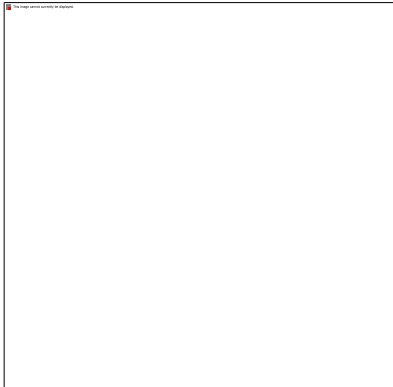


**BINDURA UNIVERSITY OF SCIENCE EDUCATION**  
**FACULTY OF SOCIAL SCIENCES AND HUMANITIES**  
**DEPARTMENT OF SOCIAL WORK**



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

**BY**

**(B202698B)**

**2024**

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



## **ABSTRACT**

*The study explored the experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District. The main aim of the study was to find out the challenges and living conditions of children whose caregivers rely on begging or vending on the streets to earn a living and provide for their needs. The research was qualitative in nature and it utilized a case study research approach. Focus group interviews, in-depth interviews and key informant interviews were the tools used to gather information from the participants for the study. The study used a sample of 16 participants inclusive of 7 girls, 6 boys and 3 key informants to collect the information needed for this study. The Human Rights Approach and the Child-Centred Approach were utilized as a guiding theoretical framework. The objectives of the study were to explore the lived experiences of these children, their coping mechanisms and the measures in place to address their needs. In alignment with these objectives, the study found out that the children are faced with financial strain, limited time for socialization and development, limited time for education and lack of health attention because of their living environment and circumstances brought about because their caregivers live with disabilities. The children testified that they have adopted coping mechanisms such as focusing on school for those that attend, relying on NGOs and relatives for support. The study also provided some recommendations for the government, the community, CSOs and social workers to address the unique experiences and challenges.*

## APPROVAL FORM

I certify that I supervised **B202698B** in carrying out this research titled: **Experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District (CBD)** in partial fulfilment of the requirements of the Bachelor of Science, Honours Degree in Social Work and recommend that it proceed for examination.

### *Supervisor*

Name ..... Signature..... Date.....

### *Chairperson of the Department Board of Examiners*

The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by **B202698** titled: **Experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District (CBD)** in partial fulfilment of the Bachelor of Science, Honours Degree in Social work.

Chairperson

Name..... Signature..... Date.....

## **DECLARATION FORM**

I, **B202698B**, hereby declare that this project for my Bachelor of Science Honors Degree in Social Work is my original work and has never been submitted previously at this or any other university. I am aware that plagiarism is a serious offense and a breach of the university's code of ethics, thus, the reference material used in this project has been duly acknowledged. I also declare that the Bindura University of Science Education can use the research for academic purposes.

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## **DEDICATION**

I wholeheartedly dedicate this research project to my parents, Give Nyamadzawo and Florence Zamagora, whose support made all this possible by helping me morally, emotionally and financially. Their belief in my abilities drove me to be determined in making them proud. I would like to dedicate it to my siblings Ngonidzashe, Givemore and Rufaro for always being my pillars of strength, cheering me on and motivating me through it all. I extend my deepest appreciation to my friends for providing the balance that was much needed through discussions, encouragements, advices and moments of laughter which made this academic journey meaningful and enjoyable.

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## **LIST OF ABBREVIATIONS**

ACRWC	African Charter on the Rights and Welfare of the Child
CBD	Central Business District
CCO	Chiedza Chenyika Organisation
CSO	Civil Society Organisation
DSD	Department of Social Development
HPA/T	Human Rights Approach/Theory
NGO	Non-Governmental Organisation
UDHR	Universal Declaration of Human Rights
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USAID	United Nations Agency for International Development
WHO	World Health Organisation



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## **CHAPTER 1**

### **1.0 Introduction**

Children who are under the care of caregivers with disabilities working on the streets are faced with a myriad of unique challenges and experiences that require attention thus the main aim of this research is to explore the experiences of the children under the care of parents or guardians with disabilities in Harare Central Business District. It is aimed on shedding light on their perspectives, coping mechanisms and interactions within this contexts hence contributing to a deeper understanding of the needs and support systems required for these children. With such insights brought to light, they can inform the development of targeted interventions and policies that address the specific challenges faced by this vulnerable group and also inclusion of caregivers with disability to capacitate them economically and socially. This first chapter presents an introduction or background of the experiences of children under the care of persons with disabilities who work in the streets to make a living. The study spells out, inter alia, the problem statement, the aim of the study, objectives and justification for carrying out the research in Harare Central Business District.

### **1.1 Background to the study**

Children under the care of persons with disabilities who work on the streets represent a unique and vulnerable population that requires the government, NGOs, communities and other stakeholders' attention and understanding. The phenomenon of children working in street settings alongside their caregivers with disabilities is a complex issue with

significant implications for child welfare, disability rights and social inclusion. Globally, the United Nations Convention on the Rights of Children has many state actors that subscribe to its provisions but the governments have done a little to minimize the number of children who work in the streets. The United Nations Convention on the Rights of the Child (1989) stipulates that all children have the right to a core minimum level of well-being, including nutrition, basic education, survival, protection and the right to grow up in a family (Harcourt and Hagglund, 2013).

In African countries, the numbers of children who beg in the streets with their parents who live with disabilities continue to rise and the most saddening part is that the children are deprived of most of their basic social needs. Zimbabwe, Nigeria, Eswatini and the Democratic Republic of Congo to mention only but a few, are among the developing countries where children in the streets are prevalent. Hassen and Manus (2018) argue that street children issues tend to be highly pronounced in developing countries although they are a worldwide phenomenon due to lack of adequate social infrastructure and socio-economic programs. Harare is among the major cities in Zimbabwe with children living on the streets totaling 4 100 (The Ministry of Public Service, Labour and Social Welfare Annual Report, 2017). This has pushed the researcher to conduct a study on their experiences in the streets of Harare CBD as it poses a great danger, in worst cases sexual abuses, drug and substance abuse, diseases and death because understanding these experiences lived by children is paramount for developing effective interventions, policies and support systems that address their specific needs.

## **1.2 Statement of the problem**

Children with caregivers with disabilities are supposed to enjoy their basic rights as every other child because in Zimbabwe there should be non-discrimination for people with disabilities thus they are assumed to be fully employed and providing for their families. However, there have been many cases whereby children are accompanying their parents when begging or vending in streets during school days. Children's rights are being infringed upon in Harare CBD as they are missing school, exposed to hazardous weather condition and have limited access to quality healthcare because their parents cannot afford. Therefore, it is the main goal of this research to explore and assess the experiences of these children which further informs formulation of targeted policies towards their welfare.

## **1.3 Aim**

The aim of this research is to assess the experiences of children in Harare CBD who are under the care of persons with disabilities working in the streets.

## **1.4 Objectives**

1. To explore the socio-al and economic experiences of children under the care of persons with disabilities working on the streets.
2. To assess the coping mechanisms adopted by the children under the care of caregivers with disabilities working on the streets.
3. To recommend strategies that can be employed to address the challenges faced by children with parents with disabilities working in the streets.

### **1.5 Research questions**

1. What are the social and economic experiences of children under the care of persons with disabilities working in the streets in Harare CBD?
2. How do the children under the care of persons with disabilities cope with the challenges they experience?
3. Which recommendations can be employed to address the challenges faced by the children under the care of parents with disabilities working in the streets

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

The researcher has got an assumption that the children under the care of persons with disabilities are suffering socially and economically and the study intends to uncover these factors and bring it to light for responsible individuals, communities, authorities and stakeholders to come up with effective resolutions to address such problems. This study is based on the assumption that the experiences of children under the care of persons with disabilities who work in the streets include lack of access to resources, medical care and education. The research assumes that the children face maternal deprivation because of limited proximity with their parents who spend their time begging or vending in the streets. Some of the children accompany their parents especially the visually impaired and those on wheelchairs, thus it is possible to assume that they are exposed to physical harm like car accidents and abuse from other children in the streets. This study is also under the assumption that the findings will greatly contribute to the broader understanding of the experiences of children and further inform appropriate interventions and policies that improve the living conditions of the group under study.



### **1.7 Justification of the study**

It is worthy undertaking this study as there is urgent need to understand and address the experiences of children under the care of parents or guardians with disabilities who work on the streets in Zimbabwe, Harare Central Business District in particular. As it stands, children with parents with disabilities are subjected to a myriad of challenges and among these there is parenting challenges which is stipulated in the Children's Act (5:06), Section 7 which says that by virtue of being human beings they are entitled to enjoy their parenting rights, attachment with their parents, educational rights and access to quality healthcare support. Therefore, this is a major concern as there has been little realization with regards to this matter. It is the aim of the research to find out more from the children and persons with disabilities on their livelihood and challenges that hinder them from accessing their basic social needs. It requires urgent support and research on the experiences of children under the care of persons with disabilities so that the government realizes the gap for resolutions to be put in place and policies be made towards the protection of the children. This research will contribute towards policies that are inclusive of both the children and their parents or guardians with disabilities who live and work in the streets for their opinions and needs to be heard from them for their social and economic requirements to be fully satisfied.

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

#### **Children**

The Constitution of Zimbabwe (2013) and the African Charter on the Rights of Children define a child as any boy or girl under the age of 18years.

## **Children Rights**

The United Nations Convention on the Rights of Children define children rights as minimum entitlements and freedom that should be afforded to all persons below the age of 18 years regardless of race, color, gender, language or wealth (Materike, 2011). According to Jones and Walker (2011), these rights include early years provisions, schools, health, children's services and play work.

## **Disability**

The World Health Organization defines disability as an umbrella term, covering impairments, activity limitations and participation restrictions as per the International Classification of Functioning, Disability and Health (ICF) 2001 (MT and JM, 2002).

The term disability is not an easy one to define because of the absence of a single definition or classification system that is used (Liberty, 2017).

According to Kitching (2014), the medical model of disability describes disability as a characteristic of the person; restrictions in activity are explained in terms of individuals' bodily capabilities, with impairments treated implicitly as a form of negative human capital. Kang, Heidkamp, Mako-Mushananga, Garg, Matji and Nyawo (2010) argues that disability is a result of the way the society is organized, how it fails to take into account the needs of people with disabilities.

### **1.9 Limitations of the study**

Participants may be reluctant to participate in the research in fear of confidentiality but the researcher will give assurance that the respondents will be kept safe and also

explaining the ethics of research. Illiteracy may be a limiting factor due to the fact that some respondents lack the capacity to understand the subject matter due to their level of education and this lead to biased responses. However, the researcher will try to use vernacular language to make the participants understand better.

#### **1.10 Delimitations of the study**

The study delimits its focus to the experiences of children between the ages of 6 and 18 who are under the care of persons with disabilities working in the streets within the Harare Central Business District (CBD). The geographical scope of the research is limited to Harare CBD, excluding other regions or cities in Zimbabwe. The study specifically concentrates on children under the care of disabled caregivers who engage in street work and may not include children whose parents or guardians work in formal employment settings.

#### **1.11 Ethical considerations**

Ethical considerations refer to the guidelines and principles that a researcher should follow to ensure that their work is ethically and responsibly conducted. According to Banks, Sobocan, Bertotti and Strom-Gottfried (2019), attention to these considerations is especially important for researchers in social work who, by their professional discipline, code of ethics, or research foci are expected to demonstrate particular sensitivity to vulnerable populations. This means that a researcher has to take into consideration the treatment of participants, the integrity of the research process and how the research will potentially impact the individual and communities. The study will take into consideration the inherent dignity of all participants regardless of their age (UDHR, 1948).

### **1.11.1 Confidentiality and privacy**

There will be assurance of confidentiality and privacy with the information that will be provided by participants which will be used for the purposes of research. Confidentiality is defined as the ethical and legal responsibility to keep information about a participant private and secure (Reamer, 2018). Thus the researcher will implement measures to safeguard sensitive data and ensure that children's identities are kept confidential through the use of pseudo names.

### **1.11.2 Informed consent**

Informed consent is a cornerstone of the voluntary and democratic research process (Saunders, 2016). The researcher looked for the participants' informed consent in terms of tape recording them if there is need for it and taking notes from what they will be saying. This also includes providing clear information about the purpose, procedures, potential risks and benefits of participating in the research process. This is especially essential for the researcher since the participants are children who need clarity and assurance.

### **1.11.3 Beneficence**

The research takes into consideration the ethical responsibility to promote the wellbeing of research participants and to minimize any potential harm thus the researcher takes steps to ensure that the research is in the best interests of participants, children in particular. Gilligan (1997) is of the opinion that it is important for the protection of participants' rights and welfare.

#### **1.11.4 Autonomy**

The researcher ensures that children participate in the research on their own will without any force matter. Autonomy is defined as the independence of choice, free from manipulation of others and the capacity, physically and mentally, to rule oneself (Tuck and McKenzie, 2014). This ensures their comfortability to withdraw from the study whenever they feel like so.

#### **1.12 Chapter summary**

The chapter provided an overview of the research study which aims to explore the experiences of children under the care of persons with disabilities working on the streets in Harare CBD particularly. The background to the study and the statement of the problem managed to shed light on the unique experiences of the children under study. The research objectives and research questions were presented to guide the study. The significance of the study is also outlined to emphasize the contribution and implications of the study for governmental agencies, NGOs, policymakers, individuals and the communities.

#### **1.13 Dissertation outline**

**Chapter one** outlines the introduction to the study, the whole background and the statement of the problem under study. The main aim, objectives, research questions, significance and assumptions of the study highlight the main reason for conducting the study and its potential contribution to the existing knowledge base on the particular experiences of children.

**Chapter two** details the theoretical framework of this study and existing literature surrounding children's rights, persons with disabilities, begging and vending of persons with disabilities. The Human Rights Theory is described on how it guides the research as well as highlighting how the experiences of children under the care of persons with disabilities are affecting their basic rights. The chapter reviews the international, regional and local legal pieces concerning the rights of children.

**Chapter three** focuses on the research paradigm of this study. It details the methodology of the study. This chapter explores the research design of the study and the justification for adopting it. The sampling procedures, data collection tools are reviewed in this chapter.

**Chapter four** outlines data presentation, data analysis, and data discussion collected through the use of qualitative methods.

**Chapter five** consists of the summary of findings, conclusions and recommendations that can be offered regarding the problem under research.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.0 Introduction**

The chapter reviewed the theoretical base of the study of experiences faced by children under the care of persons with disabilities working on the streets. In line with objectives, the chapter exhausted the existing literature on lived experiences of children of persons with disabilities, intersectionality of disability and street life. The chapter also conceptualized disability, street life, vending and begging, parents with disabilities among other. It also includes the legal instruments that are available to safeguard the life of children and persons with disabilities.

### **2.1 Theoretical framework**

The study is premised on two approaches that aim to advocate for the rights of children regardless of their living environments or circumstances which are the Human Rights Based Theory and the Child-Centred Approach. The Human Rights Based Theory which advocates for the rights of people and in this case the rights of children who accompany their caregivers in working on the streets to make a living. The Child-Centered approach puts the child at the middle of all decisions that need to be made that concern them.

#### **2.1.1 Human Rights Based Theory**

The Human Rights Based Theory is a framework that was informed by several activists, organizations and scholars who work towards upholding human rights and has evolved over time for example John Locke (1689). The theory has evolved overtime and it can be traced back to historical documents such as the Universal Declaration of Human Rights (1948). By adopting this theory, the researcher is able to analyze and interpret the

experiences of these children through the lens of human rights principles and standards. A Human Rights Based Theory provides a framework that emphasizes the protection and promotion of human rights as a fundamental aspect of the study. This framework identifies the rights of every individual, including children and persons with disabilities, to live a life free from discrimination, exploitation and violence as outlined in the Zimbabwe Children's Act (5.06), The African Charter on the Rights and Welfare of the Child and the United Nations Convention on the Rights of the Child. Cheney (2012) also highlighted that, the introducing or developing the Rights Based Approach was meant to address major or organizational matters which Needs Based Approach failed to tackle. The framework serves as a guide in examining the essential rights of the children under study specifically their rights education, healthcare, participation in decision making processes and also safeguarding them from any kind of abuse or exploitation in the streets of Harare CBD. According to work of scholar Langford (2013), one can explore the intersectionality of human rights and the experiences of vulnerable children which further develops the need for looking into the upholding of the children's rights particularly paying more attention to the unique situations they encounter everyday while trying to live normal lives being catered for by their guardians who have disabilities and non-formal jobs, specifically, in the streets. The framework essentially allows for thorough examination and revision of laws and policies that are meant to safeguard the children in order to identify gaps and foster improvement in service provision to the children in Harare Central Business District.



### **2.1.2 The Child-Centered Approach**

The Child-centered approach provides guidelines on how child protection should be conducted successfully and to the satisfaction of child needs. Toros, Tiko and Saia (2013) define the approach as taking the needs of the child first, stemming from the child's interests when making decisions about the child. The approach is of the opinion that children are not passive actors in their own life but rather active that means that they should participate in every aspect. According to Munro (2011), child protection practitioners ought to pursue child-centered working and be able to pay attention to their right to participate in decisions that concern them also consider their age and maturity level. In line with this study, it is relevant to adopt the child-centered approach as it encourages considering the child's active role in making decisions about their lives for example provisions of social welfare to them or their parents or guardians with disabilities. According to a study on child-centered approach with street children by Veeran (2004), the approach serves as an acknowledgement to the fact that it is crucial to give these children the opportunity to participate in decision making processes despite the living environment. This also includes their inclusion in deciding to take part in the research study. Therefore, this approach guides the study in terms of recommendations for interventions suitable to the challenges faced by children under the care of persons with disabilities working on the streets. This approach stipulates that the children need to express what they think is suitable for them and decide what they want in accordance to the principle of self-determination and the child centered approach.

### **2.1.3 Provisions of international, regional and local child protection legal frameworks to children of parents with disabilities**

The protection of children under the care of parents with disabilities is provided in various international, regional and local legal frameworks. These provide comprehensive contexts for upkeep of the well-being of children and they all emphasize the need for special attention to be directed towards their welfare as they encounter unique experiences in their lives when growing up with parents or guardians with disabilities. The UNCRC is the most comprehensive human rights treaty that was adopted in 1989 for the promotion and protection of children's rights. It is mainly against inappropriate treatment of children, neglect or any form of physical or mental exploitation. Same applies with the African Charter on the Rights and Welfare of the Child; Mbagua (2012) in Bhaiseni (2016) argues that the ACRWC was born out of a concern by the African member states to the United Nations that the UNCRC missed important socio-cultural and economic realities of the African experience. The charter provides that the children have the right to protection from all from of abuse and exploitation and also outlines specific measures to protect children's education, health and overall well-being. Locally, the Zimbabwean Children's Act, which was enacted in 2012, provides for the responsibilities of parents and guardians, the government and other institutions towards the welfare of children. The Act aligns with the international standards, particularly the UNCRC. According to Ruparanganda and Ruparanganda (2016) the Act highlights how important family care, parental responsibilities and the provision of alternative care for orphans are. The Act specifies the responsibility of the Zimbabwe National Council for

the Welfare of Children which includes coordinating efforts and implementing policies that are child-related.

## **2.2 Overview of the living conditions for persons with disabilities around the world**

Globally, persons with disabilities take about 16% of the world's population according to a research conducted by the United Nations Office for Disaster Risk Reduction in 2023. According to LaPlante, Carlson, Kaye and Bradsher (1996), a person with a disability can be defined as someone who is unable to perform his or major activity or is limited in the amount of activity. According to the latest report issued by the World Health Organisation (2024), 1 in 6 people in the world have disabilities and the number is increasing as people age and also due to the prevalence of non-communicable diseases. Parents or caregivers or guardians with disabilities face significant challenges in especially when trying to find ways to make a living and care for their children. They face challenges especially when finding and securing jobs that are suitable for their conditions. If employed, they are paid less than their able-bodied counterparts due to the notion that they do not contribute as much. However, Kim and Hwang (2019) argue that in Korea it was discovered that for persons with disabilities to participate in economic activities they would have to be educated highly, living in urban areas and have internet skills. It is difficult for parents with disabilities to access basic services such as healthcare and education for their children. Difficulties in finding affordable and accessible housing force caregivers with disabilities to live in unsafe and unhealthy conditions with their children. According to Smith (2018), research has shown that parents with disabilities are limited physically, that is, their mobility and manual dexterity that further impact the ability to perform tasks required for childcare for example carrying, feeding and general

caring for children. The Ceci Tchakounte Tadfor Foundation posted on their social media blog explaining that parents with disabilities find it difficult balance their self-care and parental responsibilities as it requires both physical and emotional energy. Without performing these tasks, there is an increased risk of child neglect and vulnerability.

### *England*

The Institute for Health Research (2004) recorded that there are estimated to be 796 000 adults with learning disabilities in England above the age of twenty. Parents with disabilities, child welfare professionals, and attorneys agreed that the child welfare system lacks both expertise on disability and adequate services for disabled parents in the United Kingdom which highlights the exclusion of parent with disabilities (Albert and Powell, 2021). In prior years, The Network called Working with Parents had noted that many of the parents with disabilities are not recorded for services in England especially pregnant mothers because they fear that their pregnancies might be terminated or their children be taken away from them. This was supported by the English National Survey of Adults with Learning Disabilities that showed 40% of the mothers do not live with their children (Emmerson et al., 2005). However, in this developed country, those who have disabilities are registered to the governmental welfare department and they are provided with most of their needs to avoid ill-treatment in the streets for example the launching of the Disability Action Plan. The Vagrancy Act 1824 criminalized those who begged but in 2022 the parliament moved for a bill that prohibited organized begging that caused nuisance at shop doorways, public transport or approaching people in their vehicles, thus to avoid such, people in the UK are advised to register for assistance. There have been initiatives such as building houses for the homeless through a programme called Rough

Sleeping Accommodation Programme to reduce people who sleep on the streets (GOV.UK Report, 2024). This shows how developed countries have resources to support people with disabilities better than in developing countries.

In the Sub-Saharan African region, persons with disabilities constitute up to 80% of the total population of persons with disabilities. The disability data that was collected in these countries showed that women have higher rates of disability especially due to inequality in the society, healthcare services and also domestic violence (The World Bank, 2011). Caregivers with disabilities who engage in street work such as begging or vending are reported to experience increased stress and several mental health challenges. High levels of distress, anxiety and depression experienced by parents who work on the streets affects their capacity to care for their children (WHO, 2011). According to Olkin, Abrams, Preston and Kirshbaum (2006) caregivers experience emotional distress and depression as a result of several stressors like financial instability, discrimination and the constant struggle to balance caregiving duties. Despite the provisions of the United Nation Convention on the Rights of People with Disabilities that persons with disabilities have the rights to appropriate assistance in performance of their child rearing responsibilities, with elimination of all discrimination and provision of effective and appropriate support, in most African countries these parents resort to vending and begging to support their children (Research Report, 2023). The absence of proper support systems for parents with disabilities exacerbate their struggles in caring for their children, perpetuating a cycle of inadequate care and limited opportunities for both the caregivers and their children.

*South Africa*

According to the South African Human Rights Commission, the national disability prevalence is at 7.5% and the commission is responsible for making sure that the rights of people with disabilities are not treaded upon in line with the stipulations of the United Nations Conventions on the Rights of Persons with Disabilities. Susuman, Blignaut and Lougue (2014), argue that most of the people with disabilities in South Africa are affected societal perceptions that lead to them being economically inactive. In reference to the 2006 South African General Household Survey, about 40% of the people in the Western Cape are physically disabled. Shakespeare, Mugreere, Nyariki and Simbaya (2019) conducted a study in Southern African countries and concluded that begging was also another strategy being utilized by persons with disabilities to get what they need in terms of food and money. Matyana and Thusi (2023) argue that the government of South Africa tries to make services accessible for persons with disabilities but a large number for them are disadvantaged which include not being able to access education which is fundamental for them to secure jobs or other opportunities.

In the local context, Zimbabwean latest statistics show that persons with disabilities constitute 5% of the unemployed population (ILOSTAT, 2023). This is detrimental to their caregiving capabilities because they lack a sustainable source of income. Most of people with disabilities in Harare CBD rely on vending and begging in the streets for money and food. During an interview, the president of the National Council of Disabled Persons of Zimbabwe, Farai Cherera, testified that persons with disabilities are among the poorest and are usually neglected in governmental economic programs like indigenization and economic empowerment drive. Persons with disabilities no longer receive the monthly allowances that they used to get during the Government of National Unity era.

This definitely shows how the people with disabilities are failed in terms of welfare provisions (VOA, 2012).

### *Zimbabwe*

At the heart of the capital city of Zimbabwe, one cannot fail to hear the noise of the visually impaired singing which was described by Matiza (2020) as begging discourse. Most of the persons with disabilities in Zimbabwe are not formally employed which lead them to go into the streets to beg. Those who are on wheelchairs are found in the middle of the road or at intersections where they beg from people in their cars as they wait on traffic lights to move. According to Matiza (2020), begging is becoming more like an obligation in Africa and Zimbabwe for the people with disabilities because they have no other means of fending for themselves. Adedibu (1989) emphasized that a large number of people who beg on the streets are physically handicapped. Persons with disabilities, especially the visually impaired recruit their children to be their guides and usually those of ages between 8 and 15 (Manomano, Nyanhoto, Mushonga and Nhende, 2020). In Harare, people with disabilities resort to begging on the streets or vending on the streets because they are poverty ridden and take advantage of the downfall of the Zimbabwean economy to ask from assistance from passersby (Rugoho and Siziba, 2014). In their study, Rugoho and Siziba (2014) found out that people with disabilities show their disabled part of the body while vending or begging as a strategy to attract people's mercy.

### **2.3 Socio-economic challenges encountered by children of parents with disabilities**

Children with parents with disabilities face unique challenges and experiences that differentiate them from other children in several, and in most cases, negative ways. According to Szirmai (2015) the phrase socio-economic refers to the combined study or consideration of social and economic factors of particular situation or group of people. In circumstances where at least one of the parents or guardians has a disability, children are naturally or responsibly tasked to care for their parents. Newton and Wates (2005), in an edition of the Discussion Paper prepared for Barnados Policy and Research Unit in 2005, highlighted that a substantial literature has emerged which has highlighted the situation of children and young people who deliver physical or emotional care to family members. Some of the challenges faced by children include, lack of safe play places, discrimination, emotional distress, financial strain, lack of access to education and healthcare and limited opportunity for socialization.

#### **2.3.1 Discrimination**

Children of parents with disabilities may discrimination in a variety of settings which include but not limited to schools, healthcare facilities and social gatherings. Due to the conditions of their parents, children may be bullied in school verbally or physically because of the assumption that their parents cannot protect them. According to Ab Rahman, Basir and Zahir, (2022) highlighted that although discrimination is an outright violation of human rights and is not permitted; it is sometimes unavoidable in various circumstances. Their study in Malaysia showed that vulnerable children are discriminated which is made worse by the fact that the children are susceptible, weak, and immature due to age and their state of powerlessness. According to a study by Motsa (2017) in



Swaziland showed that vulnerable children face challenges of discrimination and discrimination in schools as they feature in cases of school reprimand caused by obstacles they faced which hindered them from completing some school tasks or complying with certain school requirements. The attention from teachers may be biased looking at the background of the child and the capabilities of their parents. The treatment they get in healthcare settings may also be discriminatory in nature. This discrimination can have a significant impact on a child's self-esteem hence resulting in feeling low self-worth and isolation.

### **2.3.2 Emotional distress**

Children with parents with disabilities suffer from emotional distress which they have to endure within their families. Watching and witnessing their parents' struggles and weaknesses may trigger emotional feelings of guilt, sadness and confusion in children. According to the results of a local research done in Leicester and Leicestershire in UK, parents somehow fail to identify children aged 12 to 19 as young carers because they are their children which somehow makes them natural carers (Olsen and Clarke, 2003). The responsibilities of caregiving that may fall upon them can further contribute to emotional distress as they become overwhelmed and burdened by these additional responsibilities considering the fact that they need to be cared for themselves. James (2017) argues that some young carers are not being identified such that they are not able to receive the targeted and consistent support they desperately need, which include emotional support. Their emotional distress and instability is increased by the stigma and social isolation that they face which affects their mental health. James (2017) further emphasizes that young

carers are afraid and anxious about being seen differently with contributes to their emotional instability.

### **2.3.3 Financial strain**

Children under the care for persons with disabilities often bear the burden of financial strain within their families. Treanor (2016) carried out a study in Scotland and found out that financial vulnerability affects a child's emotional, social and behavioral well-being directly or indirectly. Households with at least one or both of the parents with disabilities are more likely to encounter financial difficulties which result in inadequate care for the children (Grech, 2015). The presence of a disability means that there are additional expenses incurred such as medical costs, assistive devices and specialized care which strains the family's finances. Jelili and Adedibu (2008) discovered that most of the people with disabilities beg on the streets to acquire money quickly. In this case, children may be deprived of their material and basic needs, limitations in terms of education and reduced extracurricular activities (Narayan-Parker and Patel, 2000). The financial strain increases stress and anxiety within the family which leads to other parents begging or living in the streets with their children.

### **2.3.4 Lack of access to education**

Having a caregiver with a disability may pose a significant challenge for the children to access basic education. Researches done highlighted the persistent challenges that these children encounter in trying to access education. According to Hayes and Bulat (2017), the responsibility of caring for their parents impedes their full participation in academic activities. Manomano, Nyanhoto, Mushonga and Nhende (2020) argue that the children spend many hours begging unavoidably prevents them from accessing education

adequately as well as impeding their health and standard of living in the long run. As inscribed in the Universal Declaration of Human Rights 1948, education is a basic right for everyone, however, children with caregivers with disabilities struggle or fail to obtain education due to limitations brought about by disabilities. Lack of parental involvement in school activities affects the child's academic performance as they require their support which they fail to fulfil due to their conditions (Humphrey-Taylor, 2015). For example, there are activities that children are asked to bring their parents to participate in meetings and consultations where parents are needed which they attend but are important for the education of the child. Yanghee Kim (2009) conducted a study and discovered that they are often viewed as less interested in their children's education but factors which include lack of social networks and communication barriers. A parent with a hearing impairment cannot attend general meetings or consultations for their children. This leads to embarrassment, stigma and feelings of isolation for a child at school resulting in long term effects of backlog in school and failure to complete with high grades. In overall, the child's academic achievement is affected due to the caring activities they do and their academic outcomes are below their peers (James, 2017).

### **2.3.5 Lack of access to healthcare**

The stress and responsibilities associated with having a parent with a disability can impact the physical and mental health of these children. Children might develop emotional and health challenges such as anxiety, depression and feelings of guilt. Physically, children are at high risk of injury for example a parent with visual impairment may not be able to supervise their children. Children are physically weak and especially those who stay or work with their parents within the streets are exposed to multiple

health risks (Ab Rahman, Basir and Zahir, 2022). In case of health well-being of children, parents with difficulties in going and seeking medical attention, or even access the care because of structural barriers. Ab Rahman et al. (2022) further stated that the Ministry of Health in Malaysia identified that almost 1600 individuals failed to vaccinate their children in 2016 which resulted in the emergence of Diphtheria and Measles. This affects the well-being of the child's health. According to Mcleod (2023), especially those children who stay or in street situations are commonly known to face barriers when seeking for healthcare assistance.

### **2.3.6 Limited opportunity for socialization**

Social isolation is a serious challenge that children of parents with disabilities face with peers. According to Irvin (2017) they may feel isolated from their peers due to differences in family dynamics or limitations on participating in social activities outside home. In reference to Erik Erikson's Psychosocial Development Theory (1958), children grow through eight stages of development and a child has to complete all the stages for a healthy personality and acquisition of basic virtues (Mcleod, 2024). Specifically, on initiative versus guilt at the third stage, children are more into playing and social interaction in school mostly. Mcleod (2024) further highlights that central to this stage is playing which allows the children to explore their interpersonal skills through initiating activities. However, children of parents or guardians with disabilities lack the time to play and develop because in some instances they have to help their caregivers at home. James (2017) highlights that Maggie Atkinson, who was the then Children's Commissioner for England spoke to the BBC saying that the child carers have saved millions and many of them lose their childhoods due to their roles within the home.

Mhaka (2014), conducted a study in Zimbabwe and found out that the children that serve as guides for their visually impaired parents or guardians are excluded from formal education and most types of socialization that are enjoyed by other children. For those who accompany their parents to beg in the streets, they miss out on the opportunity to make friends and enjoy their social interactions with people of their own age.

## **2.4 Coping mechanisms adopted by children of persons with disabilities working on the streets.**

According to Oduburu (2011), coping is described as utilizing psychological resources and strategies that help to eliminate, modify or manage a stressful event or crisis situation. In this case, the children of persons with disabilities find and adopt ways to live through their experiences no matter how difficult which has given them a sense of hope for their future.

### **2.4.1 Adaptation**

Adaptation is one of the ways that children cope with the situation of having a parent with a disability. According to Rutter (2012), adaptive strategies promote the adaptation of children living in difficult situations to be successful while also putting emphasis on the need for being resourceful and flexible in the face of other stressors connected to their current situations. The children may learn to adapt and make changes to their life routines in order to incorporate the demands of their parent or guardian with a disability. In relation to the study, researchers have shown that children of parents with disabilities have accepted adjustment and adaptation to the situation of being associated with the streets as their caregiver tries to make a living out of selling or begging for things.

According to a research done in Nigeria, it was discovered that these children often have to learn to adapt to a wide range of situations and environments, as their living situation and their parent's ability to earn a living may be unpredictable (Chukwu, Okoye, Onyeneho and Okeibunor, 2019). They may learn to adapt by becoming street-smart, learning how to navigate the streets and avoid danger.

#### **2.4.2 Resilience**

Resilience can be defined as a psychological process that facilitates healthy functioning in response to intense life stressor (Chukwu, Okoye, Onyeneho and Okeibunor (2019). Children often have to develop resilience in order to cope with the challenges they face. Children develop resilience by relying on faith, finding positive role models, learning to focus on and maintaining a positive outlook on life. In reference to Masten and Barnes (2018) definition of resilience, the children of persons with disabilities find the strength or capacity to sail across and overcome difficult conditions. The children under the care of parents or guardians with disabilities, therefore, require support as highlighted by Ungar (2018) through strengths-based approach the aims to empower the children and their caregivers by promoting them in what they can do. This promotes the resilience in children as they learn to utilize the available resources wisely and effectively hence promoting positive adaptability. Resilience is a fundamental coping mechanism that instills knowledge, the mindset and needed skills to maneuver through challenges and uplifting their hope for a better future.

### **2.4.3 Support networks**

Children of persons with disabilities associated with the streets tend to get support from their peers. As highlighted by Khanikar and Desai (2022), they build rapport with other street children, their mothers or older street boys for their emotional support. In face of danger, they form groups to deal with abuse and harassment they encounter on the streets. These groups make them feel the safe sense of security and companionship. Mwapaura, Chikoko, Nyabeze, Kabonga and Zvokuomba (2022) emphasized that the children in difficult situations as these under study tend to turn to their social environments for support be it emotional or practical especially from friends, relatives and communities they come from. It is imperative to give attention to the needs of these children particularly by recognizing the needs as well as the vulnerabilities of this group of children hence strengthening the provision of child protection services (Mwapaura et al., 2022). To enhance their resilience, the children of persons with disabilities who encounter unique and difficult situations in their lives, there is great need for the strengthening of these support networks that they rely on and it requires the cooperation of individuals, civil society organisations, the communities and the government because they are humans with rights entitled to them.

### **2.4.4 Educational empowerment**

Education serves as a way that helps the children under the care of persons with disabilities working on the streets to cope with the unique and disadvantaging experiences. As they pursue education, they empower themselves, find opportunities and it gives them a sense of hope for a meaningful future. According to a research carried out by Ungar (2018), education is proven to be an important resilience-building factor for

relegated groups of people, in which case, these children are included. In that sense, through education, children are not only gaining knowledge but a sense of agency, self-efficiency and empowerment is instilled in them which gives them an advantage to seize several opportunities that require their educational qualifications (Zimmerman, 2000). Thus, education plays a crucial role in increasing their endurance in situations they encounter as they focus more on their future than dwelling on the present. In another research, it was discovered that creative activities and play is an avenue that serves as a powerful outlet the children to express how they feel as well as a joyful distraction for example, music, drama and sport. The United Nations High Commissioner for Refugees emphasize that there is need for the introduction play and recreation opportunities for the children in difficult situations. This came as recognition of play and recreation as a perfect solution to the misery, difficulties and crises that the children go through so as to restore their social and emotional well-being.

#### **2.4.5 Support from NGOs and well wishers**

The children may seek for assistance from non-governmental organisation and other community-based organisations that provide services tailored to address their needs. Most of the times, children find it difficult to beg or assist their parents to vend hence they seek assistance from organizations known to help vulnerable children for example, Chiedza Chenyika Organisation offer academic assistance to vulnerable children through fees payment and stationery to the children. In 2022, CCO enrolled an eleven-year girl from Hatcliffe Extension (Magamba Area) into the program whose mother is visually handicapped and relies on the child for guidance and care. The UNICEF (2023) Report suggest that the data that is available show that the children that do not have parental care



still pose a grave child protection worry in Zimbabwe. UNICEF continues to be one of the most contributing agencies to the welfare of children as stated in the report. The children also positively assist people by carrying bags or baggage for a fee to sustain themselves and their parents with disabilities. Lemi (2021) attested that his study in Nekemte Town the children tend to carry belongings of passengers or shine their shoes to get money to buy food and warm clothes. This elaborates on the fact that the children have resorted to some positive measures to cope with their situations.

### **2.5 Measures to address the needs of children under the care of PWDs living and working on the streets.**

The issues of policies and laws that safeguard the needs of children whose parents or guardians have disabilities have been of major concern because there is not enough attention that has been paid. However, the UNICEF has been of great assistance in helping these children by protecting their rights to a fair chance in life. This is through its mandated goal to make sure that every child is accorded their rights and protection to reach their full potential despite their background and circumstances (UNICEF, 2021). Globally, many organizations have adopted the UNCRC in managing, addressing and advocating for the rights of vulnerable children like those with parents with disabilities working on the streets since they usually struggle to make a fulfilling lifestyles due to limitations brought about by their disabilities (UN, 2017).

In the regional context, the ACRWC has informed formation of National Policies for Vulnerable children among all the state parties to the UNCRC and other conventions which gives rise to the attention paid to the needs of children under the care of PWDs working and living on the streets. According to the report by Save the Children (2006),

countries in Southern Africa signed treaties which committed them to collaborate and support each other in addressing the needs of children with vulnerabilities such as these under study.

At the national level, the Zimbabwean government together with CSOs has joined hands in providing services to children under the care of persons with disabilities so that they gain access to education, healthcare, food and shelter. The Department of Social Development collaborates with non-governmental organisation to pay schools for vulnerable children for example through BEAM and The Higherlife Foundation among many others.

## **2.6 The research gap**

The study suffers from the dearth of qualitative data that explains firsthand information experiences or perspective of these children which is a major concern considering the fact that these children are going through serious deprivation of rights. The information regarding the children under the care of PWDs working on the streets does not offer enough insight which lacks case studies hence leaving a huge gap to understand their unique and lived realities.

Another gap noted is that there is need to understand the intersectionality of vulnerabilities that these children face for example poverty, experiences of street life and their caregiver's disability. Much research needs to be carried out so that each of the vulnerabilities is explored on how they intersect and shape their lived experiences and how they manage to cope with situations.

Through this study, it became clear that the views of the persons with disabilities who have a responsibility of taking care of children are not taken into consideration. Thus, the

study found out that their view points and insights are relevant and provide a better understanding of family dynamics and challenges. The caregivers' information could also elaborate on their own experiences when working on the streets to feed children, their needs and their coping strategies which could inform a comprehensive intervention plan aimed at alleviating their plight.

## **2.6 Chapter summary**

In summary, the chapter reviewed the already existing literature related the life and experiences of children under the care of persons with disabilities. Their life associated with the streets, challenges and coping strategies were also reviewed in the chapter. The next chapter is going to cover the methodology of the study outlining and explaining the rationale for using the data collection methods and tools selected for the study of children under the care of persons with disabilities working on the streets of Harare Central Business District.

## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

The chapter focuses on the methodology employed to collect information on the experiences of children under the care of persons with disabilities working on the streets of Harare CBD. The research design chosen for the study is analyzed as well as justifying the rationale for using it. The chapter also details the target population, sampling, data collection methods and tools, research ethics, data analysis and pilot testing process.

### **3.2 Research design and approach**

The research design is basically a blueprint for how the research is going to be carried out. Grey (2014) argues that the research design sets the procedure on the required data, the methods to be applied to collect and analyze this data and how all of this is going to answer the research question. Qualitative approach is utilized for collecting data for the study of experiences of children under the care of persons with disabilities who work on the streets of Harare CBD. According Savin-Baden and Major (2013) qualitative research is used in exploration of complex phenomena especially to gain deep insight into the experiences of people and their perspectives on a particular issue or topic. The research adopted the case study design which is explicitly relevant for effective collection of information through interaction with participants. Qualitative research approach enabled the research to fully understand and observe the participants' perspectives and experiences which is very crucial for detailing the results of the research. The community's or participants' perceptions and attitudes are fundamental for necessitating a thorough investigation to fully understand their experiences because perceptions are what drive participants (Gage, 2011).

### **3.3 Target population**

A target population refers to a group of people which forms the subject of study and can also be called a unit of analysis (Ngo Ndjama, 2020). The target population is basically the entire group of people that the researcher wishes to draw conclusions about and in this case it is the children who live with parents or guardians with disabilities who beg or vend in the streets for a living. Therefore, the target population for this study comprises children, both boys and girls, typically between the ages of 6 to 18 years who are under the care of persons with disabilities who work in the streets of Harare CBD. The study also included 6 key informants from the Department of Social Development and other child protection non-governmental organizations who deal with children.

### **3.4 Sampling**

Sampling is the act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population (Mujere, 2016). It is impractical in research to collect data from each individual in a targeted population thus a research gather respective data from the selected sample that can make inferences about the entire population. Rubin & Babbie (2017), assert that sample should be able to represent the larger population to enable the researcher to generalize the findings to the study population.

### **3.5 Sampling size and techniques**

A sample size can be defined as the number of individuals included in a research to represent the population under study and the number may be broken down into sub-groups by demographics such as age, gender and location so that the total sample

achieves represents the entire population (Kibuacha, 2021). Thus, the study consisted of 7 girls, 6 boys and 3 key informants, totaling to 16 participants for investigating their experiences when residing and working with their caregivers with disabilities who work on the streets of Harare CBD. The sample size was inclusive of all ages between 6 to 18 years because their experiences differ with age, gender as well as location in the CBD. A research sampling technique was defined by van Haute (2021) as case selection strategy, that is, the process and methods used to select a subset of units from a population. According to Tress (2017), by using convenience sampling, one is focusing on the selection of participants based on their proximity and accessibility to the researcher. The researcher used purposive sampling technique to select key informants for study. Purposive sampling refers to a technique in which units are selected because they have characteristics that is needed in a sample (Nikolopoulou, 2023).

### **3.6 Data collection methods**

The generation of large amounts of data for a specific research taking place is called data collection regardless of which method is being used (Sutton and Austin, 2015). Focus group discussions, in-depth interviews, key informant interviews and observations are methods that the researcher adopted to collect data for the experiences of children under the care of persons with disabilities working on the streets of Harare CBD.

#### **3.6.1 In-depth interviews**

The researcher conducted in-depth interviews with participants to get information regarding the research. In-depth interviews are purposeful interactions in which an investigator attempts to learn what another person knows about a topic, to discover and record what that person has experienced, what he or she thinks and feels about it and

what significance or meaning it might have (Mears, 2012). In-depth interviews enabled the researcher to learn directly from the children who are experiencing challenges as supported by Malinowski, a classic ethnographer, who stresses the importance of talking to people to grasp their views, through interviews (Legard, Keegan and Ward (2003). The responses from the interviews provided the researcher with comprehensive data on perceptions of children under the care of persons with disabilities working in streets. Key informant interviews were in form of in-depth interviews which enabled the researcher to gain an appreciation of their knowledge on the topic since they are constantly in contact with the population under study. Marshall (1996) argues that key informants, as a result of their personal skills, or position within a society, are able to provide more information and a deeper insight into what is going on around them.

### **3.6.2 Focus group discussions**

The study utilized focus group discussions as a method of collecting data whereby the participants were organized into small groups that enabled them to talk about their experiences as well as sharing their coping strategies for the benefit of others. The focus group is a method of data collection in which a moderator, usually a coresearcher, speaks with a group of 6–12 participants about issues related to the research question (Barrett and Twycross (2018).

Focus group discussion is frequently used as a qualitative approach to gain an in-depth understanding of social issues (O. Nyumba, Wilson, Derrick and Mukherjee, 2018). Burns (2007) further denotes that focus group discussions allow space for dialogue since there is space for face to face dialogue and interaction between the researcher and the group. Focus group discussion is sometimes seen as synonymous with interviews,

especially the in-depth interview “one-to-one” and “group interviews” (Parker and Tritter, 2006).

### **3.6.3 Key informant interviews**

Key informant interviews are conducted with individuals with informed perspectives regarding the topic of interest. According to USAID (1996), key informant interviews are qualitative, in-depth interviews that are selected for their first-hand knowledge about a program, topic or subject being evaluated. Key informants are knowledgeable people in the local community about specific experiences of children on the streets and their day to day lifestyle in as far as this study is concerned. Key informant interviews are mainly undertaken in the initial stages of a study particularly to gain an overview of the topic of interest or their study area (Joshi, Gauchan and Ayer, 2022). Joshi et al (2022) go on to suggest that it is crucial for the researcher to have prior contact and appointment and develop rapport with the informants before an actual interview. Before an actual interview, it is better to have prior contact and appointment and develop rapport with the key informants.

### **3.7 Data collection tools**

. Data collection tools are instruments or materials used to collect and gather information from participants. Adosi (2020) emphasizes that deciding on the appropriate to use to capture data required to address a particular research problem as a novice qualitative researcher can be a challenging task. Tools utilized in this study include interview and focus group guides and fieldwork checklists.



### **3.7.1 In-depth interview guide**

Jamshed (2014) defined an interview guide as simply a list of the topics that a researcher has planned on covering during an interview along with the questions that have to be answered under the selected research topic. An interview guide has been to be easy to use because it provides flexibility to the interviewer as it is not compulsory to follow the order of questions rigidly but can also ask questions from what is heard from the respondent (Adosi, 2020). It is a valuable tool for exploratory research, theory building, and gaining insider insights from the subject matter experts.

### **3.7.2 Focus group guides**

Focus group guides are used when conducting focus groups as they contain questions that guide the researcher when they discuss a specific topic of research with people they gather from similar backgrounds or experiences (Guest, Namey, Taylor, Eley and McKenna, 2017). Key components of an effective focus group guide include an introductory section to welcome participants and set ground-rules, a series of open-ended questions that gradually transition the discussion towards the core topics, follow-up probes and a conclusion that allows sharing any final thoughts.

### **3.7.3 Key informant interview guide**

A key informant interview guide is a detailed protocol used to conduct in-depth or one-on-one interviews with expert stakeholders who have specialized knowledge or expertise relevant to the research topic (Wisener, 2014). The guide helps the interviewer to direct the conversation in a focused manner allowing the expert to express their views and perspectives. The guide has to be well designed to gather all the necessary information essential for the study and generate original insights.

### **3.8 Data presentation and analysis**

The researcher utilized Thematic Data Analysis to analyze data collected during investigations. Thematic data analysis is the method applied to analyze qualitative data by identifying, organizing, and interpreting themes or patterns within the data. Clarke and Braun (2017) further defines the process as a method of identifying, analyzing and interpreting patterns of meaning, that is themes, within qualitative data. Braun and Clarke (2006) emphasize that thematic data analysis is easy to apply and understand. Thematic analysis involves proceeding through a series of steps that focus on the identification of recurring themes or ideas in a textual data set (Riger and Sigurvinsdottir, 2016). Braun and Clarke (2006) described a six phase process for thematic analysis which is a cyclical process that involves going back and forth between phases of data analysis as needed until the researcher is satisfied with the final themes. The phase include the six stages namely familiarization, coding, developing initial themes, examining themes, identifying and naming themes and writing up. At this point, the researcher can clearly document their coding procedures and decision making, making it possible for others to replicate their findings (Guest, 2012).

### **3.9 Research ethics**

Research ethics are important for conducting any study as they involve the application of moral principles and guidelines that protect the well-being and fundamental rights of participants. Erazo (2021) posits that research ethics and research integrity have similar concepts, where both are focused on the researcher's ethical behavior in terms of obtaining the information and reporting the results thus as a researcher one has to be responsible for the ethically upright acquisition of information from participants as well

as acknowledging other sources of information to avoid plagiarism and fabrication of information. De Wet (2010) argues that the assumption is that social sciences research does not require ethical appraisal or clearance, because of the alleged absence of harm in conducting such research; however, it is an erroneous and dangerous assumption given that research in social sciences poses various and complex dilemmas related to ethics. Therefore, ethical considerations in this study encompassed informed consent, confidentiality, beneficence and respectful treatment of participants. The research practice explicitly involved transparency when communicating the purpose, risks, and benefits of the study to participants and obtaining their informed consent, safeguarding their confidentiality and anonymity as well as minimizing harm and discomfort and ensuring that the study is conducted with respect for all those that were involved.

### **3.10 Pilot testing**

Prior to conducting the main study on exploring the experiences of children under the care of persons with disabilities working on the streets in Harare CBD, a pilot testing phase was conducted. According to the National Institute for Health Research (NIHR) (2013) pilot study is a version of the main study that is run in miniature to test whether the components of the main study can all work together. Pilot testing is an invaluable component of research that gives researchers a valuable opportunity to for reflection and revision of their project before the cost of errors begin to multiply later on. This aimed at assessing the feasibility of research methods and procedures and a small sample of participants was recruited, including children and persons with disabilities. A fake kind of research conducted helped to make adjustments and improvements to the research

instruments and also identifying logistical challenges in recruiting participants as well as data collection (Fraser, Fahlman, Arscott and Guillot, 2018). The insights gained during pilot testing will further contribute to the quality of the main study on capturing the experiences of children under the care of persons with disabilities working on the streets in Harare CBD.

### **3.11 Chapter summary**

The chapter dwelt on the research approaches and methods used to acquire information on the experiences of children under the care of persons with disabilities working on the streets. These include the research design, the population size, data collection methods and tools. It also gives an account on the research ethics that were observed during the study.

## **CHAPTER 4: DATA PRESENTATION AND ANALYSIS**

### **4.0 Introduction**

The chapter focuses on presenting and analyzing the data that was collected from participants which are key informants and children on the experiences of children under the care of persons with disabilities working on the streets. The data was collected from 7 girls and 6 boys between the ages of 6 to 18 years with caregivers with disabilities who work on the streets in Harare Central Business District as well as 3 key informants 2 of which are social workers from the Department of Social Development Makombe, Harare and 1 from Chiedza Chenyika Organization in Milton Park Harare. Thematic data analysis was utilized to present and analyze data.

### **4.1 Socio-economic experiences of children of persons with disabilities working on the streets**

The experiences of children under the care of persons with disabilities indicate that they are both positive and negative. Generally, their life experiences are more inclined to negativity and vulnerability

#### **4.1.1 Negative socio-economic experiences**

Children under the care of persons with disabilities who work on the streets often face challenging living conditions. Generally, their life is characterized by instability and inconsistency in their life due to their caregiver's nature of work. Challenges that claim their safety and well-being such as lack of safe living places, healthy environments, and limited social interactions affect their day to day life.

### ***Harsh Weather***

Due to the time they spend accompanying their parents in the streets, children are exposed to extreme weather conditions that are detrimental to their health. Harsh weather extremes such as scorching heat in summer and cold winters pose great risks to the health of children under the care of persons with disabilities working on the streets. They are weak and susceptible to heat which leads to dehydration and exhaustion as they lack sufficient shade and clean water for drinking. One participant said,

*'... it comes with challenges especially when we may face harsh weather conditions like extreme heat, cold or heavy rains which further complicates our own health. Finding shelter from these conditions is very difficult because we are discriminated when we seek shelter in verandas where they think we want to steal their things.'* (***Girl, 11 years***)

Children are physically weak hence during harsh weather conditions they require proper protection such as warm and protective clothes to prevent their vulnerable bodies from the effects. However, from the findings, children mentioned how they struggle with dehydration and frost bites due to lack of protective clothes. Parents with disabilities often use the money they get from begging or vending for food.

### ***Discrimination and stigmatization***

By virtue of having a parent or guardian with a disability, children face discrimination in several circumstances and settings in the society. 4 of the child participants testified that their parents' disability is a source of mockery and ridicule for them at school or in their social circles. One participant sadly said,

*'My mother is visually impaired and I have to walk with her where she wants to go. My former friends began to distance me from them because I was usually away with my mother so they did things without me and I was left out until I was completely not their friend anymore.'* (**Girl, 13 years**)

From the above response, one can understand how children are socially discriminated and stigmatized because of their parents' disabilities. They are generalized with the children who stay on the streets permanently; those that may have ran away from home. According to Ndlovu and Tigere (2022), argue that the public tend to call them a 'menace in the streets' which is discriminatory. The discrimination further affects the child's state of mind and leads to depression and stress. For children under the care of persons with disabilities, what is more stressful is that they would have not chosen to be in the situation but their caregiver's situation forces them to encounter such criticisms, stigmatization and discrimination.

At school, children find it difficult to bring their parents for consultations or activities that require parental participation. When asked if they invited their parents or guardians with disabilities to school when they are supposed to attend one male participant replied,

*'My father walks with a limb due to the effects of the stroke he suffered. When I was in form 1, parents were supposed to come for consultation and he came. He has always been there for consultation when I was in primary level before the stroke tragedy. I was heartbroken and embarrassed to hear senior students mocking my father referring to him as one of the men they has seen in a movie. Since then, I have been called with names because of my father's disability.'* (**Boy, 16 years**)

It is evident that children of parents with disabilities are academically disadvantaged as they end up walking with their heads low due to the stigma they face. This results in poor participation of children in school and failure to invite their parents for meetings and other important activities done at school due to fear of stigmatization. Humphrey-Taylor (2015), argue that school-based parental involvement is positively effective for student achievement academically. This also has proven to overshadow their achievements later in their lives. The discrimination associated with their disabilities also go as far as them being regarded as lacking parental skills which results in their exclusion in matters that affect their children's educational participation and outcomes (Stalker, Brunner, Maguire and Mitchell (2009).

### ***Emotional distress***

Emotional distress is another challenge that the children showed to be suffering from as a result of their parents' or guardians' disability and nature of work. Due to stressful living conditions in their families, children end up having an emotional burden which leads to anxiety, depression and self-isolation. In cases of a caregiver living with a disability, a child ends up being the caretaker for the parent and other siblings. Taking up these roles is an additional responsibility which they are forced to bear because of circumstances. A participant had this to say,

*'The responsibility of caring for my parent's physical needs can be overwhelming for me especially with the street-environment where I have to be able to navigate the way through and out while begging for money. As a child, it is draining to witness the struggles they face which make me feel frustrated and helpless because I cannot provide*



*what they need so that they do not have to work on the streets to provide for my own needs and hers'. (Girl, 17 years)*

Another participant said,

*'I have to juggle caregiving responsibilities with my own needs such as school and social time. My mother's sister is the only one left to look after us but her body is failing due to post-stroke effects thus I have to take care of her instead. I constantly feel guilty each time I go out to gain fresh air and relax with friends and leave her with two of my siblings because they are yet to know that she requires special care they think she is irritating'. (Girl, 17 years)*

It is important to note that children are emotional as any human, they are also social animals. However, caring for their caregivers limits them their social and academic time to interact and learn. Emotionally, they are deprived of freedom as they are constantly bound to be close to their parent or guardian with a disability for support.

### ***Financial strain***

Families with at least one parent or guardian with a disability suffer from financial strain than those with able-bodied caregivers. According to Pinilla-Roncancio and Alkire (2021), people with disabilities have been discovered to be poorer and more financially insecure than nondisabled people. Therefore, this strains children's needs and capabilities in life as their needs need to be met with finances. Education, health and shelter need money to be funded. In a focus group interview, one participant said,

*'Not having money that is sufficient for our basic needs are worrisome for example sometimes we cannot afford nutritious food, proper clothing and essential healthcare services'. (Boy, 14 years)*

A key informant had this to say,

*'In the community I come from, I observed that children elope to their boyfriends' places to find a safe place from financial struggles they face because their caregivers have a disability. Another girl once approached me asking if I had some laundry that need to be done so that I can give her food or money to take home to her parent and siblings.'* (**Key informant, male, Department of Social Development**)

A study conducted by Morris, McGarity, Goodman and Zaidi (2020), financial hardship results in persons with disabilities to lose their homes, to experience stress, be food insecure and delay medical care. This affects the well-being of their families, particularly children as they end up suffering from homelessness, hunger and failure to attend school. A range of challenges come with financial instability for the children under the care of persons with disabilities which forces them to take up caregiving responsibilities earlier in life for example they will have to go to work at tender ages and some might even get married in order to find financial assistance. Salihu (2019), in his study in Iran found out that having parents with limited skills and qualifications to be gainfully employed pushes the children into financial strain. This clearly shows how financial strain affects the well-being of children which expose them to vulnerabilities at a young age. They feel the need to help out in the family but disadvantaging their growth and development.

### ***Lack of access to education***

Children under the care of persons with disabilities often face challenges when trying to attain their basic education. These vulnerable children, like any other, have the right to education and they have to have access to quality basic education to be able to know how to read and write for the foundation of their life. This solidifies their future learning and development in life. However, the case is much difficult for children under the care of persons with disabilities as vulnerable children are not educated which disadvantages them in terms of health and opportunities (Olanrewaju, Jeffrey, Crossland and Valadez, 2015). It is a disadvantage for children that their parent is not fully or formally employed to be able to pay for their school-related expenses because they are vendors or beggars on the streets. A key informant added,

*‘When we visited Hatcliffe Extension for our food and clothes distribution, one of our clients mentioned that visual impairment which happened later in life affected her income generating activities which resulted in one of her children to drop-out of school because she could not continue working and needed her assistance due to the disability that befell her.’ (Key informant, male, Chiedza Chenyika Organization)*

Children are a great disadvantage as they fail to fulfil their dreams academically as they are forced to drop out or they miss classes due to responsibilities of taking care of their caregivers. Even in extended families, people seem to begin minding their businesses and leave the responsibility of caring for the person with disability to the eldest child of the person. The child feels guilty of leaving their parent without anyone to support and cater

for their needs hence they end up neglecting their own educational needs. One participant sadly testified,

*'I feel guilty leaving my father lying there without anyone to put him in his wheelchair and helping him out to get fresh air, therefore, I come back from school at break time and come to make sure that he has eaten something. Sometimes I run late to school because he will not be feeling too well and I have to take him to the clinic or go and get medicine from the pharmacy' (Boy, 16 years)*

*'Some of my teachers understand me if get to school late or miss lessons completely because when I consult them for help. For some teachers, they say that they do not repeat what they already told others. Of course I can get notes and instructions from other students but it is different from getting them from the teacher.'* (Girl, 16 years)

*'...yes, I am in Grade 5 at Maulana in Epworth, my mother and my sister sent me to ask for money from people. They are stationed at Joina City. She is visually impaired, so she doesn't have money for my school fees we were told not to come to school if we hadn't paid the fees...' (Girl, 11 years)*

From what was said, it shows that children are having a difficulty attaining their education because of their parents' disabilities. It results in low grades in school and worse more dropping out of school. From the findings, it is saddening to discover that an 11-year-old child is already on the streets begging for assistance from passersby. She was walking along first street asking for money and when asked if she likes missing school she showed that she likes to go to school but the situation is not allowing her to. According to Ndlovu and Tigere (2022), Zimbabwe once adopted the Education for All

Policy but soon discarded it in the system which consequentially resulted in many vulnerable children lacking access to basic education, among which, are the children with guardians or parents with disabilities who work on the streets.

### ***Lack of access to healthcare***

Children under the care of persons with disabilities have proven to receive poor health attention due to limitations caused by their caregivers' disabilities. Children need special attention when they are little and even when they are grown teenagers they need someone to assist them get proper medical assistance. However, through interviews with the children, it was discovered that the children fail to get quality healthcare from clinics because they go on their own without someone to accompany them. They may end up getting wrong medication or fail to take their drugs religious because of lack of supervision. A key informant said,

*'Generally, children with parents with disability are at a disadvantage of suffering from injuries and sicknesses. It is much better if they have an able-bodied, but in cases of single-parents, it is difficult for them to take care of their child's health. I saw a visually impaired mother carrying a child that showed flu-like signs, she needed a warm environment but the mother was on the street, begging.'* (**Key informant, female, DSD**)

*'I had yeast infection and asked my sister about but she had no idea what was happening to me. I just discovered that she is actually worried more about her disability and cannot bear to find out more about my problem. I was only when I heard about yeast infection from my peers that I went to seek for assistance at Yamurai Clinic close to where I stay.'*

*It was very difficult for me to explain what I was feeling because I was embarrassed. Thankfully, the nurse was friendly that I managed to get anti-biotics.’ (Girl, 17)*

The sayings show that the disabilities that caregivers have affect the health of children as some caregivers cannot see the extent of injury or sickness and some cannot reach out for help in times of emergencies. According to the Social Model of Disability, it is the society that disables people through physical buildings or systems that do not accommodate their special needs for accessibility (Oliver, 2013). This has been a major problem for the parents to be able to access medical services for their children. Local clinics are not accessible for people who use wheelchairs and there usually no nurses experienced in sign language. Humphrey-Taylor (2015) emphasizes on the issue of physical access in institutions limiting the caregivers with disabilities to access essential services for their children such as schools and hospitals. Another challenge to their health results from the food that they eat from dustbins or handouts. This habit of eating food that is not safe expose them to food poisoning and complicated health problems of which their parents are not able to effectively seek medical attention due to accessibility issues and financial strains (Ndlovu and Tigere, 2022).

### ***Limited time for socialization***

A child’s development is a process that begins from the day that he or she is born. The people around the child are responsible for socialization of the child. This is supported by John Locke’s perspective which states that a child is born a ‘tabula rasa’ which means a ‘blank slate’, therefore, the child who grows up around her caregiver with a disability has negative impacts which may include restricted time to associate with other people

(Locke, 2014). In the first place, a child is bound to their mother for support as an infant, but as they grow, they have to take the responsibility of caring for their parent. This gives the child inadequate free time to mix and mingle with people of their own age. One participant said,

*'When I accompany my guardian (my mother's sister) while vending, it has had an impact in my life socially. I feel so different from my peers because while they are spending time playing, studying and doing certain activities, I may be away helping my aunt to sell at her stall in town. It makes me feel lonely and isolated whenever I see them enjoy their childhood.'* (Girl, 15)

This shows how disadvantaged the children are in terms of their social life. They require time to freshen up and catch up with their peers but they are usually tied to their responsibilities and they are forced to grow up earlier.

#### **4.1.2 Positive socio-economic experiences**

In as much as the children have expressed more negative experiences for having parents with disabilities working on the streets of Harare Central Business District, some of them testified how they have adopted them positively. From what they said, participants openly agreed that they have grown to understand the situation and also adapt to the nature of their parents' or guardians' work in the street.

*'I can say that affiliating with other children who are in the same situation with me has helped me understand that I am not alone with these struggles. It is a bit bearable to know and have someone who can relate to what you are going through and can as well get advice on how to manage.'* (Boy, 16 years)

This highlights the importance of associating with other people with the same situation or lifestyle for support and comfort. These children understand each other and help each other feel less lonely. Another participant during a focus group added,

*'...we often find help and comfort from other children who have caregivers with disabilities because we understand the challenges we face.'* (**Girl, 17**)

As stated earlier, some of them lose their friends back in the community due to discrimination and stigmatization, however, when they meet those with the same situation they come together to talk, laugh hence creating a social atmosphere amid their challenging lifestyles of helping their parents or guardians with disabilities. During such a moment of getting together, the children find the opportunity to share stories, dreams and aspirations in life. This boosts their confidence as well as encouraging them not to give upon life but rather have a positive outlook on life. Having a parent who strives to make a living despite the limitations brought about by a disability encourages children to be hardworking and resilient in the face of struggles. The moment that a child sees that their caregiver is trying and managing to find money through various ways, it motivates them to overcome obstacles. One participant had this to say,

*'I admire the strength, resilience and determination of my father in facing his disability but also making sure that they provide food for us even though it is not quite enough. This teaches me valuable life lessons about being resilient and hardworking in life especially the fact that I am able-bodied, there is nothing much that can stop me from doing even more.'* (**Girl, 17 years**)



Children of parents with disabilities have been proven to be more resilient and skilled in maneuvering through the difficulties in life because they grew up in unfavorable conditions. Their ambitions are inspired by what they witness when their caregivers were struggling to make ends meet. Their experience also makes them sensitive to the needs of other people with disabilities because they know the struggles that they go through and the support they need at certain times. Another participant added,

*'...their experiences shape me into a resilient and compassionate person. I also appreciate the lessons and new perspectives I get from having my mother with a disability who relies on what they sell in the streets.'* (Girl, 16 years)

This shows how the children under the care of persons with disabilities have adopted some positive attitude and perspectives from their parents and the environment they work in.

## **4.2 Coping strategies for children under the care of persons with disabilities working on the streets**

### **4.2.1 Acceptability and adaptability**

Amidst their struggles and challenging living condition back at home and in the streets when they assist their parents, children have found ways to make their life bearable. Through several means, they manage to accept their situations and move on. When asked about how they are still going they said,

*'Accepting my mother as she is has helped me to be strong and find innovative solution as well as seize every opportunity that comes my way to improve our life.'* (Boy, 16 years)

Another one also added,

*'My sister and I motivate each other that we should work hard at school to break the cycle of poverty because if we do not, the same struggles will be faced by our children.'*

*(Girl, 17 years)*

This further highlights what the children have learnt from their parents with disabilities and have used them to their advantage so as to avoid living in poverty even when they are grown-ups.

#### **4.2.2 Support from peers**

Children under the care of persons with disabilities have shown that they find strength from peers with the same situation when they meet in the streets while helping their parents. They encourage and support each other during difficult times. The time they spend sharing their experiences give them strength and assurance that they are not alone with the same tragedy. During a focus group discussion, most of the children agreed that whenever they get they are faced with a difficult situation, they know that if they approach one of their peers, they get support. A girl from the group said,

*'Pane pakarwara mai vangu kwemasvondo maviri kusvika mari yose yavanga vashanda yapera mumba. Pakanga pasisina zvekuita pane kuti nditoenda inini kunotengesa mutown. Vanhu vekanzuru pavanouya ndiina mai vangu dzimwe nguva havatidzinge kana kutitorera zvinhu zvedu asi zuva iroro vakanditora inini ndikasiya mabox ezvinhu zvangu zvakadonha pasi. Ndakaytongofunga kuti handichazviwani asi ndakafara pandakanzwa kuti Jane\* anga andichengetera zvimwe zvacho.'*

Meaning...

*There was a time when my mother fell sick for two weeks and we drained all the savings that she had made through her sales. There was no other option than for me to go and try to make some money for our provisions. Usually, when I accompany my mother to town, the council workers leave my mother alone because of her disability, unfortunately, since I was the only one there, they took me and my stuff was just left there with no one to look after them. I thought I had lost them all but I was very happy to discover that Jane\* had kept them safe for me. ' (Girl, 16 years)*

Another participant added,

*'As for myself, yes having a caregiver with a disability has been challenging because I have to take care of her so that she takes care of us by working on the streets, however, I am so sure that if I keep doing well at school, I will be able to get a proper job that provides for the needs of my needs and my mother's. I have learnt to be economic and resourceful to avoid misusing and wasting what we have. ' (Girl, 15 years)*

This shows how the children have been their brothers' or sisters' keeper in their lives which enables them to move forward in life despite all the challenges. The other way they have tried to cope with the challenges that they face is through setting goals and chasing after their dreams through the education avenue. This has strengthened most of them by telling themselves that they can achieve what they want even though they are in tough situations. In her study, Pascoe (1996) found out that there are other children who still pursue their education even when they are in a street a street situation, in this case, those who help their caregivers with disabilities to vend or beg in the streets. According to the

findings, Pascoe (1996) argue that five of the child participants were attending alternative education programmes. This further highlight how the children have embraced their situation but still have the positive attitude towards education.

#### **4.2.3 Support from the extended family**

Support from the extended family is another strategy that they said to be helpful in their life as children under the care of persons with disabilities working on the streets. Some family members have offered to look after their caregivers while they are at school and they resume the responsibility on weekends. For example, one participant had this to say,

*'My aunt takes my mother to town and helps her set up her stall during school days but I am the one who goes and collect her after school. I accompany on weekends her for the whole day, or even let her rest at home.'* (**Girl, 16 years**)

This answer shows that the children need the support from family members to lighten their burden of responsibility while they are young. It is a difficult task for a 6-year-old child to be found standing in the middle of the road holding their parent's hand begging for money from people in their cars. There are several cases in Zimbabwe whereby children have been hit by speeding cars at robots why begging. Social media reports (2021) reported that a child lost her life at Harare Drive and Borrowdale intersection while begging in a hit and run incident. Therefore, there is supposed to be someone older to take care of the person with a disability. The support of family members is also needed in terms of school fees payment as well as food provision to the children under the care of caregivers with disabilities to limit their involvement in begging or selling in the streets with their caregivers.

#### **4.2.4 Handouts from well-wishers**

Asking for food and water from passersby, people in food-outlets and those with their cars as robots is another strategy used by children to find something to eat during the day. Children have learnt to ask politely to people so as to get handouts. 3 of the children testified that we sometimes ask to help people carry their stuff so that they pay us with food or money. In a contribution, one said,

*‘There are times when we offer to carry bags for those who seem to have heavy bags to get food or money in return. Unfortunately, we are all labelled ‘notorious street kids’ which makes them refuse our service because they think we want to steal from them. Some end up just offering what they have but still refuse our help.’ (Boy, 15 years)*

These findings show that children have resorted to offering help to people in return for food. Picking from garbage bins is not healthy for the children but they will be very hungry and exhausted from spending more than six hours in the sun begging or selling goods.

#### **4.2.5 Donations from NGOs and the government**

During focus group interviews, the student said that there are several organizations that come and assist them with food, clothing and opportunities to improve their life. The Department of Social Development sometimes offer them small food hampers. 2 children said that they once received blankets and warm clothes the previous year towards winter, courtesy of a church-based organization, one which they forgot the name. One said,

*‘Yes, I remember last year a group of young people wearing uniform t-shirts came from the showground area towards NetOne building carrying large bags and they approached*

*us as we were begging at the robots and we went to where they were standing and asked us our names and talked to us for a bit and told us that they had brought some warm clothes for us and our guardians. Each of us who were available was given a new blanket and chose clothes that could fit us. They were like angels that day, we were hungry but what they gave us was sustainable because we still have the blankets at home and we still wear the clothes. I wish they come back again this year. ' (Boy, 14 years)*

These findings clearly show that there are other organizations that recognize their needs and offer assistance even when they are in the streets with their parents. Back in the communities that they come from, there are governmental provisions that are given to vulnerable children and their families. From Ndlovu and Tigere's (2022) study, they discovered that 30% of the children acknowledged that they received monthly sanitary wear and some agreed that they got donations from the public and Non-governmental organization regularly. Other organization from back in the days used to offer food, clothes, counselling and places of safety for these children for example The Anglican Cathedral Feeding Scheme, Harare Shelter for the Destitute, the Anglican Cathedral Programme, Street Kids Ahead and others (Pascoe, 1996). The support is still minimal to what they actually require because it is not consistent.

#### **4.3 Strategies to improve the experiences of children with parents or guardians with disabilities working on the streets**

##### **4.3.1 Awareness raising**

The government and NGOs should raise awareness on the unique experiences as well as needs of the children under the care of persons with disabilities especially those working

on the streets. The children expressed their concerns on stigma and discrimination they face in the community and also on the streets as they beg or vend with their caregivers to feed themselves. In a group discussion, participants said,

*'It pains me to see how people treat my mother who is hard of hearing; I hear the way they refer to her as 'chimumumu' as if that has an effect on the way she thinks. I feel that people should be taught that people who are hard of hearing have their way of communicating and they should be allowed to express their views not to be left out because they cannot hear or talk.'* (Girl, 15 years)

The response shows that the community needs awareness on the challenges that the children face so that there is an understanding of their situations without discrimination. The awareness campaigns also help the community to show empathy towards the struggles that the children have to go through every day with the support they offer their caregivers with disabilities. Awareness in schools impact the children's education too as their parents will be involved in decisions that affect their children's education. For example, Humphrey-Taylor's (2015) study in Britain found out that the parents are excluded and labeled as being lacking parental skills hence not involved in policymaking decision making. Through such awareness campaigns, it is an opportunity for individuals and organizations to identify the children in need and offer their assistance for the children or even their caregivers to improve their lives. Therefore, the study brought to light the views of the children on how they can be helped to live their lives with minimal challenges while having access to basic needs, which in this case, inclusion and no discrimination in the community they come from or when in the streets helping their parents.

#### 4.3.2 Vocational trainings

Children under the care of persons with disabilities working on the streets of Harare Central Business District are poorly educated or not educated at all due to reasons that are related to finances. The children and key informants stressed the need for empowering children through skills training to self-actualize them. This initiative enables them to finance their food, clothing and other necessities that are not being covered by the returns they get from selling in the streets or handouts from passersby.

*'I wish the government could make children like us be able to attain skills that are income generating for example my favorite, sewing. I had to drop out of school before finishing my 'O' levels which makes me unqualified for any job so I think if I can get training on sewing I will have something to give us money unlike depending on what people give us'*  
**(Girl, 17 years)**

A key informant also shared his view,

*'In Epworth we have our young service user who stays with his father who is believed to have a disability that was caused by witchcraft, the son cannot go anywhere because he is dependent on him. Therefore, we found out that children like him need to have some vocational skills to help them generate finances at home. Our organization has offered to train him to make detergents that he can sell to people while supporting his parent at home. This is an initiative that all stakeholders can come together and assist even those youths without caregivers with disabilities to reduce vulnerability'* **(Key informant, CCO)**

From the above responses, it shows that the children are willing to participate in vocational trainings to earn skills that are income generating. The children lag behind in



school as a result of disabilities of their parents or guardians, hence they suffer from financial strain. Through vocational trainings, the children can assist their caregivers on top of what they already do for a living, or even be able to sustain them without their parents going to the streets for begging or vending. In Bangladesh, Reza and Bromfield (2019) discovered that skills development is a long term strategy to formal employment for the children who find the streets to be their form of income gaining, in this case, under their caregivers. The skills that the children are imparted with are sustainable and have long term impact in their lives. Recreational activities are also crucial for grasping opportunities and development of the children with caregivers who have disabilities working on the streets. The Anglican Cathedral was well known for supporting children in education and recreational activities such as drama, sports and storytelling (Pascoe, 1996). The findings show that some of the children still go to school and some do not, thus, giving them the opportunity to showcase their talents in sports or any artistic activities is a productive way of spending their time while making money for their welfare. Pascoe (1996) study showed that the majority of the youngest children who help their parents beg in the streets have never been in school.

#### **4.3.3 Advocacy for child rights**

The children of persons with disabilities who work on the streets of Harare Central Business District are entitled to the same rights as any human being, according to the UNCRC (1989). Their rights include, but not limited to, the right to life, health, education, freedom of expression and protection. Thus, when asked, the children campaigned for their rights and overall wellbeing not to be taken for granted as they knew that they are also human beings that matter. One of the participants said,

*'I wish we could be regarded as people too but people see us as different and not worthy to have dignity' (Boy, 15 years)*

Another one said,

*'We just cannot stand out and be present in everything that happens in the community because people think that my parent's disability is also mine.' (Girl, 16 years)*

The other one had this to say,

*'I have the right to proper explanation from my teacher I miss school but they refuse me, but I would have not missed it deliberately.' (Boy, 16 years)*

The government signed to be a state party in the international and regional conventions for the rights of the children, thus, the children seem to be lacking protection. Based on a study conducted in Bangladesh, it was recommended that the children that are connected with streets, like these under study, need protection and the protection requires policies and service interventions to be put in place at multiple levels in both private and sectors and most importantly, enforcement of larger human rights instruments (Reza and Bromfield (2019). Further, the government officials and policy makers should be involved in human rights trainings so that they are well versed with the rights of the children and they implement policies that address human rights violations happening to these children (Islam, 2020). This shows the need for proper advocacy for the children under the care of persons with disabilities working on the streets of Harare Central Business District.

#### **4.4 Chapter Summary**

The chapter focused on the data presentation and analysis as well as interpretations. The responses of primary participants and key informants which were captured were discussed in this chapter on their perspectives and experiences of the children under the care of persons with disabilities working on the streets of Harare Central Business District.

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

### **5.1 Introduction**

The final chapter focuses on the summary, conclusion and recommendations based on the findings of the research study exploring the experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District. It covers an ample outline of the key findings, the overall conclusion drawn from the study, and practical recommendations for addressing the identified challenges and improving the well-being of these vulnerable children.

### **5.2 Summary**

The study uncovered a range of significant findings that provide insights into the lives of the vulnerable children being taken care of by parents with disabilities who make a living out of vending or begging on the streets. The first chapter covered the main introduction to the study by outlining the objectives of the study and the rationale for conducting the research. The main aim of the study was to assess and analyze the lived experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District. Chapter two followed with the reviewed literature around the study of children under the care of persons with disabilities. The following chapter, which is chapter three, consisted of the methodology which was required to better understand the experiences of the children under the care of persons with disabilities. The study employed a qualitative approach and for sampling the study used convenience sampling for the selection of primary participants as well as purposive sampling technique when selecting key informants.

The study findings were shown and discussed in chapter four of the study paper. They show that the children are more negatively impacted by the life they experience as a result of having a caregiver with a disability due to several factors.. These hardships adversely affected their development from childhood and their overall well-being which have both short-term and long-term impact in their life. Despite the difficulties, the children showed resilience, strength and a positive spirit towards life. The children expressed their need for strategies and interventions that could address their plight for access to basic needs and cooperation of several stakeholders responsible for the welfare of vulnerable children, in this case, particularly the children under the care of persons with disabilities working on the streets of Harare Central Business District. The final chapter focused on the summary to the research such and the conclusions drawn from the overall study. Recommendations were also included in chapter five of the study.

### **5.3 Conclusions**

Several key conclusions can be made after a comprehensive study of exploring the experiences of children under the care of persons with disabilities working on the streets of Harare Central Business District. Firstly, it can be concluded that the nature of life of the children are challenging as they are characterized by inadequate access to basic social and economic needs that comprise of education, healthcare and food. The failure to access and enjoy these basic needs is rooted in the condition of their caregivers that disables them from being formally employed or included in economic activities that are well-paying to cater for the needs of the children.

In addition, the disabilities of caregivers limit their ability to provide proper care, support and protection to the children. This further places a burden of responsibilities on the

children as they are supposed to care for their parent or guardian which was proven to cause depression, anxiety, guilt and other emotional issues to the children at their young age. , the study concluded that despite the challenged that the children under the care of persons with disabilities working on the streets of Harare Central Business District, they still show strength and resilience while employing several coping mechanisms and strategies to see them through these difficulties. Among others, getting together with other children in same situations, accepting and adapting to the situation and pursuing their educational goals are the coping mechanisms adopted by the children. Lastly, participants and key informants expressed their views on the possible ways that individuals, the government, the non-governmental organizations and other stakeholders should collaborate and coordinate their efforts towards alleviating the situations and experiences of the children who have parents or guardians with disabilities who work on the streets.

## **5.4 Recommendations**

### **5.4.1 To the government and policy makers**

- a) The government should put in place a comprehensive legislation that ensures that the children under the care of persons with disabilities working on the streets are accorded their rights and protection.
- b) The government should foster interagency collaboration and coordination of efforts to improve service provision to these children. This can make it possible to alleviate adequate funds that enable establishment of accessible social services, access to education, quality healthcare facilities and services that are suitable for the needs of these children.

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

- a) Social workers are supposed to conduct thorough assessments taking into account all the physical and emotional needs of the children under the care of persons with disabilities working on the streets. After that, they should foster collaboration between professionals such as psychologists and educator to offer services that are sensitive to their situations in order to ensure a holistic approach in helping the children.
- b) Social workers should also advocate for implementation of policies that address the needs of the children and support the upholding of children's rights. This should be done through collaboration with the government, NGOs and policy makers to push for implementation of policies that improve access to education, healthcare and social services for the children under the care of persons with disabilities working on the streets.
- c) It is important for social workers to empower the children through active participation and inclusion in policy making processes. Involving them in decision making processes enables them to express their views on the course of action that affect their lives.

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

- a) The community should be a safe space and a place of refuge for the children under the care of persons with disabilities in times of need. The should establishment of centres where the children can receive

psychosocial support and access to essential services for example food and finances since their caregivers are not able to sufficiently provide them.

- b) The community and its community based organizations (CBOs) need to conduct awareness campaigns to reduce stigma and promote inclusion of the children as well as their caregivers. This movement enables the community to understand the unique experiences and living conditions of the children so as to cooperate and offer assistance when they see them in need.

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

- a) They should advocate for the rights of the children with caregivers with disabilities at local, national and international levels in order to raise awareness and garner support for their well-being.
- b) Non-governmental organizations working in the field of child welfare and disability rights need to increase capacity building initiatives and impart self-sustaining skills to the children and their parents in a bid to improve their income-generating ways.

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

- a) There is need for further study to discover the long-term effects of the socio-economic experiences of these children as it provides insights on development of policies that address their challenges.
- b) There is need for quantitative research to be conducted so as to gather statistical data for the children's socio-economic experiences and provide



the knowledge of the magnitude of the issue and foster assistance to break the poverty.

- c) The policies in place need to be reviewed and analyzed to see their effectiveness and adequacy to address the prevailing challenges and experiences of these vulnerable children.

## **5.6 Chapter summary**

The chapter focused on the summary, conclusions and the recommendations to the entire study. The summary encompassed the objectives of the study, the approach and methods used in collecting data for the study as well as the results of the findings. The conclusions drawn from the study findings were also reflected in this chapter. The recommendations were also given to stakeholders that have an impact in the lives of children under the care of persons with disabilities who work on the streets of Harare Central Business District.

## REFERENCES

- Ab Rahman, N. H., Basir, S. M., & Zahir, M. Z. M. (2022). Discrimination of street children's rights to development and sustainable development goals 2030 (SDG 2030). *resmilitaris*, 12(2), 7041-7056.
- Adosi, C. M. (2020). Qualitative data collection instruments: The most challenging and easiest to use. *Reseach gate*, 1-7.
- Albert, S. M., & Powell, R. M. (2021). Supporting disabled parents and their families: Perspectives and recommendations from parents, attorneys, and child welfare professionals. *Journal of Public Child Welfare*, 15(5), 529-529.
- Alston, P. (2017). The populist challenge to human rights. *Journal of Human Rights Practice*, 9(1), 1-15.
- Banks, S., Bertotti, T., Sobocan, A., & Strom-Gottfried, K. (2019). TEACHING ETHICS FOR CONTEMPORARY PRACTICE. In Meanings of quality of Social work education in a changing europe. Conference of the EASSW. Universidad Complutense de Madrid-EASSW.
- Bhaiseni, B. (2016). Zimbabwe Children's act alignment with international and domestic legal instruments: unravelling the gaps. *African Journal of Social Work*, 6(1), 3-6.
- Barrett, D., & Twycross, A. (2018). Data collection in qualitative research. *Evidence-based nursing*.

Chukwu, N. E., Okoye, U. O., Onyeneho, N. G., & Okeibunor, J. C. (2019). Coping strategies of families of persons with learning disability in Imo state of Nigeria. *Journal of Health, Population and Nutrition*, 38(1), 1-9.

De Benítez, S. T. (2007). *State of the world's street children: Violence*. London: Consortium for Street Children

De Wet, K. (2010). The importance of ethical appraisal in social science research: reviewing a faculty of humanities' research ethics committee. *Journal of Academic Ethics*, 8, 301-314.

Donnelly, J. (2013). *Universal human rights in theory and practice*. Cornell University Press.

Erazo, F., A., G., (2021). Ethics and its Importance in Research. In book: The social sciences and their contribution to scientific research: empirical studies (pp. 9-22).

Fantahun, T., & Taa, B. (2022). Children of the street: The cause and consequence of their social exclusion in Gondar city, North West Ethiopia. *Cogent Social Sciences*, 8(1), 2068268.

Gilligan, R. (1997). Beyond permanence? The importance of resilience in child placement practice and planning. *Adoption & Fostering*, 21(1), 12-20.

Green, J., & Thorogood, N. (2018). *Qualitative methods for health research*. Sage.

Grech, S. (2015). *Disability and poverty in the global South: Renegotiating development in Guatemala*. Springer.

- Guest, G., Namey, E., Taylor, J., Eley, N., & McKenna, K. (2017). Comparing focus groups and individual interviews: findings from a randomised study. *International Journal of Social Research Methodology*, 20(6), 693-708.
- Harcourt, D., & Hägglund, S. (2013). Turning the UNCRC upside down: A bottom-up perspective on children's rights. *International Journal of Early Years Education*, 21(4), 286-299
- Hassen, I., & Mañus, M. R. (2018). Socio-economic conditions of street children: the case of Shashemene Town, Oromia National Regional State, Ethiopia. *International journal of sociology and anthropology*, 10(8), 72-88.
- Hayes, A. M.; Bulat, J. 2017. *Disabilities inclusive education systems and policies guide for low- and middle-income countries*. Research Triangle Park, NC: RTI Press
- Iezzoni, L. I., Wint, A. J., Boudreau, A. A., Blauwet, C. A., & Kuhlthau, K. A. (2018). Views of teenage children about the effects of a Parent's mobility disability. *Disability and health journal*, 11(3), 405-411.
- Irvin, M. (2017). The importance of play in early childhood education.
- .Islam, M. R. (2020). Alternative care for children in Bangladesh: Challenges and interventions. *The Palgrave Handbook of Global Social Work Education*, 1001-1019.
- Israel, M., & Hay, I. (2006). *Research ethics for social scientists*. Sage.
- James, E. (2017). Still Hidden, Still Ignored—Who Cares for Young Carers. *Barnardo's: Ilford, UK*.

- Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of basic and clinical pharmacy*, 5(4), 87.
- Jones, P., & Walker, G. (Eds.). (2011). *Children's Rights in Practice*. Sage.
- Joshi, B. K., Gauchan, D., & Ayer, D. K. (2022). Participatory agrobiodiversity tools and methodologies (PATaM) in Nepal. *NAGRC, LI-BIRD, and Alliance of Bioversity International and CIAT*.
- Kang, Y., Heidkamp, R. A., Mako-Mushaniga, K., Garg, A., Matji, J. N., Nyawo, M., ... & Thorne-Lyman, A. L. (2023). Factors associated with diet diversity among infants and young children in the Eastern and Southern Africa region. *Maternal & Child Nutrition*, 19(3), e13487.
- Kibuacha, F., (2021). How to Determine Sample Size for a Research Study.
- Kim, K. M., & Hwang, J. H. (2019). Exploring gaps in the online economic inclusion of persons with disabilities in Korea. *Information, communication & society*, 22(4), 570-581.
- Kitching, G. T. Unmet health needs and discrimination by healthcare providers among Indigenous people with multimorbidity.
- Legard, R., Keegan, J., & Ward, K. (2003). In-depth interviews. *Qualitative research practice: A guide for social science students and researchers*, 6(1), 138-169.
- Macleod, S. L., MacRae, P., & Pimenta, J. (2023). Children in street situations' access to healthcare: qualitative findings from the Street Child World Cup 2022. *BMJ Paediatrics Open*, 7(1).

- Manomano, T., Nyanhoto, R., & Nhende, M. M. (2020). Ensuring social inclusivity and healthy development for children who assist their visually impaired parents to beg on the streets in Zimbabwe. *African Journal of Social Work*, 10(1), 78-82.
- Mandalazi, P., Banda, C., & Umar, E. (2013). Street children's vulnerability to HIV and sexually transmitted infections in Malawian cities. *Malawi Medical Journal*, 25(1), 1-4.
- Masten, A. S., & Barnes, A. J. (2018). Resilience in children: Developmental perspectives. *Children*, 5(7), 98.
- Materike, K. P. (2011). " Breaking free from epistemic enclosures": re-imagining" travel" and" mobility" in discourses of cosmopolitanism. *Transfers*, 1(2), 5-28.
- Matiza, V. M. (2020). A Discursive Analysis of begging discourse by the visually impaired in Zimbabwe. *Journal of Law and Social Sciences*, 3(1), 40-51.
- Mbagua, J.W.; (2012). *Promoting children's rights*. Nairobi: Pelastakaa.
- McLeod, S. (2024). Erik Erikson's Stage of Psychosocial Development
- Mears, C. L. (2012). In-depth interviews. *Research methods and methodologies in education*, 19, 170-176.
- Mujere, N. (2016). Sampling in research. In *Mixed methods research for improved scientific study* (pp. 107-121). IGI Global.
- Mwapaura, K., Chikoko, W., Nyabeze, K., Kabonga, I., & Zvokuomba, K. (2022). Provision of child protection services in Zimbabwe: review of the human rights perspective. *Cogent Social Sciences*, 8(1), 2136606.

Narayan-Parker, D., & Patel, R. (2000). *Voices of the poor: Can anyone hear us?* (Vol. 1). World Bank Publications.

Newton, T., & Wtes, M. (2005). *Disabled Parents and Their Children: Building a Better Future*

Ndlovu, E., & Tigere, R. (2022). Life in the streets, children speak out: A case of Harare Metropolitan, Zimbabwe. *LIFE*, 5(1), 25-45.

Ngo Ndjama, J. D., (2020). Retrieved from: <https://researchfoundation.co.za/target-population/>

Olanrewaju, A. D., Jeffery, C., Crossland, N., & Valadez, J. J. (2015). Access to education for orphans and vulnerable children in Uganda: a multi-district, cross-sectional study using lot quality assurance sampling from 2011 to 2013. *PloS one*, 10(7), e0132905.

Olkin, R., Abrams, K., Preston, P., & Kirshbaum, M. (2006). Comparison of parents with and without disabilities raising teens: Information from the nhis and two national surveys. *Rehabilitaion Psychology*, 51(1), 43-49

Olsen, R., & Clarke, H. (2003). *Parenting and disability*. Policy Press.

Oliver, M. (2013). The social model of disability: Thirty years on. *Disability and society*, 28(7), 1024-1026

- O. Nyumba, T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and evolution*, 9(1), 20-32.
- Parker, A., & Tritter, J. (2006). Focus group method and methodology: current practice and recent debate. *International Journal of Research & Method in Education*, 29(1), 23-37.
- Pinilla-Roncancio, M., & Alkire, S. (2021). How poor are people with disabilities. Evidence based on global multidimensional poverty index. *Journal of Disability Policy Studies*, 31(4), 206-216
- Reamer, F. (2018). Social work values and ethics. Columbia University Press.
- Reza, M. H., & Bromfield, N. F. (2019). Human rights violations against street children working in the informal economy in Bangladesh: Findings from a qualitative study. *Journal of Human Rights and Social Work*, 4, 201-212.
- Salihu, H. A. (2019). The growing phenomenon of street children in Tehran. *UKH Journal of Social Sciences*, 3(1), 1-10.
- Saunders, B. (2016). Understanding (and) consent: a response to MacKay. *Journal of medical ethics*, 42(3), 203-204.
- Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian journal of hospital pharmacy*, 68(3), 226.
- Simbaya, J., Shakespeare, T., Nyariki, E., & Mugeere, A. (2019). Success in Africa: People with disabilities share their stories. *African Journal of Disability*, 8(1), 1-7.



Susuman, A. S., Blignaut, R., & Lougue, S. (2014). Understanding issues of people living with disabilities in South Africa. *Journal of Asian and African Studies*, 49(5), 559-569.

Szirmai, A. (2015). *Socio-economic development*. Cambridge University Press.

Ungar, M. (2015). Resilience and culture: The diversity of protective processes and positive adaptation. *Youth resilience and culture: Commonalities and complexities*, 37-48.

Tuck, E., & McKenzie, M. (2014). *Place in research: Theory, methodology, and methods*. Routledge.

Veal, A.J. (2017). *Research methods for leisure and tourism*. UK: Pearson.

World Health Organization. (2011). *World report on disability 2011*. World Health Organization.

Woan, J., Lin, J., & Auerswald, C. (2013). The health status of street children and youth in low-and middle-income countries: a systematic review of the literature. *Journal of Adolescent Health*, 53(3), 314-321.

Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational and community levels of analysis. In *Handbook of community psychology* (pp. 43-63). Boston, MA: Springer US.

## APPENDICES

### APPENDIX 1: KEY INFORMANTS INTERVIEW GUIDE

My name is Rutendo Nyamadzawo. I am a final year student at Bindura University of Science Education studying towards a degree in social work. I am conducting a study titled, **“Experiences of children under the care of persons with disabilities working on the streets of Harare CBD”** as part of the requirements for my degree. I am going to engage you in interviews which will not last more than 20 minutes for your expertise regarding the experiences of children under the care of persons with disabilities. Be assured that the information you share will be kept confidential and your participation is entirely voluntary meaning that you can withdraw anytime you wish to.

#### Demographic information

<b>Gender</b>	
<b>Agency</b>	

Section A: Lived experiences of children under the care of persons with disabilities working on the streets of Harare CBD.

1. Can you provide an overview of the current living situation of children under the care of persons with disabilities working on the streets from your own perspective and encounter with them?
2. How do you perceive the impact of having a caregiver with a disability who works on the streets on the development of the children?

3. What is the nature of challenges that the children with parents with disabilities working on the streets face

Section B: Support systems for the children under the care of persons with disabilities working on the streets of Harare CBD to cope with their experiences

4. Are the children with caretakers with disabilities receiving all the basic needs they require for their well-being from what their parents are gaining from working on the streets?
5. Are there any barriers to accessing education, healthcare services and other essential services for the children under the care of persons with disabilities?
6. How do you think the children are managing to cope with the difficulties they face?
7. How are the organizations and the government assisting or working to improve the life of children under the care of persons with disabilities working on the streets?

Section C: Strategies and recommendations to the experiences of children under the care of persons with disabilities working on the streets of Harare CBD.

8. From your experience and knowledge with the children under study, what are some of the long-term implications of having caregivers with disabilities?
9. How do you think the long term implications can be mitigated or prevented?
10. In your opinion, what do you recommend to be done for improvement of the well-being of children under the care of persons with disabilities working on the streets of Harare CBD?
11. You are free to add or ask anything you feel like discussing.

*Thank you very much for participation. I generously appreciate the time that you gave for the purpose of this study and your contribution is of great assistance to the children and other researchers.*

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

My name is Rutendo Nyamadzawo. I am a final year social work student at Bindura University of Science Education. I am carrying out a study on the **EXPERIENCES OF CHILDREN UNDER THE CARE OF PERSONS WITH DISABILITIES WORKING ON THE STREETS OF HARARE CBD**. I am requesting for your time and information in this interview to understand your experiences and the impacts of having parents with disabilities working on the streets upon your lives. The interviews will last no longer than 20 minutes and participation is completely voluntary. You are free to excuse yourself anytime you feel like it. The information you share with me will be strictly confidential and will be used only for research purposes.

### **Participant's demographic information**

<b>Age</b>	
<b>Gender</b>	

Section A: The experiences of children under the care of persons with disabilities.

1. Can you tell me about your routine on a day to day basis as a child?
2. Can you describe any positive experiences you have had with other children with the similar situation of having a parent or guardian with disabilities?
3. What are the negative experiences that you have encountered as a child with a caregiver with a disability who works on the streets?

4. How does having a caregiver with a disability who earns a living by working on the streets impact your life?

Section B: Coping strategies employed by children under the care of persons with disabilities who work on the streets of Harare CBD

5. What are some of the ways that you have tried to cope with the challenges you encounter while on the streets?
6. Have you been getting assistance from other children in the same situation, individuals or any institution to improve your life experiences?

Section C: Strategies and recommendations for the improvement of life situations of children under the care of persons with disabilities working on the streets of Harare CBD.

7. Based on your experiences, what do you think should be done to improve your life and other children who have caregivers with disabilities working on the streets?
8. Are there any individuals, organisations or companies that have tried to assist you or your parents with basic needs?
9. Do you have anything you feel like sharing that you feel that it is important to discuss about?

*I deeply appreciate the time you have spared for this study. Your contribution goes a long way.*

### **APPENDIX 3: FOCUS GROUP INTERVIEWS**

I am Rutendo Nyamadzawo, a social work student at Bindura University of Science Education. I am conducting a study under the topic, **‘Experiences of children under the care of persons with disabilities working on the streets of Harare CBD’**. I kindly request your participation in this focus group interview within which you will be sharing your experiences with other children in the same situation as yours. Participation in this is voluntary and the information that will be discussed will be kept confidential. If you feel like discontinuing with the interview, be assured that you are free to leave at any time.

#### **Primary participants’ demographic information**

<b>Ages</b>	<b>Gender</b>

Section A: Unique experiences of children under the care of persons with disabilities living and working on the streets of Harare CBD.

1. May you describe your experiences while living with your parents with disabilities who work on the streets?

2. How does being a child to a parent or guardian with a disability who works on the street affect your social life as a child?

Section B: Coping strategies of children under the care of parents or guardians with disabilities working on the streets of Harare CBD.

3. How are you coping with the challenges that you face while living with a parent with disabilities working on the streets.
4. Are there any support networks that you rely on?

Section C: Recommendations for improvement of life for the children with caregivers with disabilities who work on the streets of Harare CBD.

5. What do you feel that the community, the government and other organisations should do to improve your life and that of other children with parents working on the streets?
6. Is there anything that you would like to ask or add from what we have discussed?

*Thank you very much for your participation. It really means a lot for the study and the children in this situation.*

#### **APPENDIX 4: INFORMED CONSENT FORM**

My name is Rutendo Nyamadzawo. I am a final year Social Work student at Bindura University of Science Education. I am carrying out a study titled, “Experiences of



children under the care of persons with disabilities working on the streets of Harare CBD”. I sincerely request your participation by taking part in answering interview question for the relevance of this study. Before you decide, it is very important for you to understand the intentions and procedures of the study that you will participate into, therefore, please read the following information. Feel free to ask any questions where you do not understand.

**Topic-** Exploring the experiences of children under the care of persons with disabilities working on the streets of Harare CBD.

**Purpose of the study-** The purpose of this study is to assess the experiences of children under the care of persons with disabilities working on the streets.

**Risks-** There will be minimal risks associated with the study, however, during interviews, there may be sensitive and emotional discussions involved. Therefore, feel free to skip or avoid certain topics that make you feel uncomfortable and can as well withdraw whenever you feel like.

**Ethical consideration- Confidentiality and voluntary participation**

The data collected during this study will be kept confidential and be used for research purposes only. Be assured that your identity will be anonymized and the information will be stored securely with access only restricted to authorized researchers. Participation in this study is entirely voluntary meaning that you are agreeing to participate without any force matter. If you decide to withdraw anytime, you are free and there will be no penalty to that.

**Consent-** If you wish to participate in this study, you can kindly sign on the space below.

Participant's signature.....

Date.....

Researcher's signature.....

Date.....

**APPENDIX 5: APPROVAL LETTER FOR DATA COLLECTION**

