verbal encouragement highlights parents' resourcefulness and cultural competence in utilizing available tools to nurture their children's self esteem and resilience. These practices match child-centred approach which stresses listening to the children's needs. These findings align with those of Green et al. (2022) that PWDs

provide emotional support to their children through presence, dedication, resilience, creativity and unconditional love. The findings show a complex picture of care. This emotional care is a critical component of nurturing a child's development and it fulfills fundamental rights outlined the UNCRC. It should be noted that the children's recognition of their parents' efforts validates the parents' emotional commitment. While parents demonstrate remarkable emotional strength the significant difficulties they face create barriers to consistently meeting their children's emotional needs properly as noted in the findings (Jones and Harrington,2020). This stresses the critical point by Zeliha and Gokcearslan (2024) that successful parenting exists under various circumstances but also emphasizes that societal structures often fail these families.

#### **4.2.3 Provision of basic needs**

The study revealed that parents with disabilities face difficulties in providing the basic needs of their children that is, food, clothes and shelter. However they employ creative strategies to cope. Children reported that their parents vend in the streets of Harare so that they can be able to provide for them. Some said that they help they parents to beg in the streets and also in the buses for those with visual impairments. Parents described how they sell small items in the streets while they are sitting on their wheelchairs. Their children help them to sell as the streets are very busy. Despite these efforts there is still severe food insecurity in these households as street vending earnings are very low which makes it so difficult to have three decent meals per day. As for shelter, some of the participants said that they rent in nearby areas which makes it easy to come back in town everyday. However rentals are a challenge, a parent reported how their things are thrown away whenever they fail to pay rent. A social worker noted that these families mostly depend on begging for clothing, sometimes they get cheap clothing from the bales (bhero). However it is a big challenge to get blankets. The participants noted that:

*“Everyday I help my grandmother to beg in the streets, sometimes in the buses. She sings church songs as she plays hosho. People give us money and some help us with clothes. Sometimes when no help has been given I take her home and we sleep without eating. Other days we manage porridge for supper” (Participant 3).*

Another participant had this to say;

*“My mother has got physical disabilities so she uses a wheelchair. I assist her by wheeling her to our spot where we set our table to sell small items such as wallets, nail cutters, towels, hair products, combs and similar goods. I also help her with hoarding as I’m the one who locate places where we can purchase the items with affordable prices. The money we get from selling is what we then use for food, clothing and rent”*  
(Participant 8)

A parent noted that:

*I beg on the streets with my two children just to survive. But shelter remains a struggle when we cannot pay rent our landlord throws our belongings outside. All I want now is to return to Mozambique where we once had a home* (Parent 1)

A social worker had this to say:

*We have seen parents with disabilities go incredible lengths to provide for their children. Many rely on second hand markets or donations for clothing, patching torn shirts, altering oversized clothes. But while their resourcefulness is inspiring, it is a survival tactic not a solution. The fact that they need to depend on handouts shows that systems fail them. These families deserve dignified support not just charity.* (KI 2)

The findings reveal how structural inequalities force parents with disabilities into high risk survival strategies such street vending and begging to meet basic needs. While these practices show the resilience of these families they also highlight violations of the children’s rights to protection (UNCRC 1989, Article 19) and education (Article 28) as child labour hinders them from going to school and exposes them to exploitation. Parents’ reliance on street begging and informal networks also emerge from systemic failures such as high rates of unemployment, lack of social protection systems and stigmatizing policies (Choruma, 2017). The systemic exclusion highlighted by Agunyai and Ojokorotu (2021) manifests as severe food and housing insecurity which exposes children to trauma and also normalizes violating children’s rights. The findings align with Mji et al.’s (2022) study which states that inadequate support and harmful coping mechanisms perpetuates poverty in these households. In line with the child-centred approach, children’s development should to be prioritized however the findings indicate a greater focus on immediate survival over developmental needs. The

narratives reflect compromised childhoods. Thus parents' or children's resilience cannot compensate for systemic abandonment.

#### **4.2.4 Collaborative care networks**

The study showed how parents with disabilities make use of collaborative care networks in managing care-giving responsibilities. A child noted that her educational needs which are inclusive of fees, stationery and uniforms are catered for by a well wisher. This actually lessened the burden for her mother as she now only focuses on providing food and other necessities. A parent said that they get help from the church to ensure that their children receive the best care. The church members would visit her and provide her with groceries, do house chores and also give them clothes and perform other care-giving roles. She has also made friends who also help her for example to attend school meetings on her behalf. A community care worker emphasized that collaborative care networks play a crucial role in supporting parents with disabilities which enables them to meet their children's needs effectively. These networks help to bridge gaps in care by providing practical assistance however they are not always reliable hence there is need for social protection programs which are very effective in addressing the needs of these vulnerable groups. A child noted that

*"My mother used to struggle to pay my school fees and buy my uniforms, but now a well wisher covers these costs. She even buys my books and pens so I do not miss anything for school. This helps my mom a lot because she only has to worry about food and other things at home." (Participant 2)*

Another participant had this to say:

*"The church has been a blessing to me. People from my church provide groceries, clothes and even help me with house chores. I have also made a few friends there who help with me tasks such as helping my child with her homework and attend school meetings on my behalf Their support has made me feel less alone in this journey."( Parent 1)*

A community care worker added that:



*"Collaborative care networks are absolutely essential in helping parents with disabilities meet their children's needs. However these networks are not always guaranteed as they depend on the availability and willingness of volunteers. That is why it is critical to address social protection programs to ensure these families have consistent and sustainable support."(KI 2)*

The findings show the strength-based approach where parents with disabilities leverage collaborative care networks such as churches, NGOs and community members to overcome care-giving barriers. The child's experiences show how informal support like a well-wisher funding education costs alleviates immediate financial pressures which enables the parent to focus on other essentials like food. This aligns with child-centred principle of safeguarding developmental needs (Hattie and Larsen,2020). However relying on charity reflects systemic inequities as education is a child's right which should be accessible under the UNCRC (Article 28). Globally marginalized families depend on charity due to state neglect (WHO, 2022). Similarly, the parent's dependence on church networks for groceries, clothing and homework assistance stresses systemic failures to uphold economic and social rights (UNCRC Article 26; UNCRPD Article 28). While community support temporarily fulfills these rights, its inconsistency support risks disrupting children's long term stability. This echoes literature (Chihya et al.,2025) emphasizing the need for sustainable, rights based policies to ensure children's holistic well-being. The community care worker's critique of unstable networks highlights the need for structural interventions which support the right to dignified, reliable support as stated by the UNCRPD (Article 28). Formal social protection programs are critical to uphold rights and hold systems accountable.

#### **4.2.5 Child safeguarding**

The study found that parents with disabilities usually use practical and community-based methods to ensure that their children are safe. A boy shared that his mother who has got a physical disability uses frequent verbal check-ins by calling his name every few minutes to confirm his location. That way he is kept from going far away. Another child also mentioned that a curfew to return home was set for her so that she comes home early. A parent explained how she reinforces rules such as not to follow strangers and also to learn how to cross the busy roads. Social workers observed that some parents

with visual disabilities tie their children who are still crawling to fixed objects like poles near their spots to prevent them from wandering into dangerous areas such as busy roads however when they grow up they rely heavily on trusted neighbors or relatives to monitor their children's behavior and whereabouts. She added that while these strategies reflect parents' dedication to safety, they also highlight systemic gaps in accessible childcare support. A child said:

*“My mother has got physical disabilities so she calls my name every few minutes when I play outside. If I don't answer, she shouts louder until I run back. She says if i go past the shop she may not be to protect me hence i need to stay somewhere closer to our home (Participant 1)*

Another participant said:

*“I must be home before sunset ,no excuses. Sometime back i was almost beaten for coming late. Now I hurry home even if my friends tease me.” (Participant 4)*

A parent noted that:

*“I taught my son to never follow strangers. I also taught him how to cross the busy roads on the streets of Harare by looking at both sides of the road before crossing. (Parent 2)*

A social worker added:

*“Some parents with visual disabilities tie their crawling children to poles or near their spots as they beg to stop them from wandering into danger like roads .When those children grow older the same parents rely entirely on neighbors or relatives to watch them because there's no formal support. These practices show that our systems have failed them. We need accessible childcare programs not desperation driven strategies.” (KI 2)*

The adaptive strategies used by parents with disabilities to ensure that their children are safe such as verbal check-ins, curfews and relying on the community reflect a child-centred approach that prioritizes protection. However these practices also highlight systemic failures to uphold children's rights to safety and development (UNCRC

Articles 19, 28). For example tying crawling children to poles or relying on neighbors for supervision highlights the absence of formal childcare support. These findings align with Mezmur's study which found out that marginalized families in Africa make use of communal networks to compensate for institutional neglect (Mezmur, 2020). Similarly the reliance on neighbors aligns with Mupambeyi and Machingura's (2018) analysis of Zimbabwean kinship networks as survival tools. The parent's emphasis on road safety training and to avoid strangers relates with Powell et al's (2020) findings on how parents navigate care-giving in resource limited settings which demonstrates their dedication despite structural barriers. Social workers must advocate for structural reforms that replace risky coping mechanisms with rights-based kind of protections. By prioritizing child-centred protection such as accessible education (Hattie and Larsen, 2020) and rights-based policies stakeholders can align practice with the UNCRC's mandate to uphold every child's right to safety and dignity.

#### **4.3 The care related challenges faced by children under the care of persons with disabilities working on the streets of Harare.**

The second objective of the study was to examine the care-related challenges which are faced by children under the care of persons with disabilities working on the streets of Harare Central Business District. The study revealed that children under the care of parents with disabilities face quite a number of challenges due to their parents' circumstances. Care-giving provided by persons with disabilities is filled with complexities unlike that of persons without disabilities. Care-related challenges in this context refer to the systematic, socioeconomic and sociocultural barriers that hinder the caregivers with disabilities to provide adequate physical, emotional and developmental needs of their children. These challenges encompass both activities of daily living (ADLs) such as cooking and feeding and instrumental activities of daily living (IADLs) such as income generation, healthcare access and education provision. It is noteworthy that challenges stem from societal inequalities, poverty and stigma which result in parents failing to fully take care of their children instead they focus on survival. Participants in the study were asked to describe the care related challenges faced by these children and the following themes emerged:

#### 4.3.1 Safety and exploitation risks

Children under the care of persons with disabilities are vulnerable to exploitation and face significant safety risks. This is because of the harsh street environments they are always in and also because of their parents' physical or sensory limitations which leave them unprotected. A child reported how he was once bullied by other street children and was forced to give them his hat he had got from begging. When his mother asked him he lied that he had lost it. Another child said that men propose to her and offer to help her family which is living in extreme poverty. A parent added how she almost lost her son due to an accident as she could not monitor his whereabouts because she is blind. A social worker noted that children under the care of persons with disabilities often adopt high risk behaviors such as drug and substance abuse and early indulging in sexual activities. This is because of their exposure to street influences and their parents' challenges in monitoring them. Sometimes the children run off making it even harder for the parents to keep them safe. A participant noted that:

*"Sometime last month I was bullied by street kids. They demanded that I give them a hat my mother had got from begging and I gave them due to fear of being beaten every time I see them. When my mother asked about it I lied that I lost it."* (Participant 6)

A parent added,

*"I almost lost my son due to an accident as I could not monitor his whereabouts because I am blind."* (Participant 3)

A social worker noted that

*"I note that children under the care of persons with disabilities often adopt high risk behaviors such as drug and substance abuse and early indulging in sexual activities. This is because of their exposure to street influences and their parents' challenges in monitoring them. Sometimes the children run off making it even harder for the parents to keep them safe."* (KI 2).

The experiences of children under the care of persons with disabilities in Harare reveal how systemic neglect forces families into impossible choices in this instance children are getting involved in child labour so that they could help their families yet they are supposed to be at school. The parents also allow the children into working in the streets due to desperation and helplessness. The children's accounts show their resilience to survive and also failure of the system to protect these children's rights for example the right to protection and education (UNCRC). According to Treanor (2016) parental financial instability disrupts child well-being. Additionally, the community worker's observation of high-risk behaviors that children engage in mirrors Agunyai and Ojajorotu's (2021) study of street connected children's exposure to exploitation. From the narratives, it shows that children are being deprived of their rights to protection and development according to the UNCRC. To break this cycle, policymakers must address root causes that is expand social protections, enforce child labor laws and create safe community spaces for youth. There is need for urgent structural reforms.

#### **4.3.2 Health access and well-being**

Children under the care of persons with disabilities working on the streets of Harare face significant challenges in accessing health care services compared to those with parents who are able bodied. These challenges are linked to socioeconomic constraints as families living in poverty struggle to afford medical expenses. One child said when she get sick with the flu her mother uses homemade remedies like lemons and guava leaves to help them feel better because she cannot afford to pay for medicine. Another participant noted that her child once got sick she did not have money to pay for the hospital bills so she just kept her at home until she got some money from her small business and also borrowed some from our neighbour who bought medication for her. Additionally a social worker explained that parents with disabilities struggle more to care for their children's health. They said children in these families are more likely to get sick or hurt and not get proper treatment. She once saw a mother who had visual impairments carrying a sick child with flu symptoms. The child needed warmth but the mother had to stay on the streets to beg for money. Participants had this to say:

*“Sometimes I get sick because of the flu. My mother cannot buy me medication because we are poor so when I am sick all she can do is prepare concoctions like lemons and guava tree leaves until I heal.” (Participant 4)*

A parent added:

*“My child once got sick but I did not have money for hospital bills. I kept her at home until I earned some cash from my small business. I even borrowed money from my neighbour to buy her medication.” (Parent 3).*

A social worker noted:

*“Children under parents with disabilities are at a disadvantage of suffering from injuries and illnesses. Their parents cannot afford the medical expenses due to financial constraints so they would rather wait until the sickness worsens. I once saw a visually impaired mother begging on the streets with her child who had flu symptoms. The child needed warmth but the mother could not provide it in their situation.” (KI 1)*

The accounts highlight the challenges faced by children under the care of parents with disabilities in accessing healthcare. The child’s statement reflects a lack of medical care due to poverty which then forces them to rely on home remedies. Moreover, the parent’s response shows financial struggles in these households which delays treatment. The social worker’s observation emphasizes systemic neglect where disabilities and poverty intersect worsening health outcomes. These narratives reveal themes of economic hardship, inadequate healthcare access, and the emotional toll on both parents and children. The experiences described align with the literature on challenges faced by parents with disabilities. The Rights-Based Approach (UNCRC, 1989) emphasizes children’s right to health yet financial barriers can not allow hence violating children’s right to good health. The findings align with those of Emerson et al. (2016) who found out that parents who work on the streets face economic instability as their disabilities limit their potential to secure better paying jobs and earn more money resulting in limited financial resources for healthcare expenses. The accounts underscore the need for policies that address poverty and disability together ensuring healthcare access aligns with human rights frameworks.

### 4.3.3 Access to education

The findings shows that children under the care of persons with disabilities working on the streets of Harare CBD face difficulties in having access to education. This is because of the financial constrains in their households, systematic issues and also because the parents need the help of the children for them to navigate the streets of Harare. A child with a parent with visual impairments revealed that she frequently misses school so that she could assist her mother with house chores and also to guide her in the streets. Parents with disabilities reported that they need their children to attend school however due to financial constraints they start to prioritize immediate survival needs which is street vending over educational needs because that is where they get their food from and besides they get low income from vending which is not enough for them to pay for school uniforms, stationery and also pay for school fees. Social workers highlighted that it is the systematic failures which are causing lack of access to education to children under the care of persons with disabilities. The programs which are being implemented for these children are not very effective or rather they benefit only few children. She mentioned that BEAM program that has been going on is lacking in terms of funding hence the children continue to be sent home as their parents fail to pay for their school fees and education materials. The participants had this to say:

*I always miss school so that i can help my mother as she cannot see which makes it very difficult for her to walk alone in the streets of Harare. Sometimes I'm tasked with washing clothes and watching over my little brother so i end up missing it. If I do not help her noone else will as we are all on our own. Sometimes if she is not feeling well i have to go by myself to town to beg. (Participant 5)*

Another child added:

*" I have never been able to go to school since we moved to Zimbabwe. My mother has multiple disabilities and she cannot work to pay for my school fees. We survive by begging but the money we get is never enough to cover our basic needs let alone my education so that's the reason why i am always with my mother begging in the streets." (Participant 4)*

A parent mentioned that

*" My son is often sent home from school because I cannot pay his school fees on time . Finances are always a struggle. I earn very little money from selling small items such as towels, nail cutters and hair products. Some days i return home with just a \$1. There have been so many times he denied his report book as they are only given to those who would have paid their fees in full. (Parent 3)*

A social worker noted:

*Children under the care of parents with disabilities continue to fail to have access to education because of the the systems in our country which have proved to be insufficient in addressing their educational needs. Programs like BEAM have got limited funding thereby covers fees only excluding other educational materials like uniforms and stationery. BEAM is limited to children in government schools and only benefits a small number of children due to the selection criteria in schools. (KI 2)*

The lived experiences of children under the care of parents with disabilities in Harare show that it is so much difficult to get educated if you're a child under a parent with a disability as these children often partake of care-giving roles at a young age. The narrations by the children such as missing school to guide visually impaired parents or engage in street vending reveal extreme poverty in these households. Parents' accounts of prioritizing immediate needs such as food and shelter over schooling reflect desperation though necessary it violates the children's rights to education. The BEAM program's inability to pay fees for these families present a systematic failure. These findings align with a study by Mitra et al. (2017) which state that when families face both poverty and disability they struggle to afford basics like school uniforms, books, or transport. This connects to Treanor's (2016) findings: money problems push children into work instead of school, disrupting their education. Children are deprived of their rights to education as stated in the UNCRC mandates. Holanda et al. (2016) show that families get little help from the government, so they turn to begging or street work, making exclusion worse.

#### **4.3.4 Financial strain**

The researcher found out that in families with parents with disabilities face financial strains. This is because of barriers that surround them such as unemployment and



discrimination. Financial instability in these households deprive children access to proper education, clothing, nutritious food and limits future employment opportunities as they grow old which perpetuates cycles of inter-generational poverty . A child described how he gets stressed when they do not have money to pay for basic needs such as food, clothes, fees just to mention a few. Another one noted that they rarely get something like just \$10 in their homes as they live from hand to mouth. There is never extra money in their homes as they just use the money for basics for them to survive. A community care worker reported that financial issues in these homes lead to teen girls to enter into risky relationships to escape household poverty or engage in informal labour such as washing for people in the communities so that they could their parents. A participant had this to say,

*“Sometimes we cannot afford nutritious food, proper clothing and essential healthcare services. I really get worried when we return from town without a single dollar because i know we will sleeping on empty stomachs .” (Participant 6)*

Another child added that:

*“In our home we are lucky to get even \$10 . All the money goes straight to basics such mealie meal, vegetables, soap etc. There’s never extra money. We survive day by day but it’s never enough.” (Participant 8)*

A community worker added that:

*“I observed that children enter into risky relationships so that they could escape poverty. They envy peers who have access to adequate meals and clothing which their parents fail to provide for them due to poverty. Another girl once approached me asking if I had some laundry that needed to be done so she could earn food or money to take home to her parent and siblings.” (KI 3)*

The lived experiences of children in families with parents with disabilities reveal the impact of financial strain on their daily lives. From their narratives the nature of financial hardship appears as a constant struggle for survival marked by deprivation and emotional distress. The children’s descriptions highlight how lack of finances hinders them from having access to basic needs such as food, clothing and education. Additionally, the community worker’s observations expose the desperate measures

some children take such as risky relationships or informal labor to escape poverty. Poverty in these households is experienced as an ongoing crisis. The findings of this study aligns with Manomano et al. (2021) who found out that parental unemployment results in children's deprivation of basic needs. The lived experiences of children under the care of persons with disabilities reflect systemic rights violations as children are deprived of their rights to survival and education (Article 6 and 28) of the UNCRC. Treanor (2016) confirms how financial strain harms child well-being, evident in participants' stress over hunger and unstable livelihoods. The findings also align with Grech (2015) who notes that poverty pushes children into exploitative labor for example laundry work. These survival strategies, coupled with inadequate social services demand structural solutions that is inclusive employment policies for people with disabilities and child focused social protection to break poverty cycles.

#### **4.3.5 Stigmatization and discrimination**

Stigmatization and discrimination pose significant challenges to children under the care of person with disabilities. Their parents' circumstances result in them being socially excluded and called names by other children or people in the streets. A child reported how people often perceive to be a thief just like other street kids when they are walking in town. Another child added that she does not have friends at school because of her parent has got a disability and because she comes from a poor family. Sometimes other children avoid her ,accusing her of smelling bad. Hence she does not like going to school . A social worker noted that children raised by individuals with disabilities face discrimination in primary schools, particularly where peers hold misconceptions about disability and poverty. This stigma results in many vulnerable children to refuse to attend school altogether even when support is offered. The participants had this to say:

*"When I walk in town people stare at me like I am going to steal from them. Just because we do not have nice clothes they treat me like a street kid. The other day a vendor shouted at me to leave saying I should not stand near his things." (Participant 3)*

Another child had this to say:

*"I do not have friends at school because i come from a poor family. I can see other kids avoiding me whispering and laughing saying that i smell bad. They even refuse to share*

*their items with me that is why I hate going to school. I always choose to be with family"*  
(Participant 5)

A social worker noted that

*Many children under the care of persons with disabilities face discrimination. Social exclusion has resulted in many children refusing to go back to school saying the streets are much better than going to school. Poverty and disability should not define a child's future but the stigma makes it harder for them to believe in themselves." (KI 1)*

The narratives of the children show how the societal perceptions of disability and poverty manifest everywhere they are be it in the streets or at school as they are labeled as thieves and also are mocked by other children. There is an emotional toll due to the exclusion in educational settings which results in children preferring not to go to school. The social worker's observation shows that stigma does not only isolate children but it also discourages them from being educated which may in the future help them to end poverty in their homes. The findings align with a study that was done by Alnajdawi (2019) which says children are judged for having parents with disabilities and for working on the streets. Society wrongly sees them as neglected, dirty or even criminals. Stigmatization and discrimination violates children's rights to fair treatment, education and dignity hence there is need for the schools to protect children and for communities to challenge stereotypes.

#### **4.4 Strategies to enhance proper care for children with parents working on the streets of Harare**

The third objective was to proffer intervention strategies to enhance proper care for children with parents working on the streets of Harare. It should be noted that the experiences of these children require urgent and context-specific interventions. They face care-related challenges such as barriers to education and access to education, stigmatization, safety and exploitation risks. These are mainly linked to their parents' circumstances. Thus, the following intervention strategies have been opted for to help children in these homes and also their parents.

#### 4.4.2 Economic empowerment

To be able to enhance proper care for children with parents working on the streets of Harare CBD there need for economic empowerment. This is because they are living in poverty because they do not have a starting point. These families need to have stable income opportunities and access to financial resources so that they can be able to take care of their families. A child noted that she would want the government to offer training skills such as baking because she left school and lacks the qualifications for most jobs. This will actually help her family to survive. A parent with a disability noted that she got lucky to get trained hand skills she can make fence however there is no one who is willing to employ her due to disabilities so it would be better if the government or local organizations help them to look for jobs so that they cater for their families needs. A social worker mentioned that the government and local organizations should introduce livelihood programs to benefit these families. For example weaving, making detergents and others. A participant noted that

*"I wish the government could provide young people like me with opportunities to learn skills such as baking which I'm particularly interested in. I did not complete my O levels so I lack the qualifications for most jobs. But if I could receive training in baking i would be able to earn money instead of relying on handouts from others" (Participant 8)*

A parent noted:

*" I was trained to weave fences some years. But no matter how hard I try I cannot get a job due to my disability. I would want the government or local organizations to connect me to a job even create opportunities where my skills matter so that i can cater for my families' needs. (Parent 2)*

A social worker mentioned that:

*Many parents with disabilities have nowhere to begin. The government and organizations must implement livelihood programs tailored to these people's strengths such as cooperatives for weaving baskets, making detergents or even selling their crafts locally. These will help the parents and children to be independent" (KI 2)*

The narratives of the participants show how economic empowerment can be critical to ending their poverty as well as dependency. The child's desire for baking training and the parent's frustration to exclusion to employment show a shared belief among the participants that meaningful work and accessing skills and opportunities can break cycles of dependency. All their narratives highlight systemic failures such as educational barriers, discrimination and lack of support. The social worker's emphasis on strength based programs cooperatives shows the need for systemic solutions that align with participants skills and realities. The narratives from participants reveal systemic barriers that hinder persons with disabilities from securing sustainable livelihoods thereby limiting their capacity to provide proper care for their children. The child's desire for baking training (due to educational exclusion) and the parent's frustration with employment discrimination despite possessing weaving skills align with existing literature on disability and poverty (Gufon and Rahman, 2020). Research indicates that PWDs face disproportionate economic marginalization due to limited access to education, vocational training and discriminatory hiring practices (Umam and Arifin, 2020). This exclusion worsens dependency on handouts reinforcing cycles of poverty and undermining care-giving stability (Farakhiyah et al., 2018). The social worker's suggestion of strength-based livelihood programs, such as cooperatives for crafts or detergent-making, resonates with studies advocating for community-driven economic interventions to empower PWDs (Dahlan and Anggoro, 2021). Economic empowerment not only provides financial stability but also enhances psychological well-being which enables PWDs to fulfill their care-giving roles more effectively (Uswatun Khasanah and Pratisti, 2022). Thus vocational training, inclusive hiring policies and cooperative initiatives are critical strategies to break the poverty-disability cycle and improve the nature of care given to children under the care of PWDs.

#### **4.4.3 Educational empowerment**

The researcher found out that children under the care of persons with disabilities face a crisis in balancing education and also help their parents are seem to be neglected by the system. Many of them fail to attend school because of the care-giving roles they take and also due to financial crisis in their households. Some actually refuse to attend school because of the stigma they face at school. A child reported that having to take care of his father and financial strains cause him not to attend so so he wishes the government

and local organizations to provide his fees, stationery and school uniforms and also to cater for his family's needs so that he would not have to miss school to go to work on the streets with his father. The social worker emphasized the need for the government to expand BEAM to cover not only school fees but also additional costs required by school administrations for enrollment such as uniforms, stationery and money for one to get a place. He mentioned instances where children despite being recommended for enrollment were not able to attend school because their caregivers could not afford these expenses. In some cases children were sent home for failing to pay mandatory project fees which then disrupts their access to education. Participants had this to say:

*"I wish that the government and local organizations could paid for my fees, books and uniform and also help my family with money so that I could focus on studying instead of going to the streets to work she explained. (Participant 6)*

Another child added that:

*"I wish the other kids at school could see me as just a normal person just like anyone else because i did not choose to be born in a poor family and to be become a child with a parent with a disability. I want to walk into classroom without being scared they will make mock and make fun of me. That way I could focus on my studies instead of worrying "* (Participant 5) .

A social worker had this to say:

*"The government should expand BEAM to cover not just fees but also to cover the money that schools admins require for a child to get a place. We had many cases where we would recommend a child to get enrolled in school but fails to attend because the parents would have failed pay that money and also to buy uniforms and stationery. At times these children are sent back to school when they fail to pay money for projects. (KI 1)*

Educational empowerment is crucial response to the lived experiences of children under the care of persons with disabilities working on the streets of Harare CBD. From the account of the participants it shows that there structural barriers to education. The first child expresses how financial strain causes children not to focus on studies as they

must work instead. Another child describes how social exclusion due to poverty and family circumstances can distract children from learning. Both accounts show how external pressures that is financial hardship and social stigma shape their educational experiences. The social worker's perspective reinforces systemic gaps, noting that even when fees are covered through BEAM, additional costs such uniforms, stationery, project fees still prevent access. This suggests that current policies are insufficient in addressing the educational needs of children under the care of persons with disabilities. The narratives of the participants show how education empowerment can be done through a rights-based approach. UNCRC states that it is every child's right to be educated (UNCRC,1989).The children's emphasis on financial support aligns with Mitra and Yap's (2018) advocacy for social protections like cash transfers to alleviate economic pressure which then enables children to focus on their education. Their fear of stigma emphasize Groce et al.'s (2016) call for community-based strategies to combat exclusion.

#### **4.4.4 Support networks**

The findings showed that children under the care of persons with disabilities working on streets can have a better experiences if there are support networks to help their families. It should be noted that children in families face many care related challenges due to the disabilities of their parents which limits their parents' ability to take care of them like what the able bodied persons do. A child reported how her mother used to receive allowances from the Department of Social Development .Even though the money was not too much ,they could actually buy groceries lasted close to a month.However the last time they received this money was in 2023. Another added that the church help them with things like blankets, food and clothes. However this happens maybe twice or thrice per year. A community care mentioned that there is for local organizations and the government to partner to address the complex needs of these families.Having support networks will foster environments where children's safety, education, emotional well being are prioritized. The participants had mentioned that;

*“My mother used to get money from Social Development. It was not a lot but we could buy that mealie meal, sugar,flour and other basics. The groceries lasted almost a month.*

*But the money stopped coming in in 2023. Now we only depend on begging .(Participant 8)*

Another child mentioned that

*"People from our church help with blankets, food and clothes. However they do not offer assistance every month .They come may twice or thrice per year. On other days we solely depend on vending in the streets.(Participant 5).*

A community care worker said

*These families need partnerships between local organizations and the government. Their needs are complex as disabilities limit parents' ability to earn or care for their children like others can. Support networks are very crucial in addressing the needs of the children and also the PWDs. When we collaborate we create environments where children feel safe, educated and their emotional well being is prioritized. (KI 2)*

The narratives show that families with parents with disabilities rely on inconsistent social support. The discontinuation of government allowances forced households like these into informal strategies like begging for them to survive. This reflects systemic abandonment and the erosion of safety nets. The child's account on the aid from church shows how charitable support can be uncertain which then result in failure to address the needs of the children adequately. The community care worker's emphasis on collaborative partnerships frames these challenges as systemic failures which require systemic solutions. The findings highlight the critical role played by support networks in mitigating the challenges faced by children under the care of persons with disabilities. The cessation of state grants and the consistence of church aid as noted by the children expose systemic gaps that push children into street vending and begging which then violates their rights to protection and development (UNCRC, 1989). A rights-based approach demands that interventions must move beyond charity towards sustainable, inclusive support systems as emphasized by Embleton et al. (2021). The community care worker's call for multi-stakeholder collaboration aligns with Kaluku's (2020) argument for grassroots-policy partnerships to ensure that interventions are disability-sensitive and child-centred which prioritizes children's safety, education and emotional well-being over mere survival. Mupambeyi and Machingura (2018) further affirm that community-driven networks reduce caregiver strain and uphold dignity. Thus support



networks must empower PWD caregivers while centering children's voices so as to ensure that their rights are priorities not afterthoughts.

#### **4.5 Chapter summary**

In summary, this chapter focused on presenting, interpreting, analyzing and discussing the data from the participants which included children under the care of persons with disabilities working on the streets, their parents, social workers and a CCW. It addressed questions related to the objectives of analyzing the nature of care given to children under the care of persons with disabilities working on the streets, examining the care-related challenges faced by children under the care of persons with disabilities working on the streets and strategies to enhance proper care for children with parents with disabilities working on the streets.

## **CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

### **5.0 Introduction**

The study explored the experiences of children under the care of persons with disabilities working on the streets specifically focusing on children in the Harare CBD. It analyzed the nature of care given to children under the care of PWDs, examined the care-related challenges faced by these children and suggested intervention strategies that can be instituted to enhance proper care for children in these families. This chapter presents the summary of findings, conclusions and recommendations based on the findings. It also ends with suggested areas for further research.

## **5.1 Summary of findings**

The summary of findings presents what the researcher got from the interviews. The study found out that children under the care of persons with disabilities have got unique experiences. The care that is given to these children is a bit complex than that which is provided by able-bodied parents. The findings showed that PWDs adopt adaptive strategies to provide for their children needs. The findings also revealed the care related challenges which are faced by children under the care of persons with disabilities. These include social stigmatization, safety and exploitation risks, financial strain, lack of access to healthcare services and lack of access to education. The study also presented the interventions strategies that can be implemented to enhance the care-giving provided to children to these families which include economic and educational empowerment and support networks.

### **5.1.1 The nature of care given to children under the care of persons with disabilities**

The findings of the study showed that children under the care of persons with disabilities face many challenges due to their parent's disabilities which limits their capacity unlike people without disabilities. On the nature of care given to these children, the study revealed that parents with disabilities employ adaptive strategies to meet their children's daily care needs despite having physical limitations. Those who have got visual impairments use adaptive strategies such as mastering their environments and also they get assistance from their children to perform tasks such as cooking and cleaning. Parents with physical disabilities use wheelchairs or crawls when necessary to perform care-giving duties. Children assist their parents highlighting a reciprocal care dynamic. However these adaptations sometimes compromise the rights of the children to education and safety as children miss school in order to take care of their parents and also are exposed to the hazardous street environment in Harare (UNCRC, 1989)

Additionally, the study revealed that parents with disabilities provide emotional support by reassurance, using the word of God and making sure that they provide the needs of their children despite the hardships they face which is a result to disabilities. Children

reported feeling valued and secure despite hardships despite facing challenges. Children in these families faces difficulties in getting provided with basic needs such as food, shelter and clothes as their parents with disabilities depend on begging in the streets or vending. Households with caregivers happen to have food insecurity as they can hardly afford to have three meals on a daily basis. A participant also reported that sometimes her belongings are thrown out due to failure to pay rent. Those who do vending reported that the earnings are low hence they also face challenges in getting food and other basic necessities.

To add on, the findings showed that parents with disabilities depend also on collaborative networks to ensure that they cater for the needs of their children for example food and clothes. Collaborative networks include the church, neighbors, well-wishers and also the community. These groups help in covering care-giving gaps however they are inconsistent thus there is need for formal social protection programs to ensure reliable support. To ensure safety of the children parents with disabilities make use of verbal check-in, enforce curfews, teach road safety rules and some tie their toddlers to fixed objects.

### **5.1.2 Care-related challenges faced by children under the care of persons with disabilities working on the streets of Harare CBD.**

On the care-related challenges faced by children under the care of persons with disabilities, the study found out that children under the care of persons with disabilities working on the streets of Harare streets face risks of exploitation, accidents and are likely to engage in risky behaviors. Due to disabilities such as visual impairments and physical impairments, parents fail to closely monitor their children in the chaotic streets. This is evidenced by the narratives where a child almost got into an accident. Girls are exposed to men who ask them out in order for them to provide for their families who live in extreme poverty. Some children are bullied by other street kids. Social workers noted that some children actually avoid monitoring and often engage in substance abuse or early sexual activity due to the influence on the streets. These risks are caused by systemic gaps in accessing childcare support and assistance for families with disabilities.

In addition children in households with parents with disabilities face challenges in accessing healthcare. This is mainly because of lack of finances to pay for the medical expenses. Hence parents in these families rely on home remedies when children get sick. Another theme that emerged was financial strain. It should be noted that families headed by parents with disabilities live in extreme poverty as they depend on handouts from other people whereas some are involved in informal work such as vending which brings low income. According to the narratives, financial strain results in parents with disabilities to bring along their children to town so that they could beg or vend in order to survive. Due to financial strains children are involved in child labour and are deprived of their right to education. The findings also showed that children in these families also fail to attend school due to the need to take care of their parents who have got disabilities. They have to do the household chores as well as guiding their parents to navigate the busy streets of Harare. Children under the care of persons with disabilities also experience stigmatization due to the disabilities of their parents and poverty in their homes. They are labeled as thieves, dirty and are isolated by other children at school to an extent that some children prefer to be on the streets with their parents rather than going to school even when support is being offered.

### **5.1.3 Strategies that can be implemented to enhance proper care for children with parents working on the streets of Harare CBD.**

The study found out that economic empowerment for both the children and the parents is a crucial intervention strategy that can be used to enhance proper care for children with parents with disabilities working on the streets of Harare. If these groups are economically empowered then they will not have to rely on handouts from begging. Participants noted that they need skills and they would want help with getting the jobs. As such they can be able to provide for their families' basic needs such as food, clothes and shelter.

The findings showed that there is a need for educational empowerment for children under the care of persons with disabilities working on the streets of Harare. It should be noted that many children in these homes fail to go to school due to financial strains

in their homes whereas some face discrimination and some have to take care of their parents hence they miss school regularly. These barriers to education result in children being forced to prioritize survival over education. A social worker suggested that BEAM should cover not only school fees but also additional costs required by school administrations for enrollment such as uniforms, stationery and money for one to get a place so that children in these families could benefit from it.

The study found that effective support networks are crucial in addressing challenges being faced by children under the care of persons with disabilities working on the streets. The study reveals that some participants get help from the church whereas some used to get money from the government. However, this assistance offered short-term relief as there were noted some inconsistencies for example the allowances from the government were last received in 2023 while the church only support them two or three times in a year. As noted, there is a need for local organizations and the government to partner together to address the complex needs of these families. Having support networks will foster environments where children's safety, education and emotional well being are prioritized.

## **5.2 Conclusions**

The conclusions that can be drawn from the study are that the nature of care given to children under the care of persons with disabilities in Zimbabwe is compromised by the lack of support systems. The study reveals the complex challenges faced by children under the care of persons with disabilities working the streets of the streets which are linked to their parents' disabilities. These include lack of access to healthcare services, education, financial strains and shortage of basic needs. Despite employing adaptive strategies to meet the needs of their children, parents with disabilities remain unable to protect their children from exploitation and stigmatization. It should be noted that the responsibility of taking care of parents with disabilities compromises children's rights to education and safety as they are always in the streets which exposes them to hazardous street conditions and forces them into child labour. To ensure that children under PWDs receive proper care there is need to have effective disability-sensitive policies these will eventually benefit the children.

Furthermore these families face severe financial constraints as they rely on begging and some vending which often has got low income to an extent that the money is not enough for their basic needs. This results in these households to experience food insecurity and many parents failing to send their children to school as well as to pay for rents. Despite the resilience that the parents and the children show, poverty remains deeply-rooted in these households. Thus, there is need for formal support and programs which are sustainable so as to enhance the care given to children under the care of persons of persons with disabilities. For example BEAM program to expand and for these children to be enrolled in vocational training centers so that they could be equipped.

The study emphasizes that the experiences of children under the care of PWDs are a cycle of systemic neglect. Parents with disabilities face significant societal and economic barriers which force them into uncertain livelihoods such as street begging or vending which exposes their children to hazardous environments. This directly violates children's fundamental rights under the UNCRC (1989). Children are forced into taking care-giving roles such as providing physical guidance, performing domestic duties and engaging in child labour to contribute to the family income. This results in absenteeism and school dropouts. The lack of education hinders their opportunities to secure employment in the future which creates a cycle of poverty and vulnerability for the next generation. The findings reveal that the children's rights to safety, education, protection from exploitation and development are systematically undermined by the intersection of parental disability, extreme poverty and inadequate state support.

The researcher also concluded that informal support networks are unreliable in addressing the needs of children under the care of persons with disabilities. Collaborative networks such as churches, neighbours and well-wishers provide temporary relief to these families however they are incapable of providing the sustainable support that is required in these households. The food insecurity, housing instability and inability to access healthcare or education stem from the lack of formal and reliable social protection mechanisms which are designed to meet the specific needs of families headed by persons with disabilities. The documented inconsistencies in government allowances and charitable aid stresses the urgent need for government-led,

disability-sensitive social protection programs. These must move beyond short-term aid to offer financial support, accessible healthcare services and guaranteed housing assistance to break the cycle of extreme poverty.

Furthermore, the findings point towards economic and educational empowerment as the fundamental strategies for sustainable improvement. Economic empowerment programs such as skills training and supported livelihood opportunities for parents with disabilities are vital as they enable families to move away from dangerous street dependency and begging. Simultaneously, educational empowerment for the children under PWDs through comprehensive programs like expanded BEAM covering all costs and vocational training is vital to ending the cycles of poverty. Furthermore such empowerment strategies address the stigma faced by these children. By enabling families to meet their needs with dignity and children to access education and skills, interventions can directly challenge the negative labels and social isolation identified in the study which then fosters greater social inclusion and respect for the rights of both children and their parents with disabilities.

### **5.3 Implications for social work**

The findings of this study carry significant implications for social work practice. Social workers play a pivotal role in addressing the challenges faced by children under the care of persons with disabilities working on the streets. The implications are discussed below.

#### **5.3.1 Practice methods and settings**

Social workers must develop home or street-based outreach programs. These should identify families where parental disabilities create care gaps. Methods need to include safety planning for example social workers must create outreach activities that are conducted in homes or on the streets. Families with care gaps caused by parental disability should be identified by these. Methods must involve safety planning such as finding families childcare that is accessible to people with disabilities and finding alternatives to children. Street outreach is critical to monitor exploitation risks faced by unsupervised children.

### **5.3.2 Training and ethical practice**

Training must address disability-inclusive care assessment tools. Social workers should recognize adaptive strategies without normalizing rights violations such as missing school. Interventions must ethically balance child safety with preserving parent-child bonds in reciprocal care dynamics avoiding punitive approaches to poverty-driven choices.

### **5.3.3 Economic and systemic advocacy**

Findings demand advocacy for disability-inclusive social protection. Social workers should advocate for expanded BEAM funding to cover uniforms and stationery and also funding for economic empowerment initiatives such as skills training and accessible livelihoods. Collaborating with disability organizations ensures that programs address street vending realities and reduce dependence on begging.

### **5.3.4 Support network building**

Social workers should formalize community support networks. This includes mapping reliable churches or neighbors for food and clothing aid while establishing consistent government assistance. Parallel efforts must combat school stigma through teacher training and create flexible education models accommodating care-giving children.

## **5.4 Recommendations**

Children under the care of persons with disabilities working on the streets of Harare face many challenges. The findings showed that they encounter barriers to education, lack of access to healthcare services, experience stigmatization and endure safety risks. Their dependence on begging and vending disrupts their development and also exposes them to exploitation. Hence, addressing these issues requires collaborative efforts from the government, policy makers, social workers, communities and civil society organizations. The following recommendations outline steps to safeguard these children's rights, empower their caregivers and create a supportive environment that reduces dependency on street-based livelihoods.



#### **5.4.1 To the Ministry of Public Service, Labour and Social Welfare and policy makers**

- a) The government should introduce and enforce laws that safeguard the rights and protection of children under the care of persons with disabilities working on the streets.
- b) The government should expand and increase funding on the social safety nets. Existing programs like BEAM should be expanded to include enrollment fee, uniforms and stationery to eliminate financial barriers to education. Additionally, cash transfer programs should be prioritized for households with PWDs to ensure consistent support.

#### **5.4.2 To social workers**

- a) Social workers must conduct thorough assessments that address both the physical and emotional needs of children under the care of parents with disabilities working on the streets. They should collaborate with relevant professionals such as psychologists and educators to deliver services tailored to the children's specific needs in order to ensure a holistic support approach.
- b) Social workers should link parents with disabilities to skill-building programs and assist them in securing employment afterward. They should facilitate access to reliable financial assistance to prevent PWDs and the children from depending on street-based income which disrupts children's education and jeopardizes their well-being.
- c) Social workers should prioritize children's voices when making intervention plans to ensure that their concerns shape interventions. Children should be involved in assessments and decision-making processes by creating safe spaces for them to express their needs and concerns in regards to their care, education and safety.

#### **5.4.3 To the community**

- a) The community and community based organizations should raise awareness of children's rights which include their rights to safety, education and protection from exploitation.
- b) Community members must work together to end discrimination and social exclusion by publicly challenging harmful stereotypes that is happening in the societies and advocate for respectful treatment of children and their parents with disabilities in schools, markets and public spaces.

c) Churches and local groups should establish formal support networks that aim to provide help with basic needs such as food, clothes and other necessities to ensure proper care for children under the care of parents with disabilities. This would help to reduce chances of them being connected to the streets and being exploited by others.

#### **5.4.4 To the civil society organizations**

a) CSOs should develop integrated support programs that combine economic empowerment, educational empowerment and other capacity building mechanisms to be able to holistically address the various challenges faced by both children and persons with disabilities working on the streets.

b) CSOs must advocate for the effective implementation of social protection schemes such as disability grants to ensure that these reach marginalized families consistently so as to reduce dependence on street-based livelihoods such as begging and to prevent violation of children's rights due to desperation.

#### **5.5 Recommendations for further study**

a) A critical analysis of policy implementation gaps must be conducted to evaluate why existing social protection programs fail to reach marginalized groups such as families with disabilities in Harare.

b) A quantitative study to measure the prevalence and severity of socioeconomic deprivation among children under the care of persons with disabilities in Zimbabwe must be conducted.

c) A further study on the long term effects of childhood experiences among these children should be conducted.

#### **5.6 Chapter summary**

This chapter summarized the findings, conclusions and recommendations regarding the experiences of children under the care of persons with disabilities working on the streets of Harare. The key findings on chapter 4 were combined. Conclusions that were drawn from the study's findings were presented. This chapter also provided recommendations to the government entities, policy makers, social workers, community and CSOs to

enhance the well-being of PWDs and their children. Lastly, areas for further study on this topic have been proposed.

## REFERENCES

- Abdulkareem, R. L., and Ojo, T. (2021). *Cultural practices and child begging in Northern Nigeria: The Almajiri phenomenon*. Journal of African Studies, 15(2), 45–62.
- Agunyai, S. C., and Ojakorotu, V. (2021). *Disability and children as begging guides: For how long shall children be used as begging guides by visually impaired persons in Africa?* Journal of Intellectual Disability-Diagnosis and Treatment, 9(6), 112–125.
- Alnajdawi, A. (2019). *Problems facing children on the street: Qualitative study on a sample of children in Amman-Jordan*. An-Najah University Journal for Research-B (Humanities), 35(8), 1189–1212.
- Al-Shammari, T. (2024). *Adaptive parenting technologies for persons with physical disabilities*. Journal of Disability and Rehabilitation, 46(3), 210–225.
- Anastassiou, A. (2017). *Building rapport in qualitative interviews: Strategies for social work researchers*. Qualitative Social Work, 16(5), 621–635.
- Bhaiseni, T. (2016). *Child protection policy gaps in Zimbabwe: An analysis of the Children's Act*. African Journal of Social Work, 6(1), 32–45.
- Bird, C. M. (2016). *How to plan and conduct qualitative interviews*. Qualitative Research Journal, 16(2), 160–173.
- Bjornsdotti, K., and Stefansdottir, G. (2023). *State support for parents with disabilities in Iceland*. Scandinavian Journal of Disability Research, 25(1), 45–59.
- Braune, V., and Clarke, V. (2022). *Designing qualitative interview guides for phenomenological research*. Qualitative Research in Psychology, 19(3), 373–386.

- Casey Foundation. (2024). Healthcare access for low-income families. Annual Report.
- Census. (2022). *Disability prevalence in South Africa*. Statistics South Africa.
- Chikwaiwa, B. K., et al. (2020). *Street children in Harare: Socioeconomic drivers and protection gaps*. Zimbabwean Journal of Social Sciences, 8(2), 67–82.
- Choruma, T. (2017). *The forgotten tribe: Persons with disabilities in Zimbabwe*. Progressio.
- Creswell, J. W., & Creswell, J. D. (2023). Research design: Qualitative, quantitative, and mixed methods approaches (6th ed.). Sage.
- Cumber, S. N., et al. (2017). *Child street vending in urban Cameroon: Causes and consequences*. Children and Youth Services Review, 79, 185–193.
- Erazo, M. (2021). *Research integrity and ethics in social science*. Journal of Academic Ethics, 19(2), 145–162.
- Etikan, I., & Bala, K. (2017). *Sampling and sampling methods*. Biometrics & Biostatistics International Journal, 5(6), 215–217.
- Fusch, P. I., & Ness, L. R. (2015). *Are we there yet? Data saturation in qualitative research*. Qualitative Report, 20(9), 1408–1416.
- Fuseini, K., & Daniel, M. (2020). *Child labor and psychological well-being in Ghana*. Journal of Child Psychology, 41(3), 301–315.
- Gabel, S. (2023). Parenting with disabilities: *Innovations and adaptations*. Disability Studies Quarterly, 43(1). <https://dsq-sds.org>
- Government of Zimbabwe. (2013). Constitution of Zimbabwe Amendment (No. 20). <https://www.parlzim.gov.zw>
- Gray, J. R., et al. (2017). *Burns and Grove's the practice of nursing research: Appraisal, synthesis, and generation of evidence (8th ed.)*. Elsevier.
- Green, S. E., et al. (2022). *Emotional support by parents with disabilities: Resilience and creativity*. Disability & Society, 37(1), 1–20.
- Greening, K. (2019). *Steps in phenomenological research design*. Qualitative Psychology, 6(2), 189–201.
- Groce, N., & Kett, M. (2021). *Disability and child labor in Africa: A neglected intersection*. International Journal of Disability, Development and Education, 68(3), 414–430.
- Gunawan, J. (2015). *Ensuring trustworthiness in qualitative research*. Belitung Nursing Journal, 1(1), 10–11.

- Haq, Z. U., Rasheed, R., Rashid, A., & Akhter, S. (2023). *Criteria for assessing and ensuring trustworthiness in qualitative research*. International Journal of Business Reflection, 4(2), 150–173.
- Hattie, J., & Larsen, S. F. (2020). The purposes of education: *A child-centred perspective*. Educational Review, 72(1), 1–15.
- Holanda, C. M. de A., et al. (2015). *Support networks and people with physical disabilities: Social inclusion and access to health services*. Ciência & Saúde Coletiva, 20(1), 175–184. <https://doi.org/10.1590/1413-81232014201.21152013>
- ILO. (2021). *Child labour: Global estimates 2020, trends and the road forward*. International Labour Organization.
- Ivankova, N. V. (2018). *Selecting target populations for mixed methods research*. Journal of Mixed Methods Research, 12(4), 454–475.
- Kumar, R. (2019). *Research methodology: A step-by-step guide for beginners (5th ed.)*. Sage.
- Li, C., et al. (2016). *Public perceptions of parenting capacity of persons with disabilities*. Journal of Applied Research in Intellectual Disabilities, 29(5), 409–420.
- Llewellyn, G., & Hindmarsh, G. (2015). *Child removal from parents with intellectual disabilities*. Journal of Intellectual & Developmental Disability, 40(2), 113–116.
- Lundy, L., & Tobin, J. (2022). *Child-centred approaches in policy and practice*. Children & Society, 36(1), 1–16.
- Manjengwa, J., et al. (2016). *Livelihoods after land reform in Zimbabwe*. University of Zimbabwe Press.
- Manomano, T., et al. (2020). *Health impacts of street life on children*. African Journal of Health Sciences, 27(4), 321–335.
- Manomano, T., Nyanhoto, R., & Gutura, P. (2021). *The challenges faced by children living on the streets*. African Journal of Development Studies, 11(1), 88–104.
- Masimba, F., & Walnycki, A. (2024). *Urban informality in Harare: A socioeconomic analysis*. Weaver Press.
- Malle, A., Pirttimaa, R., & Saloviita, T. (2015). *Child protection and parents with intellectual disabilities*. Journal of Intellectual Disabilities, 19(2), 140–157.
- Mitra, S. (2021). *Disability, health, and employment: Global patterns*. World Development, 137, Article 105195.
- Mudzingiri, C., et al. (2021). *Poverty dynamics among street vendors in Zimbabwe*. Journal of Poverty, 25(6), 487–504.

- Mupambeyi, P., & Machingura, F. (2018). *Community support for disabled parents in informal economies*. *Journal of Social Development in Africa*, 33(2), 45–62.
- Mupedziswa, R., & Ntini, P. (2021). *Child street vending in Zimbabwe: Causes and consequences*. *Journal of Social Development in Africa*, 36(1), 67–88.
- Mushunje, M. T., & Moyo, F. (2022). *Child protection gaps in Zimbabwe*. *African Journal of Social Work*, 12(1), 45–60.
- Nikolopoulou, K. (2022). *Inclusion and exclusion criteria in research design*. *Journal of Clinical Epidemiology*, 142, 203–209.
- Novoa, C. (2020). *Educational exclusion of child caregivers*. *International Journal of Educational Development*, 72, Article 102121.
- Onyango, M. A., et al. (2020). *Healthcare prioritization in street-connected families*. *Health Policy and Planning*, 35(8), 1029–1038.
- Polit, D. F., & Beck, C. T. (2024). *Essentials of nursing research: Appraising evidence for nursing practice* (10th ed.). Wolters Kluwer.
- 32(2), 98–110.
- Powell, R. M., et al. (2021). *Emotional bonds in families with parental disability*. *Journal of Family Studies*, 27(4), 521–537.
- Qureshi, M. I. (2023). *Challenges faced by persons with disabilities: A global synthesis*. World Health Organization.
- Rubin, H. J., & Rubin, I. S. (2017). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage.
- Salihu, H. A. (2019). *The growing phenomenon of street children in Tehran: An empirical analysis*. Department of Criminology and Security Studies, University of Ilorin.
- Saunders, B., et al. (2018). *Saturation in qualitative research: Exploring its conceptualization and operationalization*. *Quality & Quantity*, 52(4), 1893–1907.
- Smith, L. H., & Jones, J. (2019). *Educational advocacy by parents with disabilities*. *Journal of Special Education*, 53(1), 3–14.
- Solile, L., et al. (2023). *Challenges in accessing healthcare and socio-protection services among children living and working on the streets in Northern Tanzania: A qualitative study*. *PLOS Global Public Health*, 3(5), Article e0001852.
- Stefansdottir, G. V., et al. (2022). *Parental capacity of persons with intellectual disabilities: Challenging stereotypes*. *Journal of Intellectual Disability Research*, 66(1), 1–15.

- Teherani, A., et al. (2015). *Choosing a qualitative research approach*. Journal of Graduate Medical Education, 7(4), 669–670.
- The Ministry of Public, Labour and Social Welfare. (2017). *Report on street children in Harare*. Government of Zimbabwe.
- Treanor, M. (2016). *Child poverty and parental financial vulnerability*. Child & Family Social Work, 21(3), 320–330.
- UNCRPD. (2006). *Convention on the Rights of Persons with Disabilities*. United Nations.
- UN Department of Economic and Social Affairs. (2018). *Disability and development report*. United Nations.
- UNICEF. (2021). Cash transfers and child labor reduction. United Nations Children's Fund.
- Whitacker, R. (2017). *Sample size determination in qualitative research*. Field Methods, 29(1), 3–20.
- WHO. (2020). *Disability and health: Key facts*. World Health Organization.
- Zeliha, K., & Gokcearslan, S. (2024). *Parenting beyond caregiving: Relationships in families with disabilities*. Journal of Family Psychology, 38(1), 45–59.

## **APPENDICES**

### **APPENDIX 1: IN-DEPTH INTERVIEW GUIDE FOR CHILDREN**

Hello, my name is Mercyline Chinyama. I am a social work student at Bindura University of Science Education. I would like to solicit information from you regarding experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District. Therefore I am kindly requesting you to participate in the study. Your participation will be voluntary and you are allowed to withdraw at any time. Information obtained from the study will be treated privately and confidentially as this research is purely academic. No personal details will be captured and information . The interview will last approximately 20 minutes. It is hoped that the results of this study will help policy makers to formulate policies that are effective in addressing the experiences of children under the care of persons with disabilities working on the streets of Harare CBD . Additionally, there are no risks or harm associated with this study.

Please tick where applicable

Will you participate in the study?      YES                      NO

Would you allow me to record your voice through the audio recorder? (This is strictly confidential and anonymity is guaranteed).                      YES                      NO

If yes then sign the consent form and proceed if no stop.

Is there anything you want to know before we start?



I have read the above and I understand the nature of the study. I am willing to participate and give my consent.

Participant's Signature.....

Researcher's Signature.....

Research question 1. What is the nature of care provided to children of persons with disabilities working Harare Central Business District?

Probing questions

1. Describe how your parent helps you with everyday needs.
2. How does your parent make you feel loved or safe even when times are hard?
3. What does your parent do differently when helping you compared to other parents you've seen?
4. Describe what happens when your parent can't do something for you and needs help.

Research question 2. What care-related challenges are faced by children of persons with disabilities working on the streets of Harare CBD.

Probing questions

1. Describe a situation where you needed something important and how your parent tried to get it.
2. What happens when your parent is not able to work due to their disability or other reasons?
3. How does your parent's work on the street alongside with you affect your daily life?
4. Tell me about a time when you and your parent felt unsafe and unsupported while you were working on the streets.

Research question 3. What intervention strategies can be implemented to enhance proper care and support for children working on the streets on Harare CBD?

Probing questions

1. What changes do you think would make your daily life with your parent better?
2. What safety measures do you believe should be implemented to protect children who are working on the streets who are under the care of persons with disabilities?
3. How can the government ensure that your needs are taken care of?
4. How can local organisations and the community better assist you and your caregiver?

**THANK YOU FOR YOUR PARTICIPATION.**

## **APPENDIX 2 : IN-DEPTH INTERVIEW GUIDE FOR PARENTS**

Hello, my name is Mercyline Chinyama. I am a social work student at Bindura University of Science Education. I would like to solicit information from you regarding experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District. Therefore I am kindly requesting you to participate in the study. Your participation will be voluntary and you are allowed to withdraw at any time. Information obtained from the study will be treated privately and confidentially as this research is purely academic. No personal details will be captured and information . The interview will last approximately 20 minutes. It is hoped that the results of this study will help policy makers to formulate policies that are effective in addressing the experiences of children under the care of persons with disabilities working on the streets of Harare CBD .Additionally, there are no risks or harm associated with this study.

Please tick where applicable

Will you participate in the study?      YES                      NO

Would you allow me to record your voice through the audio recorder? (This is strictly confidential and anonymity is guaranteed).      YES                      NO

If yes then sign the consent form and proceed if no stop.

Is there anything you want to know before we start?

I have read the above and I understand the nature of the study. I am willing to participate and give my consent.

Participant's Signature.....

Researcher's Signature.....

Research question 1. What is the nature of care provided to children of persons with disabilities working Harare Central Business District?

Probing questions

1. Describe how you manage your child's basic needs
2. What adjustments do you make to care for your child because of your disability?
3. What strategies do you use to ensure your child's needs are met when resources are scarce?
4. How do you comfort or reassure your child during difficult moments?

Research question 2. What care-related challenges are faced by children of persons with disabilities working on the streets of Harare CBD.

Probing questions

1. Describe the hardest part about caring for your child while working on the streets.
2. What situations make it most difficult to meet your child's basic needs during your workday?
3. Tell me about times when your disability has made it challenging to protect or provide for your child.
4. Share an experience when you could not give your child something

Research question 3: What intervention strategies can be instituted to enhance proper care for children with parents working on the streets of Harare?

Probing questions

1. What kind of support would make the biggest difference in caring for your child right now?
2. What do you think the government or local organizations could do to help families like yours?
3. When you think about challenges in caring for your child while working what solutions come to mind?

4. What changes in the community could improve life for children whose parents work on the streets?

### **THANK YOU FOR PARTICIPATION**

### **APPENDIX 3: SEMI-STRUCTURED INTERVIEW GUIDE FRO KEY INFORMANTS**

Hello, my name is Mercyline Chinyama. I am a social work student at Bindura University of Science Education. I would like to solicit information from you regarding experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District. Therefore I am kindly requesting you to participate in the study. Your participation will be voluntary and you are allowed to withdraw at any time. Information obtained from the study will be treated privately and confidentially as this research is purely academic. No personal details will be captured and information . The interview will last approximately 20 minutes. It is hoped that the results of this study will help policy makers to formulate policies that are effective in addressing the experiences of children under the care of persons with disabilities working on the streets of Harare CBD .Additionally, there are no risks or harm associated with this study.

Please tick where applicable

Will you participate in the study?      YES                      NO

Would you allow me to record your voice through the audio recorder? (This is strictly confidential and anonymity is guaranteed).      YES                      NO

If yes then sign the consent form and proceed if no stop.

Is there anything you want to know before we start?

I have read the above and I understand the nature of the study. I am willing to participate and give my consent.

Participant's Signature.....

Researcher's Signature.....

Research question 1: What is the nature of care given to children of persons with disabilities working on the streets of Harare CBD?

Probing questions

1. Describe the typical caregiving approaches you have observed among parents with disabilities working on the streets of Harare .
2. How would you characterize the relationship between these parents and their children based on your observations?
3. What strengths have you noticed in how these parents care for their children despite their circumstances?
4. How does the street environment shape caregiving practices in these families?

Research question 2. What care-related challenges are faced by children of persons with disabilities working on the streets of Harare CBD.

Probing questions

1. What are the most pressing challenges faced by children in these families?
2. How does parental disability intersect with street work to create unique difficulties for children?
3. What barriers prevent these children from accessing essential services?
4. How do safety concerns in the CBD impact children's wellbeing in these families?

Research question 3: What intervention strategies can be instituted to enhance proper care for children with parents working on the streets of Harare?

Probing questions

1. Based on your experience, what interventions would most improve care for these children?
2. What existing programs could be adapted to better support these families?
3. How could social services collaborate more effectively to address these children's needs?
4. What policy changes would make the biggest difference for this population?

**THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY!!!**

## APPENDIX 4: APPROVAL LETTER FOR DATA COLLECTION

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**

28 APRIL 2025

Mercilyne Chinyama (B210686B)  
Bindura University of Science Education


**REF: LETTER OF APPROVAL TO CONDUCT A RESEARCH STUDY  
TITLED 'EXPERIENCES OF CHILDREN UNDER THE CARE OF  
PERSONS WITH DISABILITIES WORKING ON THE STREETS OF  
HARARE BUSINESS DISTRICT'**

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 'Experiences of children under the care of persons with disabilities working on the streets of Harare Business District'

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

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.

  
pp T. Zimhunga

Director Social Development.

MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE

