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BEYOND VISIBILITY: SOCIAL WORKERS' PERSPECTIVES ON CHILD NEGLECT AMONG CHILDREN LIVING WITH DISABILITIES IN CHITUNGWIZA

By

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

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DECLARATION FORM

I **B221181B** hereby declare that this dissertation titled **"Beyond Visibility: Social Workers' Perspectives on Child Neglect Among Children Living with Disabilities in Chitungwiza"** is my original work and has not been submitted in part or in full for any degree or qualification at this or any other institution of higher learning. I further declare that all sources of information used in this study have been duly acknowledged and referenced in accordance with academic requirements. Any assistance received during the course of this research has been appropriately acknowledged.

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DEDICATION

I dedicate this dissertation to my loving family, Mr and Mrs Mahuni and my brothers for their unconditional love and support they gave me throughout my educational journey

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APPROVAL LETTER

To be completed by the Supervisor

I certify that I have supervised **FELISTAS. R MAHUNI (B221181B)** for the research titled: **"BEYOND VISIBILITY: SOCIAL WORKERS' PERSPECTIVES ON CHILD NEGLECT AMONG CHILDREN LIVING WITH DISABILITIES IN CHITUNGWIZA"** in partial fulfilment of the requirements for Bachelor of Science Honours degree in Social Work, and I recommend that it proceeds for examination.

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Chairperson of Department Board of Examiners

The department board of examiners is satisfied that this dissertation report meets the examination requirements and I therefore recommend to the Bindura University to accept a research project by **FELISTAS. R MAHUNI** titled **"BEYOND VISIBILITY: SOCIAL WORKERS' PERSPECTIVES ON CHILD NEGLECT AMONG CHILDREN LIVING WITH DISABILITIES IN CHITUNGWIZA"** in partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree.

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ABSTRACT

Child neglect remains one of the most prevalent forms of child abuse worldwide, with children living with disabilities being particularly vulnerable due to their increased dependency on caregivers and social support systems. This study explored social workers' perspectives on child neglect among children living with disabilities in Chitungwiza, Zimbabwe. The study was guided by Attachment Theory and employed a qualitative research approach within an interpretivist paradigm to gain an in-depth understanding of the phenomenon. A case study design was adopted, and data were collected through semi-structured interviews with social workers and key informants drawn from government departments, non-governmental organisations, and community-based organisations working with children with disabilities. Purposive sampling was used to select participants with relevant experience and knowledge. Data were analysed using thematic analysis. The findings revealed that child neglect among children living with disabilities manifests in various forms, including physical neglect, emotional neglect, educational neglect, and medical neglect. The study identified poverty, caregiver stress, limited knowledge of disability issues, stigma, and inadequate support services as key factors contributing to neglect. The findings further highlighted several consequences of neglect, such as poor physical and mental health, social isolation, low self-esteem, educational challenges, and compromised overall wellbeing. Social workers reported employing interventions such as case management, family counselling, community awareness campaigns, referrals, and advocacy; however, these efforts were constrained by high caseloads, limited resources, and inadequate inter-agency coordination. The study concludes that addressing child neglect among children living with disabilities requires a multi-sectoral approach involving government institutions, social workers, communities, and families. The study recommends increased funding for child protection services, strengthened community awareness programmes, enhanced support for caregivers, and improved coordination among stakeholders to promote the welfare and protection of children living with disabilities.

LIST OF ABBREVIATIONS AND ACRONYMS

DSD – **Department of Social Development**

MoPSLSW – **Ministry of Public Service, Labour and Social Welfare**

NGO – **Non-Governmental Organisation**

CWDs – **Children with Disabilities**

UN – **United Nations**

UNCRC – **United Nations Convention on the Rights of the Child**

UNCRPD – **United Nations Convention on the Rights of Persons with Disabilities**

UNICEF – **United Nations Children's Emergency Fund**

WHO – **World Health Organization**

ZIMSTAT – **Zimbabwe National Statistics Agency**

ZRP – **Zimbabwe Republic Police**

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CHAPTER 1: INTRODUCTION AND BACKGROUND

Introduction

Child neglect is a complex, multidimensional problem that has a disproportionate impact on some of the most vulnerable segments of society, particularly children living with disabilities. Globally, this form of child maltreatment ranks among those that are most common yet frequently go unreported, with especially severe consequences for children whose daily functioning is constrained by a disability. When viewed through the lens of social work practice, neglect among children with disabilities calls for a comprehensive, rights-centred response. Social work practitioners are at the forefront of this challenge: they detect signs of neglect, champion the rights of affected children, provide guidance and emotional support to families, and facilitate access to critical services. The present study was undertaken to examine how social workers in Chitungwiza, Zimbabwe, understand and respond to child neglect affecting children with disabilities.

1.2 Background of the Study

Child neglect arises when a parent or caregiver consistently falls short in meeting a child's fundamental requirements, including access to adequate food, appropriate clothing, safe shelter, affection, and healthcare, to the degree that the child's health, safety, or overall development is placed in jeopardy. More precisely, neglect can be understood as an enduring failure to fulfil a child's core physical or emotional necessities, with the potential to cause lasting harm to the child's health or developmental trajectory. For individuals living with disabilities, this form of violation is pervasive and deeply embedded across different societies, yet it frequently goes unacknowledged due to entrenched patterns of underreporting. Globally, countless people with disabilities continue to suffer in silence, denied fundamental provisions such as nutritious food, appropriate medical attention, educational opportunities, and emotional support (World Health Organization [WHO], 2011).

Children who live with disabilities are inherently at elevated risk of experiencing neglect, largely because they require a greater level of care and attention that can strain caregivers, particularly those with limited resources. When caregivers are overwhelmed, the quality of care they provide often declines, with harmful effects on the health, educational development, and overall functioning of the child. The challenges are compounded by the fact that children with disabilities frequently need specialised assistance that goes beyond what many families can readily provide.

More than three-quarters of caregivers raising children with disabilities reside in developing nations, where the demands of caregiving are associated with family instability, heightened parenting stress, and a disproportionate caregiving burden relative to families without disabled members (WHO, 2013). In Zimbabwe, despite the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the enactment of the Disabled Persons Act [Chapter 17:01], enforcement mechanisms remain weak, with no specific legal provisions criminalising or mandating the reporting of neglect (Dube, 2020).

These issues manifest at international, continental, and national levels, each presenting its own set of challenges. At the global level, frameworks such as the UNCRPD and the Sustainable Development Goals (SDGs) establish the normative basis for inclusive development and accountability. On the African continent, the African Union's adoption in 2018 of the Protocol to the African Charter on the Rights of Persons with Disabilities represented a significant step forward in law; however, by 2024, the number of states that had ratified or implemented the protocol remained limited (African Disability Forum, 2023). Within Zimbabwe, civil society organisations and non-governmental bodies, such as Leonard Cheshire Zimbabwe, the Zimbabwe National Association of the Deaf (ZNAD), and the National Association of Societies for the Care of the Handicapped (NASCOH), have been active in raising awareness, advocating for disability rights, and supporting those affected by neglect (NASCOH, 2019). The 2021 National Disability Policy articulates a vision for inclusion and equal treatment, but it provides insufficient guidance on mechanisms for reporting or remedying neglect (Zimbabwe Human Rights Commission, 2022). Progress continues to be hampered by inadequate funding, poorly integrated institutional structures, and the absence of broad-based public education initiatives.

Chitungwiza is an urban centre situated approximately 30 kilometres to the south of Harare, Zimbabwe's capital city. Housing a population exceeding 250,000 people, it ranks among the most densely populated towns in the country. Established during the mid-1970s, Chitungwiza has expanded rapidly and continues to grapple with significant socioeconomic difficulties, including elevated unemployment, restricted access to potable water, and inadequate sanitation services. Research conducted in 2012 found that over 70% of households in the town lived below the poverty line, with caregivers of children with disabilities particularly struggling to meet their families' basic needs. The scarcity of social safety nets and inadequate government support for families raising children with disabilities increases caregivers' susceptibility to social and mental

health difficulties. In many communities, including those in Chitungwiza, disability is still perceived through a lens of shame, with affected individuals frequently being hidden from community view, particularly in rural areas (Choruma, 2007). The current research focuses on exploring how social workers in Chitungwiza perceive and address neglect among children living with disabilities.

1.3 Statement of the Problem

Child neglect persists as one of the most widespread yet inadequately addressed forms of child maltreatment worldwide, with children with disabilities disproportionately affected. According to WHO (2021), this population is exposed to significantly elevated risks of abuse and neglect, stemming from their greater reliance on carers, difficulties in communicating, and broader social marginalisation. Research consistently indicates that children with disabilities face a risk of experiencing neglect that is up to three times higher than their non-disabled counterparts (Jones et al., 2020). Despite growing international concern, neglect affecting children with disabilities remains insufficiently addressed, particularly in low- and middle-income countries. UNICEF (2022) has highlighted that child protection systems regularly fall short in identifying and responding adequately to cases involving children with disabilities, largely owing to resource constraints and inadequate specialist training among practitioners.

The underlying causes of neglect in this context are complex. The interplay between societal stigma and structural obstacles effectively silences the voices of caregivers, particularly mothers, who may conceal children with disabilities from wider family members and community networks. In many Southern African contexts, disability continues to be associated with shame or perceived as a manifestation of divine punishment, resulting in affected individuals being hidden and isolated (Choruma, 2007). In Zimbabwe, these challenges are further compounded by high levels of poverty and limited availability of social welfare resources. Although legal protections for children exist, persistent implementation gaps remain. Social workers frequently function under constrained circumstances characterised by excessive caseloads, underfunding, and insufficient training in disability-inclusive practice (Chitiyo et al., 2020). While scholarship has examined child neglect and disability as separate concerns, there is a notable scarcity of research that centres the lived professional experiences of social workers engaged in child protection with this population. The consequences of neglect for children with disabilities are severe and enduring, encompassing deterioration of existing health conditions, heightened vulnerability to abuse and

exploitation, and reduced access to educational and social opportunities (Sullivan et al., 2000). This study therefore seeks to investigate the problem of child neglect affecting children with disabilities from a social work perspective, to understand its nature, and to evaluate the effectiveness of current interventions in Chitungwiza.

1.4 Aim

This study aims to explore how social workers in Chitungwiza understand and respond to child neglect among children with disabilities.

1.5 Objectives

i. To examine the nature of child neglect experienced by children with disabilities in Chitungwiza.

ii. To identify the consequences of child neglect for children with disabilities in Chitungwiza.

iii. To investigate the strategies employed by social workers to address child neglect among children with disabilities in Chitungwiza.

1.6 Research Questions

1. What forms of neglect do children with disabilities in Chitungwiza encounter?

2. What are the consequences of neglect for children with disabilities in Chitungwiza?

3. How are social workers addressing child neglect among children with disabilities?

1.7 Significance of the Study

The value of this research lies in its potential to illuminate the systemic barriers and social inequities that enable neglect to persist among children with disabilities. Neglect is widely considered the most harmful and insidious category of child maltreatment, yet it is routinely overlooked because of stigma, inadequate awareness, and barriers to reporting. This study provides social workers in Chitungwiza with an opportunity to share their professional insights regarding neglect within this vulnerable group. It will also shed light on the difficulties caregivers encounter and inform government efforts to dismantle structural barriers. In fostering greater public and professional understanding of the importance of identifying and reporting neglect, the study contributes to accountability and social justice (WHO, 2011). Furthermore, it enriches the body of knowledge in Zimbabwean child protection and offers practical insights for designing more effective and inclusive support systems for marginalised children.

1.8 Definition of Key Terms

1.8.1 Neglect

Neglect refers to a caregiver's or parent's failure to fulfil their duty of care, resulting in harm, whether physical or emotional, or death (Child Welfare Information Gateway, 2022). Within the scope of this study, neglect encompasses the failure of any caregiver, whether a biological parent, a paid professional, or an extended family member, to meet the child's basic needs. This includes deprivation of adequate nutrition, denial of medical care or rehabilitation, educational exclusion, and abandonment, all of which represent violations of fundamental human rights.

1.8.2 Disability

Disability may be defined as a restriction that prevents individuals with impairments from participating fully in society on equal terms with others, and that is expected to persist even after medical management of the underlying condition (Makwela and Elizabeth, 2022). In this study, the term refers to physical, intellectual, and sensory impairments that hinder individuals from functioning or engaging in activities in the same manner as people without disabilities.

1.8.3 Person with Disability

According to the UNHCRC (2024), persons with disabilities are individuals who have long-term physical, intellectual, mental, or sensory impairments that, when combined with various social barriers, may limit their full and effective participation in society on the same basis as others. In this study, the term refers to individuals whose overall functioning is significantly constrained by their disability, whether physical, intellectual, learning-related, or sensory in nature.

1.9 Assumptions of the Study

The study proceeds from the assumption that neglect among children with disabilities exists and constitutes a significant social concern in Chitungwiza, one with meaningful implications for child wellbeing and development. It is further assumed that the social workers participating in the study possess both the professional knowledge and practical experience necessary to provide credible, relevant information on neglect cases. Participants are also expected to engage honestly and openly with the research process. Additionally, the study assumes that poverty, stigma, and prevailing cultural values are among the primary factors contributing to neglect in this context. Attachment Theory is considered a relevant framework for examining how caregiver practices shape the emotional and developmental outcomes of children with disabilities in Chitungwiza.

1.10 Dissertation Outline

1.10.1 Chapter 1: Introduction and background of the study

This chapter focuses on introducing the topic, laying out the background of the study, aims of the study, research objectives, research questions, assumptions of the study, significance of the study, limitations and delimitations of the study and definition of key concepts.

1.10.2 Chapter 2: Literature review

The literature review is going to focus on the accumulation of information relevant to the topic under study through reviewing existing literature and studies conducted earlier. Key theoretical frameworks to guide the study will also be laid out which are of great efficacy in explaining the major objectives.

1.10.3 Chapter 3: Methodology

This chapter focuses on the methodological approaches that have been used to answer the research questions. This chapter elucidate on the research approach, research design, data collection methods, research domain, target population, sampling methods, sampling, data analysis, validity and reliability in qualitative research and ethical considerations.

1.10.4 Chapter 4: Presentation, Interpretation and discussion of findings

This chapter focuses on, data presentation, interpretation and discussion of research findings. Data presentation was guided following the order of objectives and under each major theme various subthemes were drawn. The chapter focuses on interpreting findings from a social workers perspective and dwelling on the discussion of findings under each theme whereby a deep comparative assessment will be done comparing the data from the research findings with the existing scholarly perspectives. This chapter will also provide a connection between the theory and data retrieved in answering the research questions.

1.10.5 Chapter 5: Summary of findings, conclusions and recommendations

This chapter focused on providing the summary of findings greatly tailored in such a way which discuss the research objectives. What has been deduced from the findings will be presented under the topic of conclusions. Recommendations are outlined and discussed in such a way which expectations are tailored to specific personnel like community members, government, social workers, policy makers, and stakeholders.

1.11 Chapter Summary

This chapter has established the foundation of the study by presenting its background, problem statement, aim, objectives, and research questions. It also discussed the study's significance, delimitations, and underlying assumptions.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter undertakes a critical review of existing scholarly literature on the neglect of children with disabilities in Chitungwiza, with particular attention to how social workers perceive and respond to this phenomenon. The chapter maps the various forms of neglect and the factors that contribute to it, while highlighting the unique vulnerabilities of this population. It also examines how social work professionals engage with the problem and identifies significant gaps in current knowledge. Attachment Theory is adopted as the theoretical lens through which the occurrence and perpetuation of neglect within family and community contexts can be understood.

2.1 Theoretical Framework

Attachment Theory, initially formulated by John Bowlby and subsequently developed further by Mary Ainsworth, provides the conceptual scaffolding for this study. The theory holds that the emotional bonds formed between a child and a primary caregiver during the early years of life play a foundational role in shaping the child's social, emotional, and cognitive development (Bowlby, 1978). Specific patterns of attachment emerge based on the consistency and quality of caregiving, with secure attachment arising from nurturing and reliably responsive care, while neglectful or inconsistent caregiving tends to produce insecure or disorganised attachment patterns associated with emotional and behavioural difficulties (Cassidy and Shaver, 2016).

For children with disabilities in Chitungwiza, Attachment Theory provides a valuable analytical frame for understanding how neglect disrupts developmental processes. These children often require heightened levels of patience and care, and when caregivers are unable to meet these demands, whether due to poverty, social stigma, stress, or inadequate support, the effects on attachment can be severe (Emmerson et al., 2021). Neglect, regardless of whether it manifests in physical, emotional, or social dimensions, interferes with the formation of healthy attachment, contributing to long-term outcomes such as diminished self-esteem and impaired social competence (Fearon et al., 2017). From a social work perspective, Attachment Theory informs assessments of caregiver-child relationships and guides interventions aimed at strengthening caregiving quality and responsiveness (Howe, 2016). It also underscores the importance of early intervention, since even in resource-constrained settings such as Chitungwiza, well-designed caregiver support can facilitate the development of secure attachment (UNICEF, 2022).

2.2 Conceptualising Key Phenomena In The Study

Three key concepts underpin this study: child neglect, children with disabilities, and social workers' perspectives. Child neglect is understood as the failure of caregivers to provide for a child's essential physical, emotional, medical, and educational needs, resulting in actual harm or a significant risk thereof (WHO, 2021). Disability, in this context, is conceptualised as the interaction between an individual's impairment and the societal barriers that restrict participation (UN, 2006). Children with disabilities are particularly susceptible to neglect given their increased reliance on carers, the stigma attached to disability, and their restricted access to services (UNICEF, 2022). Social workers' perspectives refer to the professional insights and field experience that practitioners bring to the identification and management of neglect cases, insights shaped by institutional frameworks, cultural environments, and resource realities (Healy, 2014). Within this study, neglect of children with disabilities is treated as a multidimensional issue driven by intersecting socioeconomic, cultural, and systemic forces.

2.3 General Overview

The neglect of children with disabilities is a complex social challenge that has attracted scholarly attention across diverse geographical and cultural contexts. The following sections present a review of the relevant literature from global, regional, and local perspectives.

2.3.1 Global Overview

At the global level, children with disabilities face a substantially elevated risk of neglect and abuse relative to children without disabilities. Evidence indicates that these children are more likely to encounter physical neglect, emotional deprivation, and exclusion from essential services (Jones et al., 2021). According to WHO (2022), child neglect remains among the most underreported categories of child maltreatment worldwide. Across most countries, structural obstacles, including inadequate social protection mechanisms, the absence of disability-sensitive policies, and restricted service access, sustain the conditions in which neglect thrives. Stigma and discrimination remain major drivers of the marginalisation of children with disabilities, contributing to their social isolation in both home and community settings (UNICEF, 2022). Despite the existence of international legal frameworks, significant shortfalls remain in the identification of and response to neglect, particularly for children with intellectual or communication impairments. Social work practitioners have consistently emphasised the importance of early intervention, family support services, and the development of inclusive child protection systems (Spratt et al., 2019).

2.3.2 Regional Overview

The African context presents additional layers of complexity. High poverty rates, constrained resources, and deeply embedded cultural attitudes towards disability all exacerbate neglect. Research from across sub-Saharan Africa documents a pattern in which children with disabilities are frequently hidden, neglected, or denied access to education and healthcare (Chataika, 2021). Cultural beliefs that associate disability with misfortune or supernatural causation intensify stigma and further entrench discrimination. Weak child protection systems and a scarcity of specialised services also impede effective intervention. Social workers in many African countries contend with substantial systemic challenges, including unmanageable caseloads, limited specialist training, and resource deficits that undermine their ability to address neglect effectively (Dube and Moyo, 2023). While African Union policy frameworks advocate for inclusive social protection, implementation across the continent has been inconsistent. Community-based rehabilitation and family-centred programmes have shown promise as strategies for addressing neglect.

2.3.3 Local Overview

Within Zimbabwe, children with disabilities continue to experience significant disadvantage despite a range of policies designed to promote inclusion and protection. Urban poverty, particularly pronounced in towns such as Chitungwiza, severely limits families' capacity to provide adequate care for children with disabilities. Research has documented the frequent exclusion of these children from educational, healthcare, and social opportunities owing to financial hardship and restricted resource access (Muchengeti and Dube, 2022). Social workers in Zimbabwe perform a critical protective role, but they function under considerable institutional and resource constraints. Gaps in disability-specific focus within child protection systems have resulted in deficiencies in service delivery (Mapfumo, 2022), leaving neglect among children with disabilities chronically underreported and inadequately addressed.

2.4 Nature Of Child Neglect Among Children Living With Disabilities

Neglect as experienced by children with disabilities takes multiple forms. While the type of disability may influence which form of neglect is most prevalent, Maclean et al. (2017) caution against assuming that all disabilities carry equal vulnerability; the relationship between disability type and neglect exposure is nuanced and merits further investigation.

2.4.1 Medical Neglect

According to Khateb et al. (2024), medical neglect is generally understood as the failure to secure appropriate healthcare and rehabilitation for a child with a disability. In Israel, for instance, a committee established by the Ministry of Social Affairs documented a failure to systematically monitor the health conditions of disabled individuals, alongside reports of abuse perpetrated by healthcare staff (Dotan, 2023). This points to insufficiencies in community-based, professionally delivered care. In the African context, a study by Mukushi et al. (2018) found that caregivers of children with conditions such as cerebral palsy frequently substituted formal medical and rehabilitation care with faith-based healing approaches, thereby exposing these children to significant medical neglect. While the literature has documented this pattern, the root causes preventing caregivers from accessing or providing adequate medical care require more thorough investigation, which this study addresses.

2.4.2 Educational Neglect

Depanfilis (2006), as cited by Ngororabanga (2021), indicates that neglect can manifest through the failure to accommodate the educational needs of children with disabilities and insufficient provision of special needs education. Ncube et al. (2021) reinforce the point that despite education being recognised as a universal human right, children with disabilities encounter formidable barriers to inclusive schooling, including negative social attitudes, inadequate school infrastructure, and pervasive stereotypes. While scholarship has explored these dimensions, important gaps remain regarding the influence of environmental factors, community attitudes, and actual institutional accessibility. This study aims to contribute to closing these gaps by incorporating caregiver perspectives and examining conditions in schools serving children with disabilities.

2.4.3 Physical Neglect

Children with disabilities are at significant risk of physical abandonment by their primary caregivers. Matambanadzo (2021), cited by Sandhleni and Singwane (2023), emphasises that caregiver acceptance of a child with a disability is heavily contingent on family support structures; when such support is absent, caregivers may reject the child outright, often driven by stigma and blame. Tigere (2024) further notes that financial pressures on lone mothers whose partners have left may result in children being placed with grandparents while mothers seek employment

elsewhere. Most existing research in this area focuses on mothers' experiences, leaving paternal contributions to abandonment largely unexplored, a gap this study seeks to address.

2.4.4 Emotional Neglect

Emotional neglect involves the failure of caregivers to furnish the affection, encouragement, and psychological support that are integral to a child's emotional and social development. When a child's emotional needs are routinely dismissed or ignored, the consequences include pervasive feelings of worthlessness and low self-regard. Forms of emotional neglect include ignoring the child, withholding affection, and denying the child a sense of safety or belonging. Dubowitz (2021) describes emotional neglect as occurring when caregivers consistently respond inappropriately or not at all to a child's emotional distress. For children with disabilities, this form of neglect may be exacerbated by stigma, discrimination, and social exclusion within family and community networks. Research links emotional neglect to a range of negative outcomes, including anxiety, depression, academic difficulties, and challenges in forming and maintaining healthy relationships.

2.5 Social Workers' Perspectives On The Consequences Of Child Neglect Among Children With Disabilities

Social work professionals broadly recognise child neglect as among the most prevalent and complex forms of child maltreatment they encounter (WHO, 2022). From a professional standpoint, children with disabilities are at substantially heightened risk of neglect due to their dependency on caregivers, their social isolation, and the barriers they face in reporting mistreatment (Jones et al., 2021). In urban settings characterised by socioeconomic hardship, such as Chitungwiza, these risks are compounded further (Chitiyo and Muwana, 2022).

2.5.1 Psychological and Emotional Consequences

Social work practitioners observe that neglect produces profound and lasting psychological harm in children with disabilities. These children frequently present with symptoms of depression, anxiety, diminished self-worth, and social withdrawal (WHO, 2022). Neglect has been found to be closely associated with more serious mental health outcomes, including suicidal behaviour (Dorsey et al., 2021). For children with disabilities, the psychological toll is often more acute, since the stigma and discrimination they face further cut them off from protective social networks (UNICEF, 2023). In Chitungwiza specifically, social workers report that prevailing negative

community attitudes towards disability can aggravate emotional neglect, leaving children feeling unwanted and contributing to lasting relational difficulties.

2.5.2 Physical Health and Developmental Consequences

From a social work perspective, neglect has direct and measurable effects on the physical health and developmental trajectory of children with disabilities. When nutritional needs go unmet, medical care is withheld, and rehabilitation services are inaccessible, the outcomes include worsening health conditions and delayed development (Kuper and Heydt, 2021). Neglect frequently results in untreated medical conditions, malnutrition, and poor hygiene, all of which erode children's overall wellbeing. Because children with disabilities often require specialised forms of care, its absence can cause their conditions to deteriorate at a faster rate than would be experienced by non-disabled peers.

2.5.3 Educational Consequences

Social workers draw attention to the educational deprivation that commonly accompanies neglect in children with disabilities (UNESCO, 2022). Persistent absenteeism, a lack of educational support, and inaccessible school environments together undermine these children's ability to benefit from schooling. Neglect also operates through caregivers' failure to prioritise education, whether motivated by stigma or financial constraints. The resulting effects, including poor academic performance, school dropout, and constrained future prospects, are particularly pronounced in resource-limited, high-density communities such as Chitungwiza.

2.5.4 Social and Behavioural Consequences

Neglect also disrupts children's social development in significant ways. Social workers report that children with disabilities who have experienced neglect frequently exhibit behavioural difficulties, including aggression, withdrawal, and problems with social interaction, and some engage in risky behaviours in later childhood and adolescence. Stigma and discrimination further restrict these children's participation in community life (Shumba, 2019), reinforcing a cycle of vulnerability and social exclusion.

2.5.5 Long-Term Consequences

Social work practitioners emphasise that the effects of neglect are rarely confined to childhood. Neglected children with disabilities carry a heightened risk of experiencing:

- Persistent and chronic health conditions
- Poor educational attainment and limited qualifications
- Unemployment and economic vulnerability in adulthood
- Sustained reliance on state welfare systems
- Intergenerational transmission of poverty and neglect

Neglect therefore carries implications that extend well beyond the individual, with consequences for community wellbeing and social cohesion (Save the Children, 2020).

2.6 Strategies Used By Social Workers To Address Child Neglect Among Children With Disabilities

Responding effectively to child neglect among children with disabilities in settings such as Chitungwiza requires a multi-layered, contextually responsive approach. The poverty, unemployment, and service deficits characteristic of such areas intensify vulnerability. Social workers operate within a child protection framework that encompasses prevention, early intervention, and statutory responses, guided by rights-based principles and the foundational commitment to advancing the best interests of the child (Munro, 2019).

2.6.1 Case Management, Identification, and Risk Assessment

Case management is widely acknowledged as the cornerstone of social work practice in child protection (Dziegielewski, 2019). Identification of neglect typically begins through referrals from schools, community members, healthcare providers, and community childcare workers. Social workers then undertake a thorough assessment of the child's situation, examining the nature and severity of neglect, family dynamics, and the specific needs arising from the child's disability. Risk assessment instruments are employed to determine the immediacy of danger and to guide decision-making about appropriate interventions. Cases involving children with disabilities are often more intricate due to:

- Communication challenges
- Heavy reliance on caregivers
- The concealed nature of many forms of neglect

Following assessment, individualised support plans are developed, potentially incorporating family assistance, ongoing monitoring, or legal measures. Regular follow-up visits are essential to track compliance and to evaluate whether the child's situation is improving.

2.6.2 Family Strengthening and Capacity Building

Preventing family breakdown is a central priority for social workers, who aim to strengthen caregivers' capacity rather than move immediately to statutory intervention (Schneider et al., 2025). Neglect is frequently a consequence of poverty, stress, ignorance, or social isolation, rather than deliberate intent to harm. Family-strengthening programmes may include:

- Education sessions for parents on disability-related care and child development
- Counselling to help caregivers manage stress, stigma, and mental health difficulties
- Initiatives to improve household income and economic stability
- Referrals to social welfare services, including nutritional support and school assistance

In the economically challenging context of Chitungwiza, enabling families materially and socially is recognised as a significant protective factor against neglect. Resource scarcity, however, often limits the reach and sustainability of these programmes.

2.6.3 Community-Based Child Protection Mechanisms

Social workers are increasingly working with community-level structures to strengthen early detection of and response to neglect. Community childcare workers (CCWs), volunteers, and local leaders are instrumental in linking formal child protection services with households that might otherwise remain invisible to authorities. Functions performed by these structures include monitoring households at risk, identifying at-risk children, providing referrals, and raising awareness of child protection issues. This approach is particularly effective in Chitungwiza given the town's dense population and well-established community networks (Makoae et al., 2023). Challenges such as inadequate training, volunteer burnout, and the absence of financial incentives, however, can compromise effectiveness.

2.6.4 Psychosocial Support and Trauma-Informed Care

Children with disabilities who have experienced neglect often carry the burden of complex emotional and psychological trauma. Social workers provide psychosocial support through

trauma-informed approaches that account for the impact of neglect on mental health and developmental wellbeing (Marshall et al., 2021). The range of interventions includes:

- One-on-one counselling for affected children
- Play therapy, particularly for younger children
- Family therapy aimed at repairing relationships
- Support groups for both children and their caregivers

Social workers additionally strive to strengthen children's resilience, sense of self-worth, and ability to cope with adversity. Access to specialist mental health services, however, remains limited in areas like Chitungwiza, which constrains the depth and quality of support that can be offered.

2.6.5 Multi-Sectoral Collaboration and Referral Systems

Given the complex and intersecting needs of children with disabilities, social workers adopt a collaborative, multi-sectoral orientation. As Sloper (2004) highlights, coordination between health, education, and social services is essential for this population. Social workers engage with a broad range of stakeholders, including:

- Healthcare professionals who provide medical and rehabilitation support
- Educators responsible for inclusive schooling
- Law enforcement in cases involving severe neglect or abuse
- NGOs providing material and technical assistance

Effective referral systems enable children to receive holistic care, with a single case potentially requiring simultaneous engagement with healthcare, schooling, and social protection services. Coordination gaps, bureaucratic processes, and limited resources, however, frequently impede smooth functioning.

2.6.6 Advocacy, Awareness, and Social Behaviour Change

Social workers play an active role in advocacy and public awareness efforts aimed at shifting harmful societal attitudes towards disability. In many communities, disability is associated with shame, superstition, or moral failing, attitudes that directly fuel neglect (Scior, 2016). Advocacy activities include community dialogue sessions, engagement with religious and traditional leaders,

school-based awareness campaigns, and the promotion of disability inclusion and children's rights. While these efforts seek to reshape public perceptions and promote more inclusive practices, deeply held cultural beliefs continue to resist change in some communities.

2.6.7 Social Protection and Economic Support Interventions

Recognising that material poverty is a primary driver of neglect, social workers actively facilitate access to social protection mechanisms (Bywaters et al., 2016). These interventions are designed to reduce household vulnerability and enhance caregivers' capacity to meet their children's needs. Key mechanisms include:

- Cash transfer programmes that provide direct financial support to caregiving households
- Food assistance for families experiencing food insecurity
- Educational subsidies, including school fee waivers and grants
- Facilitated access to financial assistance for medical expenses and rehabilitation

These interventions are especially important for families raising children with disabilities, given the additional costs associated with specialised care. Insufficient coverage and erratic funding, however, often limit their reach in Chitungwiza.

2.6.8 Removal, Alternative Care, and Reintegration

When a child's safety is at serious risk, social workers may be required to remove the child from their home environment. Chirwa (2019) documents the challenges faced by Zimbabwean social workers in managing severe neglect cases, noting shortages of trained foster carers and limited resources as barriers to safe reintegration. Alternative care options include:

Foster Care

Foster care places children in approved family settings when the biological family cannot safely provide care. UNICEF (2022) notes that family-based environments support children's emotional, social, and psychological development. However, Chirwa (2019) documents significant shortfalls in Zimbabwe, where trained foster carers and resources for children with complex needs remain insufficient.

Kinship Care

Placement with relatives or family friends is often preferred as it preserves cultural ties and community connections (Winokur et al., 2018). However, kinship carers of children with

disabilities may face financial and caregiving burdens that affect care quality without adequate support (UNICEF, 2022).

Institutional Care

Residential care facilities are used as a measure of last resort. WHO (2021) cautions that prolonged institutionalisation can harm emotional development and attachment. Family-based options are generally preferred, with institutional placements made only when no suitable alternative exists (UNICEF, 2022).

2.6.9 Capacity Building for Service Providers

Social workers also invest in improving the skills and knowledge of all those involved in the care of children with disabilities:

- Training caregivers in disability-specific care requirements
- Equipping teachers with skills to support learners with disabilities
- Developing community childcare workers' child protection competencies

Mpofu (2019) highlights that Zimbabwean social workers prioritise equipping CCWs with knowledge of child protection, disability awareness, and referral pathways to bridge the gap between formal and informal systems.

2.7 Chapter Summary

This chapter reviewed the relevant literature on neglect among children with disabilities in Chitungwiza and examined social workers' perspectives on this problem. It documented the various forms neglect takes, identified the heightened vulnerability of children with disabilities, and explored the roles social workers play in child protection. Attachment Theory was applied as a framework for understanding the developmental consequences of neglect. The chapter also identified significant gaps in both scholarship and service provision within the Zimbabwean context, thus providing justification for the present study.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Methodology: Introduction

Research methodology refers to the principled, systematic approach through which a researcher selects and applies methods appropriate to a given field of enquiry. It encompasses the procedures and analytical strategies that underpin the collection and interpretation of data, and it provides the rationale for methodological choices made in pursuit of specific research objectives (Creswell, 2014). This chapter outlines the methodological framework guiding the study, including the research approach, design, target population, study setting, sampling strategies, data collection methods, data analysis approach, and the ethical considerations observed throughout the research process.

3.1 Research Philosophy

Research philosophy refers to the set of beliefs and assumptions that guide how knowledge is generated and understood in a study. It provides the foundation upon which the research design, methods of data collection, and data analysis are based. According to Saunders, Lewis, and Thornhill (2019), research philosophy helps researchers determine how they view reality and the nature of knowledge. This study adopted the interpretivist research philosophy. Interpretivism is based on the belief that social reality is complex, subjective, and socially constructed through human interactions and experiences. The philosophy emphasizes understanding participants' perspectives, meanings, and interpretations of social phenomena rather than seeking objective and measurable facts (Creswell & Creswell, 2018). The choice of interpretivism was appropriate for this study because it sought to explore social workers' perspectives on child neglect among children living with disabilities in Chitungwiza. The study aimed to gain an in-depth understanding of participants' experiences, perceptions, and interpretations regarding the causes, manifestations, consequences, and interventions related to child neglect. Through interpretivism, the researcher was able to capture rich and detailed accounts of the participants' lived experiences within their social and professional contexts. Furthermore, interpretivism allowed the researcher to interact closely with participants through qualitative methods such as interviews, thereby facilitating a deeper understanding of the phenomenon under investigation. The philosophy was therefore suitable for generating context-specific knowledge that reflects the realities faced by social workers in addressing child neglect among children living with disabilities.

3.2 Research Approach

Grover (2015) characterises the research approach as an overarching set of plans and procedures, spanning from broad conceptual orientations to specific methods for data collection, analysis, and interpretation. A qualitative approach was adopted for this study because it is particularly well suited to exploring the dynamics of neglect among children with disabilities. Qualitative methods enable researchers to access the personal experiences, social contexts, and cultural dimensions that shape neglect in ways that quantitative approaches cannot readily capture, including emotional trauma and nuanced relational experiences (Flick, 2018). Within disability research, lived experiences vary considerably depending on the nature of the disability, the social environment, and the availability of support, making a qualitative approach especially appropriate (Shakespeare, 2014). By producing rich, contextually grounded data, this approach facilitates the identification of patterns, meanings, and processes that explain underreporting and other complex phenomena (Denzin and Lincoln, 2018). These insights can in turn inform the development of culturally appropriate interventions and advocacy strategies for children with disabilities (Thomas, 2012).

3.3 Research Design

Khanday (2023) describes research design as the strategic plan adopted by a researcher to address research questions in a rigorous and systematic manner. A case study design was selected for this investigation because it is well adapted to contexts in which rich, contextualised information is required, whether from individuals or groups, with the aim of generating insights that may be applicable more broadly. The case study approach affords an in-depth examination of a circumscribed system within its real-world context (Yin, 2018). As Coombs (2022) defines it, the case study is a method for gathering detailed information about a particular issue within a defined system. This design was chosen to facilitate an in-depth understanding of the professional experiences, perceptions, and insights of social workers operating within a specific urban context. It is especially suited to under-researched topics that require nuanced engagement with complex social phenomena (Creswell and Poth, 2018).

3.4 Target Population

The target population consists of the group of individuals about whom the study seeks to develop knowledge and insight (Kothari, 2019). Social workers were selected as the primary target population because they function as frontline practitioners in child protection and possess direct, hands-on experience with neglect cases involving children with disabilities. Their professional

insights offer a depth of understanding that can inform the development of effective interventions and guide policy improvement. Key informants in the study include a disability specialist from the healthcare field and community childcare workers. These individuals were selected because key informants frequently possess specialist knowledge, direct experience, or insider perspectives that yield deeper contextual understanding than could be obtained through standard survey instruments. Through leveraging the expertise and first-hand observations of key informants, the study is better positioned to validate findings, identify gaps, and ensure that the interpretations produced are both accurate and relevant to the community being studied.

3.5 Study Setting

The study setting refers to the specific geographical and social context within which research is conducted (Kothari, 2019). The study was carried out in Chitungwiza, Harare, Zimbabwe. This location was selected for several reasons. First, the town has a limited number of service providers for persons with disabilities, which contributes to a higher incidence of neglect in the area. Second, the researcher completed her professional placement in Chitungwiza and is therefore familiar with the local environment. Third, the town is a densely populated urban settlement with an estimated population exceeding 428,000 residents as of 2026, making it one of the largest urban centres in Zimbabwe. The convergence of high population density, widespread poverty, and inadequate access to social services creates conditions that heighten the vulnerability of children with disabilities to neglect. The presence of functioning social work and child protection services in the area also facilitated access to study participants, making it both a relevant and practical research site.

3.6 Sampling Techniques

Sampling refers to the process by which a subset of individuals is selected from a larger target population to generate data that addresses the research objectives (Kothari, 2019). Hossan and Alhasnawi (2023) define it as the deliberate and systematic selection of a representative portion of a population to gather information about its characteristics. Purposive sampling was employed in this study. This technique involves deliberately selecting information-rich cases that can provide an in-depth understanding of the phenomena under investigation (Patton, 2015). Participants were selected on the basis of their professional experience in working with children with disabilities and their involvement in child protection activities. This sampling method was chosen because it aligns

well with the specific informational needs of the study, enabling the researcher to access relevant participants efficiently and without undue resource expenditure.

3.6.1 Sample Size

Sample size refers to the number of individuals or cases included in a research study (Kadam, 2010). The sample for this study consisted of 10 to 15 participants, comprising social workers engaged with children with disabilities in Chitungwiza. Participants were drawn from various institutions, including the Department of Social Development, non-governmental organisations, healthcare facilities, and community-based organisations involved in child protection and disability services. This range was designed to ensure diversity of perspective while maintaining thematic relevance. The final sample size was determined by data saturation, meaning that data collection continued until no new themes or information emerged (Guest et al., 2006).

3.7 Data Collection Methods

Data collection methods refer to the techniques used to gather relevant information in a study (Kothari, 2019). Qualitative data collection techniques were employed to obtain detailed, in-depth information on social workers' perspectives regarding neglect among children with disabilities in Chitungwiza. The primary data collection instrument was the in-depth, semi-structured interview, supplemented by key informant interviews (Patton, 2015). According to Monette, Sullivan, and DeJong (2017), the choice of data collection method in social work research is critical, as it directly influences the quality and reliability of the findings generated.

3.8 Data Collection Procedure

The data collection process was conducted within a systematic and ethically sound framework to ensure the credibility and integrity of the findings. Prior to data collection, ethical approval was obtained from an accredited academic institution, and permission was secured from relevant authorities, including the Department of Social Development and organisations serving children with disabilities in Chitungwiza. Adherence to ethical standards is particularly important in social research involving sensitive issues such as child neglect (Orb, Eisenhauer, and Wynaden, 2001). After ethical clearance was obtained, participants were recruited through purposive sampling, with selection criteria focusing on professional experience in child protection and disability services. Participants were approached through official channels, provided with an information sheet outlining the study's purpose, procedures, and ethical safeguards, and asked to sign an informed

consent form. The form confirmed their voluntary participation and acknowledged their right to withdraw from the study at any time without penalty (Creswell and Poth, 2018).

Interview sessions were arranged at times and locations convenient to participants, prioritising private settings to preserve confidentiality. Where in-person interviews were not practicable, telephone or online alternatives were offered. A semi-structured interview guide was used to facilitate discussions while allowing flexibility for participants to elaborate on their experiences. With participants' consent, interviews were audio-recorded to ensure accuracy, and supplementary field notes were taken to capture relevant non-verbal information and contextual details (Bryman, 2016). Following data collection, all interviews were transcribed in full to support detailed analysis. Member checking was offered to participants, affording them the opportunity to review transcripts and confirm the accuracy of their accounts, thus strengthening the credibility of the study (Lincoln and Guba, 1985). All data were managed in strict confidence throughout.

3.9 Data Analysis

Data analysis involves the systematic examination and interpretation of the information gathered during a study (Kothari, 2019). Thematic analysis was applied to the qualitative data produced by this study. This process involved repeated, careful reading of interview transcripts and field notes, followed by the identification of recurring patterns, themes, and relationships among variables. Monette, Sullivan, and DeJong (2017) emphasise the central importance of data analysis in social work research, as the analytical process determines the meaning and significance attributed to findings. All analytical procedures in this study were guided by systematic and validated techniques, and the results were checked for accuracy and completeness.

3.10 Ethical Considerations

Ethical conduct is foundational to rigorous social work research, as it ensures that participants' rights and dignity are upheld throughout the research process. Four key ethical principles governed this study:

3.10.1 Informed Consent

Informed consent is a critical ethical requirement in social work research (NASW, 2017). All participants were provided with clear, accessible information about the study's purpose, potential risks, and expected benefits. They were explicitly informed that participation was voluntary and

that they retained the right to withdraw at any point without any negative consequences. Written consent was obtained prior to data collection.

3.10.2 Confidentiality

Protecting participant confidentiality is a fundamental ethical obligation (Grinnell and Unrau, 2018). All personal information and data provided by participants were kept strictly confidential and not shared without explicit consent. Participant identities were protected through the use of pseudonyms or codes, and all data were stored securely, either in a locked filing cabinet or on a password-protected device.

3.10.3 Anonymity

Anonymity protections are particularly essential when research involves sensitive topics (Kaiser, 2009). Participants were assured that their identities would not appear in any publications or reports arising from the study. Steps were taken to prevent identification through the use of aggregate data and the avoidance of identifiable quotations.

3.10.4 Beneficence and Non-Maleficence

These complementary ethical principles require that research benefits participants and the broader community while avoiding harm (Orb et al., 2001). This study was designed to generate insights and recommendations that could contribute to improved responses to neglect among children with disabilities in Zimbabwe. Every precaution was taken to ensure that no participant was harmed, exploited, or made to feel uncomfortable, and their dignity was respected at all times.

3.11 Trustworthiness and Credibility of the Study

Trustworthiness refers to the extent to which qualitative research findings are credible, dependable, transferable, and confirmable. It is the qualitative equivalent of validity and reliability in quantitative research (Lincoln & Guba, 1985). To ensure the trustworthiness of this study, several strategies were employed. Credibility was enhanced through prolonged engagement with participants and the use of in-depth interviews, which enabled the researcher to obtain detailed and accurate information regarding social workers' perspectives on child neglect among children living with disabilities in Chitungwiza. Member checking was also employed whereby participants were given opportunities to verify the accuracy of the information they provided. Transferability was ensured by providing a detailed description of the research context, participants, and research procedures. Such thick description allows readers to determine the extent to which the findings

may be applicable to similar settings or populations. Dependability was promoted by maintaining a clear and systematic record of the research process, including data collection procedures, interview guides, and data analysis steps. This audit trail enhances the consistency and transparency of the study. Confirmability was achieved through the maintenance of research notes and reflexive journals throughout the study. The researcher remained objective by ensuring that findings were grounded in participants' responses rather than personal assumptions or biases. Interview recordings and transcripts were also retained to provide evidence supporting the study findings. By adhering to these principles of credibility, transferability, dependability, and confirmability, the study ensured that the findings accurately reflected the experiences and perspectives of social workers regarding child neglect among children living with disabilities in Chitungwiza.

3.12 Limitations

Miles (2019) defines research limitations as factors beyond the researcher's control that affect the conduct of a study, typically arising from constraints inherent in the research design and methodology. The limitations encountered in this study include the possibility that participants withheld sensitive information, given the delicate nature of child neglect as a research topic (Creswell, 2018). Time and financial constraints may also have restricted the scope of data collection and the number of participants recruited (Kumar, 2019). Furthermore, because the study focuses exclusively on social workers' perspectives, the experiences and viewpoints of caregivers, children, and other relevant parties are not fully represented. Finally, the findings reflect conditions specific to Chitungwiza and may not accurately represent other areas of Zimbabwe, where socioeconomic circumstances vary.

3.13 Delimitations

Delimitations are the intentional boundaries established by the researcher to define the scope and focus of the study (Miles, 2019). This study is bounded to an examination of social workers' perspectives on neglect among children with disabilities in Chitungwiza, given that this population is widely recognised as being at elevated risk of maltreatment and social exclusion owing to their dependency (Jones et al., 2021). The study does not extend to neglect affecting all children or to other geographical areas of Zimbabwe. Its focus on social workers as the primary informants reflects their direct professional engagement with child protection and disability-related interventions (WHO, 2021).

3.14 Chapter Summary

This chapter has described and justified the methodological choices underpinning the study, including the qualitative approach and case study design. It detailed the target population, sampling strategy, sample size, data collection procedures, and instruments used. The data analysis approach and ethical framework were also outlined.

CHAPTER 4

PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

Introduction

This chapter presents and analyses the data gathered from social workers regarding neglect among children with disabilities in Chitungwiza. The findings are organised in accordance with the study's research objectives and interpreted through the lens of Attachment Theory. Emerging themes and subthemes are used to structure the discussion.

4.1 Demographic Characteristics of Participants

This section provides background information on the participants, offering the contextual foundation necessary for interpreting the findings. The information presented covers participants' gender, age distribution, and professional experience. These characteristics help contextualise participant perspectives on neglect among children with disabilities.

4.1.1 Description of Participants

Participants were selected purposively on the basis of their experience in child protection and disability-related work in Chitungwiza. The sample comprised 10 participants in total: two key informants (one male and one female) from the Department of Social Development, five female primary participants, and three male primary participants. The remaining participants were affiliated with NGOs and community-based organisations and were chosen based on their direct involvement in managing neglect cases. The sample represented a range of age groups and professional experience levels. Participants' direct engagement with vulnerable children and families provided a rich basis for exploring the nature, causes, and effects of neglect in the local context.

Table 4.1 Demographic Characteristics of Participants

Variable	Category	Frequency	Percentage
Gender	Male	4	40
	Female	6	60
	Total	10	100

Age Range	20-30 years	1	10
	31-40 years	5	50
	41-50 years	3	30
	51 years and above	1	10
	Total	10	100
Work Experience	1-5 years	2	20
	6-10 years	5	50
	11 years and above	3	30
	Total	10	100

The demographic profile illustrates the diversity of perspectives represented in the study. Gender distribution ensured balanced representation of male and female practitioners. Age distribution reveals a sample with varying levels of life and professional experience. More senior participants typically brought deeper historical engagement with child protection issues, while younger practitioners contributed perspectives shaped by contemporary training approaches. Variations in years of experience similarly influenced the depth and character of information provided. Collectively, these demographic characteristics strengthened the credibility and comprehensiveness of the findings.

4.2 Presentation of Findings

The findings are discussed in relation to the study's objectives and supported with reference to relevant literature and Attachment Theory.

4.2.1 Nature of Neglect Among Children with Disabilities

The study found that neglect among children with disabilities in Chitungwiza undermines their wellbeing, autonomy, and dignity in fundamental ways. Neglect manifests across several dimensions: physical, emotional, medical, and educational. Children with disabilities are routinely denied access to care, essential services, and developmental opportunities as a result of systemic barriers, stigma, and insufficient family support. Gaining a thorough understanding of how neglect presents is essential for designing interventions that uphold the rights and inclusion of all children.

4.2.2 Physical Neglect

Physical neglect emerged as one of the most commonly encountered forms of maltreatment among children with disabilities in Chitungwiza. Participants consistently described situations in which basic necessities, including adequate food, clothing, shelter, and personal hygiene, were not provided. Within the context of Chitungwiza's pervasive socioeconomic difficulties and limited disability support infrastructure, children with disabilities are acutely exposed to this form of neglect. Physical neglect not only jeopardises children's physical health but also deepens their social exclusion. Social workers identified financial hardship and the weight of caregiving demands as the primary drivers.

> *"Some caregivers fail to provide basic necessities because they are financially struggling, while others simply do not prioritize the child living with a disability." (Participant 3)*

> *"Some parents leave children with disabilities unattended for long periods because they believe the child cannot do much on their own. As a result, basic needs such as food, hygiene, and clothing are often neglected." (Participant 1)*

> *"We have encountered cases where children with disabilities wear dirty clothes for days and are not taken for medical check-ups even when they are visibly sick." (Participant 5)*

These testimonies reveal two distinct pathways to physical neglect: one rooted in structural poverty and one rooted in attitudinal devaluation of children with disabilities. The distinction is important because each pathway requires a different type of response. Material deprivation calls for economic support mechanisms, while attitudinal neglect demands caregiver education and community-level awareness-raising. These findings are consistent with WHO (2021), which highlights the elevated vulnerability of children with disabilities to neglect arising from dependency and economic hardship. From the perspective of Attachment Theory, physical neglect constitutes a serious disruption to the caregiver-child bond. Bowlby (1969) emphasised that responsive and consistent caregiving is the foundation upon which a child's sense of security rests. When physical needs are chronically unmet, the child's attachment system remains in a state of activation without resolution, producing persistent anxiety. For children with disabilities, whose dependency on caregivers is already heightened, this risk is compounded.

4.2.3 Emotional Neglect

Participants reported that children with disabilities in Chitungwiza frequently experience social exclusion, deliberate marginalization, and a marked absence of emotional nurturing within both family and community settings. Despite being less readily visible than physical neglect, this form of neglect was identified by social workers as pervasive and profoundly damaging to children's overall wellbeing.

> *"Many caregivers focus on the child's disability and forget their emotional needs. Some children are rarely shown affection or included in family activities." (Participant 8)*

> *"A number of children we work with report feeling unwanted and isolated within their own families." (Social Worker); "Some children are hidden from visitors because families feel ashamed of the disability." (Participant 5)*

> *"Emotional neglect often appears in the form of silence and exclusion. Children with disabilities are left out of family conversations and decision making. They are rarely praised or emotionally supported and some are even spoken to harshly or dismissed entirely. You will find individuals who have not heard a kind or affirming word in months. The neglect is subtle, but it is deeply damaging." (Participant 4)*

The testimonies reflect a wider cultural tendency to construct disability as a source of family shame, leading to deliberate concealment and the erasure of the child's social presence. Such experiences communicate to the child that their existence is a burden rather than a source of familial value, with profound implications for their developing sense of identity and self-worth. Attachment Theory provides an illuminating framework here: Bowlby (1988) argued that children depend on consistent emotional responsiveness from caregivers to construct a secure internal working model, the cognitive and emotional blueprint through which they come to understand themselves as worthy of care and others as reliable. When caregivers are emotionally unavailable, this internal model becomes distorted. Crittenden (1999) extended Bowlby's work to show that children reared in emotionally neglectful environments develop maladaptive coping strategies, including emotional suppression and withdrawal, which compound the difficulties already faced by children with disabilities.

4.2.4 Educational Neglect

The findings indicate that children with disabilities in Chitungwiza are denied educational access due to a lack of suitable facilities in the locality and the associated costs of travel. Social workers identified this exclusion as reflecting entrenched attitudes about the perceived worth and educability of children with disabilities.

> *"Some parents do not prioritize education for children with disabilities because they believe they will never become independent." (Participant 1)*
>
> *"There are children who stay at home while their siblings attend school because parents feel investing in their education is a waste of resources." (Participant 3)*
>
> *"Zimbabwe has commendable policies such as Education 5.0 which emphasizes the right to education for all and inclusive education policies launched by MOPSE. However, implementation is inconsistent due to lack of resources, limited funding, inaccessible school structures and lack of assistive devices. Moreover, many teachers are not trained in inclusive education." (Participant 6)*

Sharon Cohen school in Chitungwiza is among the few institutions that can accommodate children with disabilities. When caregivers frame education as a wasted investment, they send the child a message that their growth and social participation are of little value, with consequences extending well beyond academic attainment. Bowlby (1988) posited that secure attachment serves as a secure base from which children can confidently explore and acquire new competencies. When caregivers actively discourage educational participation, they withdraw this support, signalling that exploration and growth are neither safe nor worthwhile. UNICEF (2022) identifies structural barriers to inclusive education as a global challenge disproportionately affecting children with disabilities. The Chitungwiza context reveals, however, that attitudinal neglect at the family level, driven by stigma, functions as an equally powerful mechanism of exclusion that policy reforms alone cannot adequately address.

4.2.5 Medical Neglect

A significant proportion of caregivers in Chitungwiza fail to seek appropriate medical care, rehabilitation, or therapy for children with disabilities, citing financial barriers, logistical challenges, and limited understanding of the importance of consistent treatment. Social workers

conceptualised medical neglect as a product of both systemic healthcare inadequacies and attitudinal indifference towards the developmental needs of children with disabilities.

> *"Some children miss clinic appointments because caregivers cannot afford transport or do not see the importance of treatment because of their spiritual beliefs." (Participant 7)*

> *"Neglect often occurs when a parent is embarrassed about having a child with a disability. This results in caregivers being reluctant to provide healthcare, leading to self-isolation as they do not want to know that they have children living with disabilities. Due to limited resources, they end up prioritizing other children without disabilities. Because of complexities associated with special needs, expenses can lead to negative financial status and this leads to neglect." (Participant 1)*

> *"Several families fail to attend rehabilitation appointments due to financial constraints or lack of understanding about the child's condition." (Participant 2)*

The findings demonstrate that children with disabilities are denied their right to medical treatment through multiple pathways, including religious objections to medication and financial inability to access care. Although the Department of Social Development offers some assistance through the AMTO programme, its scope does not cover all the needs of children with disabilities. From the perspective of Attachment Theory, Bowlby (1988) identified the protection of the child's physical wellbeing as a core function of the attachment relationship. When caregivers are unable or unwilling to meet medical needs, they fail this protective function, compromising children's physical wellbeing and eroding their sense of being cared for. These findings are consistent with broader literature documenting the burden of medical neglect experienced by children with disabilities in low-resource settings (WHO, 2021). Despite the existence of frameworks such as the National Disability Policy and the UNCRPD, implementation in Chitungwiza remains inadequate, and children with disabilities continue to be marginalised in healthcare planning and delivery.

4.3 Consequences of Child Neglect Among Children with Disabilities

The study found that neglect has serious, wide-ranging consequences for children with disabilities in Chitungwiza. These encompass emotional and psychological distress, physical health

deterioration, educational disadvantage, and social exclusion. Social workers noted that these consequences affect children's health, educational engagement, and overall developmental wellbeing.

4.3.1 Psychological and Emotional Consequences

Neglected children with disabilities in Chitungwiza frequently present with emotional distress, feelings of rejection, loneliness, and diminished self-worth. The absence of adequate emotional nurturing often leads to social withdrawal and an inability to trust caregivers or other adults.

> *"Many children feel unwanted because they are constantly ignored or isolated in their homes." (Participant 8)*

> *"In Chitungwiza it is seen that most children living with disabilities are staying in unsanitary conditions wearing torn clothes, lacking access to regular meals. Many are left unattended for long periods, especially those with severe mobility challenges. It is also common to find others with untreated wounds due to lack of proper care. These are clear indicators of physical neglect." (Participant 5)*

> *"Neglected children often develop low self-esteem and may withdraw from social interactions." (Participant 7)*

These findings resonate with Attachment Theory, which posits that consistent emotional nurturing and affection are prerequisites for the formation of secure attachment (Bowlby, 1988). When caregivers fail to provide this support, children develop insecure attachment patterns associated with anxiety, depression, and emotional instability (Cassidy and Shaver, 2016). Social workers in Chitungwiza highlighted the role of negative community attitudes in amplifying emotional neglect. Children who are made to feel unwanted or burdensome may experience lasting emotional trauma and encounter persistent difficulties in forming relationships. These findings point to the urgency of trauma-informed caregiving approaches, early psychosocial intervention, and targeted support services that address the emotional needs of children with disabilities.

4.3.2 Physical Health and Developmental Consequences

Social workers observed that neglect directly and measurably affects the physical health and development of children with disabilities. Medical and physical neglect were identified as key drivers of health deterioration and developmental delay.

> *"Some children's conditions worsen because they miss clinic appointments and treatment." (Participant 9)*
>
> *"Poor nutrition and lack of medical attention often worsen existing disabilities." (Participant 5)*
>
> *"People in the community believe that children living with disabilities are owned by the government, in the sense that the government should provide assistive devices like wheelchairs, making caregivers relax and expect handouts. In some instances, one can hear people calling children living with disabilities 'children of the Department of Social Development', which is not the right thing to do." (Participant 10)*

The failure to provide healthcare and adequate physical care places children at heightened risk of deteriorating health and developmental setbacks. These findings affirm the critical role of responsive caregiving and accessible support services. Bowlby (1969) argued that sensitive and responsive caregiving forms the bedrock of secure attachment. When caregivers consistently fail to meet children's medical and physical needs, they signal emotional unavailability, undermining children's sense of security and trust (Ainsworth et al., 1978). Missed clinic appointments and withheld rehabilitation services thus carry implications not only for physical health but also for the quality of the caregiver-child relationship.

4.3.3 Educational Consequences

Educational neglect was found to be a significant factor compromising the academic development and long-term opportunities of children with disabilities. Many experience irregular school attendance or are denied educational access entirely, owing to a combination of financial hardship and negative caregiver attitudes towards the value of education for children with disabilities.

> *"A number of children are not attending school because caregivers cannot afford school fees or believe education is not important for them." (Participant 2)*
>
> *"School absenteeism is common among neglected children, affecting their academic performance." (Participant 4)*
>
> *"A case was referred to our offices by a CCW whereby the parents of a child living with disabilities stated that their child had been refused access to a certain school*

> *claiming that the child had a physical disability and the school had no proper infrastructure, inclusive teaching materials and absence of trained teachers in special needs education." (Participant 3)*

Educational neglect significantly impairs cognitive and social development, narrowing children's prospects for independence and meaningful community participation. Bowlby (1969) emphasised that secure attachment provides the safe base from which children can engage in learning and exploration. When caregivers deprive children of educational opportunities, they effectively dismantle this foundation, signalling that growth is neither valued nor safe. Merrick et al. (2021) found that educational neglect produces lasting deficits in cognitive functioning and social competence, while UNESCO (2021) affirms that inclusive education is a critical tool for countering marginalisation. Ncube et al. (2021) document the multiple ways in which children with disabilities are prevented from enjoying their right to education, from negative social attitudes to inaccessible infrastructure.

4.3.4 Social and Behavioural Consequences

Neglect was found to contribute significantly to social isolation and exclusion among children with disabilities. Social workers reported that children are frequently excluded from community activities, peer interaction, and social events due to stigma and discrimination.

> *"Some children living with disabilities in Chitungwiza rarely interact with others because families hide them from the community and others." (Participant 5)*

> *"Neglect reduces children's confidence and ability to participate in community activities." (Participant 6)*

> *"Many neglected children struggle to form friendships and meaningful social relationships." (Participant 1)*

Social exclusion profoundly limits children's capacity to develop essential social skills, cultivate meaningful relationships, and establish a positive sense of identity and belonging. When caregivers deliberately conceal children from community life, they not only deprive them of critical socialisation opportunities but also communicate deeply harmful messages about the child's worth and place in the world. Attachment Theory helps explain this dynamic: Bowlby (1969) argued that children rely on caregivers not only for physical protection but also for emotional validation and a

bridge to the wider social world. Caregivers who isolate children with disabilities sever this bridge, undermining children's capacity for trust, social confidence, and a secure sense of self. Dushinsky et al. (2022) affirm that attachment disruptions rooted in neglect and rejection produce lasting consequences for social functioning, increasing susceptibility to anxiety and withdrawal. UNICEF (2022) observes that children with disabilities who experience neglect are disproportionately vulnerable to marginalisation and discrimination, underscoring the importance of community awareness efforts, caregiver support, and disability-inclusive policies.

4.4 Strategies Used by Social Workers to Address Neglect

The study identified three central strategic approaches recommended by participants: community awareness programmes, strengthening support services, and multi-sectoral collaboration. Together, these strategies reflect the importance of operating at individual, family, and community levels to address the multidimensional nature of neglect.

4.4.1 Community Awareness Programmes

Educating communities about disability rights and the harmful effects of neglect has the potential to shift societal attitudes and foster more inclusive norms. Awareness campaigns led by local leaders, religious communities, and schools can help to reduce stigma and create environments more supportive of children with disabilities. Participants strongly advocated for community-based education initiatives to address the widespread misconceptions that fuel neglect and social exclusion.

> *"Communities need to be educated about disability so that they stop seeing these children as a burden or a punishment." (Participant 4)*

> *"Local leaders and faith-based groups have a strong influence on community beliefs and behaviours. When they speak about disability rights and inclusion, people are more likely to listen and change their attitudes. When communities are aware of what neglect looks like and know it's wrong, they are more likely to report it and support children with disabilities." (Participant 5)*

> *"If families understood what their children are going through, they would treat them differently. Awareness changes attitudes." (Participant 7)*

Community awareness programmes address the most deeply rooted cause of neglect in the Chitungwiza context: stigma and misinformation about disability. From the Attachment Theory perspective, Bowlby (1969) argued that secure attachment depends on caregivers perceiving and responding to the child as worthy of care. When cultural narratives portray children with disabilities as burdensome or cursed, caregivers are less likely to invest emotionally, disrupting the formation of secure attachment bonds. Educating communities therefore has direct implications for the quality of caregiver-child relationships. Cree et al. (2022) affirm that community-level stigma reduction programmes significantly improve caregiving practices and increase the integration of children with disabilities into family and social life.

4.4.2 Strengthening Support Services

Participants emphasised the critical need for accessible, disability-inclusive support services, including financial aid, psychosocial counselling, rehabilitation, and policy frameworks that address the multidimensional needs of both children with disabilities and their caregivers. Many participants noted that neglect frequently arises not from indifference but from overwhelming financial pressure and the absence of professional guidance.

> *"Caregivers need financial help. Some of them want to do the right thing but they simply cannot afford medication, therapy or school fees." (Participant 1)*

> *"If there were proper counselling services available, caregivers would be better equipped to handle the challenges of raising a child with a disability." (Participant 8)*

> *"Family strengthening programs have helped improve relationships between caregivers and children." (Participant 2)*

Strengthening support services is fundamental to creating conditions under which secure and responsive caregiving can be sustained. Bowlby (1988) recognised that caregiving capacity is profoundly influenced by the wider socioeconomic environment: when caregivers are overwhelmed by financial hardship and lack professional support, their emotional reserves are depleted and the risk of neglectful caregiving increases. Shonkoff et al. (2022) demonstrate that targeted support programmes addressing both practical and emotional caregiver needs produce significant improvements in caregiving quality, attachment security, and child developmental

outcomes. Access to counselling can also help caregivers process their own emotional responses to disability, reducing shame and resentment that may otherwise manifest as neglect.

4.4.3 Multi-Sectoral Collaboration

Social workers and participants strongly underscored the importance of coordinated collaboration between government departments, NGOs, schools, healthcare institutions, and community structures in addressing the complex, multidimensional nature of neglect. Fragmented service delivery was identified as leaving families without adequate support, allowing neglect to persist undetected.

> *"No single department can solve this problem alone. We need everyone working together, from social workers to teachers to healthcare providers." (Participant 9)*
>
> *"When schools, clinics and social services communicate with each other, children are less likely to fall through the cracks." (Participant 10)*
>
> *"We work closely with schools, clinics, and NGOs to ensure children receive comprehensive support." (Participant 5)*

Multi-sectoral collaboration reflects the recognition that neglect among children with disabilities is driven by intersecting social, economic, cultural, and institutional forces that no single actor can address in isolation. When government, civil society, and community bodies collaborate effectively, they create an enabling environment that strengthens caregiving relationships and reduces the structural conditions that produce neglect. Jones et al. (2022) found that interagency collaboration enhances the early identification of neglect and enables timely intervention, thus preventing deterioration of caregiver-child attachment relationships.

4.5 Chapter Summary

This chapter presented and analysed findings on neglect among children with disabilities in Chitungwiza. Drawing on existing literature and Attachment Theory, the chapter documented the forms of neglect experienced, their consequences, and the strategies employed by social workers. Children experience physical, emotional, educational, and medical neglect, driven primarily by poverty and stigma. These forms of neglect have harmful effects on children's health, development, and social participation. The strategies identified reflect the need for coordinated, multi-level responses.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents the study's summary of findings, conclusions, recommendations, policy and practice implications, and directions for future research. The study is entitled: Social Workers' Perspectives on Child Neglect among Children Living with Disabilities in Chitungwiza. According to Creswell and Creswell (2018), the concluding chapter of a research study should interpret findings, elaborate on their significance, and propose evidence-based recommendations.

5.1 Summary of Findings

The study investigated social workers' perspectives on child neglect among children with disabilities in Chitungwiza. Guided by the research objectives outlined in Chapter One, the findings revealed that children with disabilities in this setting experience neglect across four primary dimensions: physical, emotional, educational, and medical. Caregivers were found to fail in providing adequate food, healthcare, emotional nurturing, supervision, and educational opportunities for children with disabilities. These findings are consistent with UNICEF (2022), which identifies elevated risk of neglect among children with disabilities as a function of caregiver dependency and social exclusion.

Poverty emerged as a primary structural driver of neglect. Many caregivers lack the material resources necessary to meet children's needs owing to unemployment and economic hardship, a finding supported by Patel (2020), who argues that poverty constrains families' capacity to meet children's developmental and welfare requirements. Stigma and negative societal attitudes towards disability were also found to contribute significantly to neglect. Disability is frequently associated with shame or misfortune in affected communities, resulting in discrimination and isolation of children with disabilities, a pattern documented by Gutuza and Nyathi (2021).

Social workers were found to operate under multiple constraints, including high caseloads, staff shortages, insufficient resources, limited transport, and weak interagency coordination. Dominelli (2021) notes that such institutional limitations undermine effective social work practice. The study also found that more effective social work interventions would require enhanced government support, stronger community awareness efforts, improved stakeholder coordination, and greater investment in social welfare services. A qualitative research approach and case study design were

adopted, consistent with Creswell's (2018) argument that qualitative methods enable deeper engagement with human experience. Purposive sampling and thematic analysis were used throughout.

5.2 Conclusions

The study concludes that child neglect among children with disabilities remains a serious and under addressed social problem in Chitungwiza. The elevated vulnerability of this population reflects the intersection of dependency, stigma, discrimination, and constrained access to services. WHO (2021) confirms that children with disabilities face multiple vulnerabilities that heighten their risk of abuse and neglect.

Poverty is identified as a central determinant of neglect, reducing caregivers' capacity to meet children's nutritional, healthcare, educational, and emotional needs. Despite the existence of child protection policies, weak implementation driven by resource deficits and poor stakeholder coordination leaves these policies ineffective in practice. Strengthening social welfare infrastructure and advancing interagency collaboration are therefore essential.

The study further concludes that stigma and harmful cultural attitudes towards disability intensify neglect by isolating children and diminishing community responsibility for their protection. Although social workers perform a vital protective function, their effectiveness is constrained by systemic and institutional factors. High workloads, personnel shortages, inadequate resources, and poor coordination weaken social work practice, as Healy (2022) observes. These findings are consistent with Attachment Theory (Bowlby, 1969), which underscores the developmental importance of stable, nurturing caregiving relationships. Addressing child neglect among children with disabilities demands coordinated efforts spanning government institutions, communities, caregivers, and social work professionals.

5.3 Recommendations

The following recommendations are grounded in the study's findings and are intended to address the key challenges identified.

5.3.1 Recommendations to Government

The government should substantially increase investment in social welfare services and child protection programmes targeting children with disabilities. Midgley (2020) argues that adequate funding is a prerequisite for effective welfare interventions. Additional social workers should be

recruited and deployed to manage caseloads and improve service coverage. Transport and logistical resources for field work should be enhanced. Child protection legislation should be strengthened and enforcement mechanisms improved to protect children with disabilities more effectively.

5.3.2 Recommendations to Social Workers

Social workers should intensify community-based awareness activities to combat stigma and discrimination against children with disabilities. Zastrow (2021) affirms the effectiveness of community awareness programmes in reducing stigma. Practitioners should also deepen collaboration with schools, healthcare providers, police, and community leaders in the management of neglect cases. Sustained professional development and disability-specific training are recommended to equip social workers for the complex demands of their work.

5.3.3 Recommendations to Communities and Caregivers

Communities should actively champion the inclusion and protection of children with disabilities. Caregivers should be educated regarding the rights and specific needs of these children. UNICEF (2022) emphasises the importance of caregiver education in preventing neglect. Families experiencing financial hardship should be encouraged and supported to access available social welfare resources and community assistance programmes.

5.4 Implications for Policy and Practice

The findings of this study carry significant implications for child protection policy and social work practice in Zimbabwe. The prevalence of neglect among children with disabilities highlights an urgent need for disability-inclusive child protection policies that explicitly address this population's distinct vulnerabilities. Although Zimbabwe has enacted legislative frameworks to safeguard children's rights, critical implementation gaps persist, with current policies insufficiently attentive to the specific needs of children with disabilities. Policymakers must therefore reinforce legal and institutional frameworks to ensure that children with disabilities enjoy equitable access to protection, healthcare, education, and welfare services, in line with the assertion by UNICEF (2022) that child protection systems are more effective when disability considerations are embedded in planning, budgeting, and service delivery.

The chronically under-resourced nature of social welfare services also demands urgent attention. Consistent with the findings, social workers face staffing deficits, inadequate transport, and

unmanageable caseloads, all of which compromise the quality and timeliness of their responses. Government and development partners should prioritise the recruitment, ongoing training, and professional support of social workers, particularly those working in child protection and disability. As Dominelli (2021) argues, effective social work practice depends fundamentally on institutional backing, professional competence, and adequate resourcing.

Community-level prevention emerged as a critical priority. The prominence of stigma and cultural barriers indicates that legislative reform and service provision alone are insufficient. Policymakers and practitioners should support sustained community education efforts that promote disability rights, inclusive attitudes, and positive caregiving practices. Social workers are well placed to lead these efforts through engagement with schools, faith communities, traditional leaders, healthcare institutions, and civil society organisations. Finally, the findings affirm that comprehensive, interagency responses are essential. No single institution can address the full complexity of need presented by neglected children with disabilities. Healy (2022) argues that collaborative practice strengthens service effectiveness, and strengthening interagency partnerships should be a central priority in Zimbabwe's efforts to protect this population.

5.5 Further Research

The following areas are recommended for future investigation:

- The experiences of caregivers raising children with disabilities in Zimbabwe
- Community perceptions of disability and child neglect in Zimbabwean contexts
- The effectiveness of child protection policies in addressing neglect among children with disabilities

5.6 Chapter Summary

This chapter has presented the summary of findings, drawn conclusions, and proposed recommendations directed at government, social workers, communities, and caregivers. It has also outlined the implications of the study for policy and practice, and has identified promising directions for future research. The study demonstrates that child neglect among children with disabilities in Chitungwiza is driven by the convergence of poverty, stigma, inadequate resources, and systemic institutional challenges. Addressing this problem effectively requires strengthened child protection systems, improved policy implementation, enhanced support for social work professionals, and sustained investment in community awareness and education.

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Appendices

CONSENT FORM

BEYOND VISIBILITY: A SOCIAL WORKER'S PESPECTIVE ON CHILD NEGLECT AMONG CHILDREN LIVING WITH DISABILITIES IN CHITUNGWIZA

Dear participant

I am Felistas. R Mahuni a Social Work student at Bindura University of Science Education carrying out research in fulfilment of the requirements of my degree. This interview aims to provide a detailed information to the research on Social Workers perspective on children living with disabilities in Chitungwiza. The information shared during this discussion will be kept confidential and you have the right to withdraw from participating at any time. There may be no direct benefit to you , however your participation will contribute to a better understanding of neglect among children living with disabilities and may help improve social work practice policy development and child protection interventions.

RESEARCHER: FELISTAS R. MAHUNI

CONTACT :0781314472

If you agree to participate, please sign below:

I have read and understood the information provided above. I have had the opportunity to ask questions and have received satisfactory answers, I voluntarily agree to participate in this study.

Participant's signature…… Researcher's signature……...

Date …… Date…….

THANK YOU

BEYOND VISIBILITY: A SOCIAL WORKER'S PESPECTIVE ON CHILD NEGLECT AMONG CHILDREN LIVING WITH DISABILITIES IN CHITUNGWIZA

INTERVIEW GUIDE FOR KEY INFORMANTS

I am Felistas. R Mahuni a Social Work student at Bindura University of Science Education carrying out research in fulfilment of the requirements of my degree. This interview aims to provide a detailed information to the research on Social Workers perspective on children living with disabilities in Chitungwiza. The information shared during this discussion will be kept confidential and you have the right to withdraw from participating at any time.

Section A: Demographic Data

Designation: ……

Number of years working: …….

Gender: …….

Section B: Background information

1. What is your current position and role in social work?
2. How long have you been working with children, particularly those living with disabilities?
3. What type of organization do you work for?
4. What kind of cases do you handle usually?

Section B: Understanding of Child Neglect, Consequences of Child Neglect

5. In your view, what is child neglect, what are the consequences of child neglect on children living with disabilities?
6. How does child neglect manifest among children living with disabilities?
7. Are there any forms of neglect that are common in children living with disabilities compared to other children? Please explain.

Section C: Causes and Risk Factors

8. What are the major causes of child neglect among children with disabilities in your area?
9. How do socio-economic factors (e.g., poverty, unemployment) contribute to neglect?
10. What role do cultural beliefs and attitudes towards disability play?
11. Are there family-related factors that increase the risk of neglect?

Section D: Experiences and Case Management

12. Can you describe your experiences in handling cases of neglect involving children with disabilities?
13. What challenges do you face when identifying and reporting such cases?
14. How do communication barriers affect your work with children with disabilities?
15. How do families generally respond to interventions?
16. What policies or legal frameworks guide your work in child protection?
17. How effective are these policies in addressing neglect among children with disabilities?
18. What institutional challenges do you face? (e.g., resources, staffing, training)
19. How well do different stakeholders (e.g., police, health services, schools) collaborate?

Section E: Intervention Strategies

20. What interventions do you use when dealing with neglect cases?
21. How effective are these interventions?
22. Are there specialized services for children with disabilities?
23. What role do communities and NGOs play in addressing neglect?

Section F: Recommendations and Improvements

24. What strategies would you recommend to reduce child neglect among children with disabilities?
25. What improvements are needed in policy and practice?
26. What kind of training or support do social workers need?

Section G: Closing

Is there anything else you would like to add regarding child neglect and disability

BEYOND VISIBILITY: A SOCIAL WORKER'S PESPECTIVE ON CHILD NEGLECT AMONG CHILDREN LIVING WITH DISABILITIES IN CHITUNGWIZA

IN-DEPTH INTERVIEW GUIDE

This interview aims to provide a detailed information to the research on Social Workers perspective on children living with disabilities in Chitungwiza. The information shared during this discussion will be kept confidential and you have the right to withdraw from participating at any time.

Section A: Background and Professional Experience

Can you tell me about your professional background and experience on neglect of children living with disabilities?

How long have you been in practice?

What kind of cases do you usually handle?

What has been your experience working with children with disabilities?

Section B: Understanding of Child Neglect, Consequences of Neglect on children living with disabilities

How do you understand or define child neglect, particularly in relation to children with disabilities?

What indicators do you use to identify neglect?

What are the consequences of neglect among children living with disabilities?

Are there differences between neglect of disabled and non-disabled children?

Can you share examples (without revealing identities)?

Section C: Nature and Forms of Neglect

What forms of neglect do children with disabilities commonly experience?

Section D: Causes and Contributing Factors

What do you think are the major causes of neglect among children with disabilities?

Section E: Lived Experiences in Practice

Can you describe your experiences in handling cases of child neglect involving children with disabilities?

What types of cases stand out to you?

How do such cases usually come to your attention?

What challenges do you encounter in these cases?

How do children with disabilities communicate their experiences (if at all)?

Section F: Challenges in Addressing Neglect

What challenges do you face when dealing with neglect cases involving children with disabilities?

Section G: Intervention and Support Mechanisms

What interventions do you use to address child neglect in such cases?

Does it include:

Counseling and family support

Referrals (health, education, legal services)

Removal of the child from harmful environments

Community awareness programs

Follow-up:

How effective are these interventions?

What works well and what does not?

Section H: Institutional and Policy Framework

How do policies and legal frameworks support your work?

Are there specific laws protecting children with disabilities?

How effective are these policies in practice?

Are there gaps in implementation?

Section I: Collaboration and Stakeholder Involvement

How do you collaborate with other stakeholders in addressing child neglect?

including:

NGOs, schools, hospitals, police

Community leaders and religious institutions

Families and caregivers

Section J: Recommendations and Improvements

What changes or improvements would you suggest to better address child neglect among children with disabilities?

Please include:

Policy improvements

Training for social workers

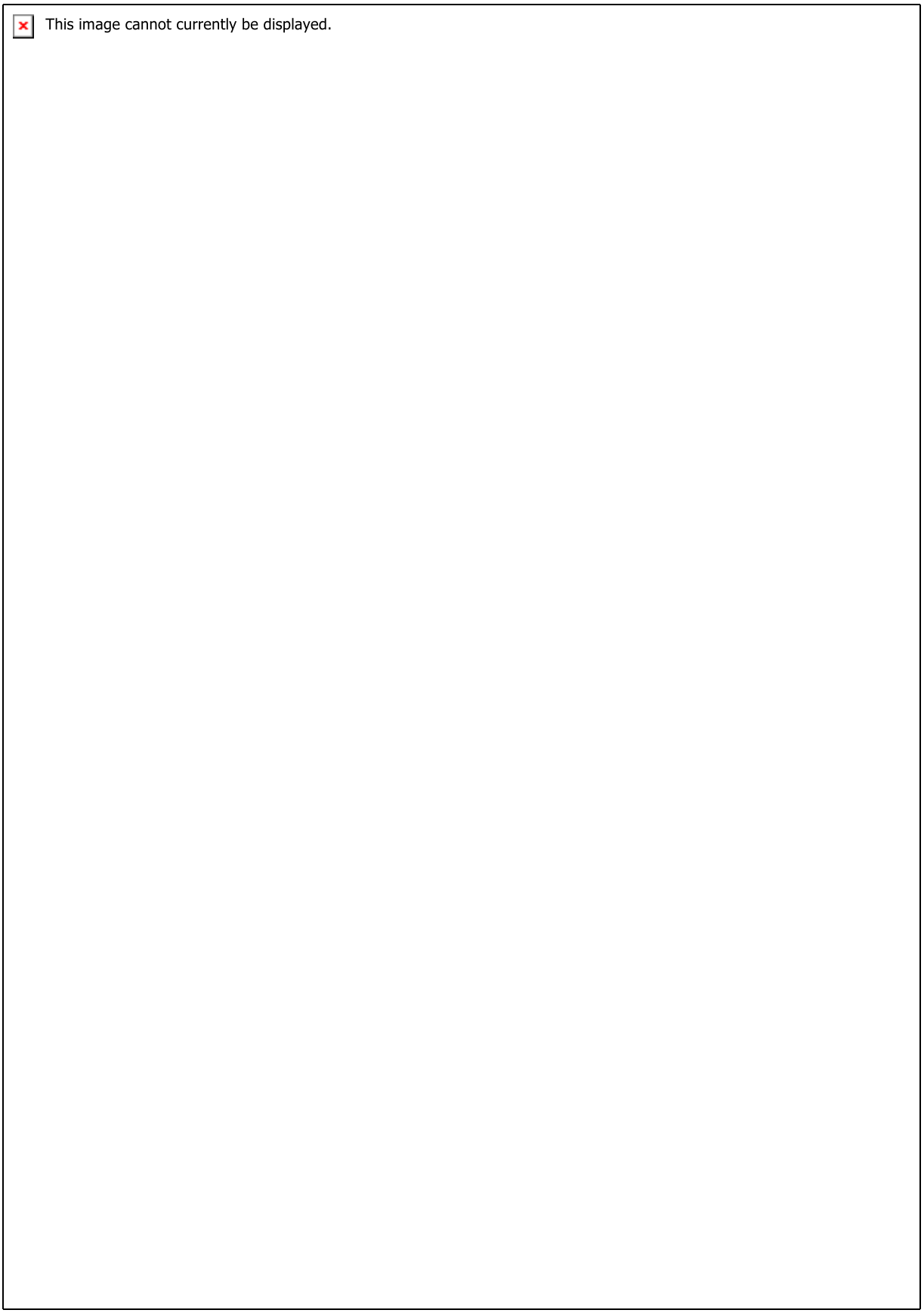
Community awareness

Resource allocation

Closing

11. Is there anything else you would like to share about your experiences or views on this issue?

Thank you for your time and valuable insights. Your contribution is greatly appreciated.


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