Article

Institutionalized Exclusion of Children with Disabilities and the Role of Social Work Perspectives from Zimbabwe and South Africa

by

Takudzwa Leonard Mathende
Independent
United Kingdom
E-mail: tmathende@yahoo.co.uk

Tatenda Goodman Nhapi
Independent
United Kingdom
E-mail: nhapaz@yahoo.com

Noel Garikai Muridzo
Executive Director, Dr
School of Social Work, Midlands State University
Zimbabwe
E-mail: muridzon@staff.msu.ac.zw

Keywords:
children with disabilities, exclusion, South Africa, Zimbabwe

DOI: https://doi.org/10.31265/tz0znb94

Abstract

Of a total of 166 countries that have ratified the Convention on the Rights of Persons with Disabilities, two African countries—Zimbabwe and South Africa—have undertaken to uphold the legal obligations imposed by this treaty as well as the United Nations Convention on the Rights of the Child (UN, 1989). Despite the existence of these robust and enabling human rights frameworks, children with disabilities (CWDs) in these two countries remain excluded. Using perspectives from Zimbabwe and South Africa, the aim of this secondary literature-based article is to apply social work lenses in exploring the intractable challenge of the institutionalized exclusion of CWDs. The article will also examine how social workers could support the inclusion of CWDs at all levels of education and in all welfare and health services. The article concludes by offering pathways by which state and non-state social workers in the two countries can navigate differing socio-economic challenges to guarantee enhanced social functioning of CWDs.

Keywords: children with disabilities, exclusion, South Africa, Zimbabwe

Introduction and Background

The field of disability studies associates disability with poverty, reduced chances of attaining appropriate levels of education, higher rates of unemployment, and limited/no access to social services (Moodley, 2021). It is undeniable that children with disabilities (CWDs) consistently have far poorer outcomes on key metrics for well-being, health, and education than their non-disabled peers (Trafford & Swartz, 2023). CWDs therefore remain on the orbit of frontline social work practice. This is because, amongst the pillars of the profession, is social workers' active involvement in social justice advocacy. The first African Union Ministerial Conference on Human Rights in Africa in 2003 adopted the Kigali Declaration, motivated by the absence of sufficient protections for children's rights and the plight of vulnerable groups, including persons with disabilities in Africa (Tesemma & Coetzee, 2019). The Kigali Declaration reaffirmed that all human rights are universal and interdependent, emphasizing the importance of economic rights and social rights alongside civil and political rights and urging member states to fulfill their human rights obligations.

Estimates suggest that the number of CWDs aged between 0 and 18 years ranges between 93 million and 150 million, with 80% of CDWs living in the global majority and having little or no access to appropriate services (Deluca et al., 2014). UNICEF (2013) asserts that CWDs are defined and judged by what they lack rather than what they have, because their problem is located within an individual as an abnormality, and therefore often experience negative attitudes, stigma, and stereotypes, often rooted in social-cultural beliefs and social-cultural dynamics of under-reporting. To contextualize this assertion, Jackson and Mupedziswa (1988) identified *vadzimu* (benevolent spirit) and *mamhepo* (winds). Both *vadzimu* (benevolent) and *mamhepo* (malevolent spirits) were involved*. Mamhepo* (malevolent spirits) on the other hand, the name of which varies from language to language (e.g., *mamhepo* in Shona), are believed to be cast on a person by his or her enemies and may cause a disability at any time in the person's life (Jackson & Mupedziswa, 1988). For instance, a pregnant woman who has had the 'winds' cast upon her may give birth to a disabled child. *Vadzimu* are believed to be the spirits of departed relatives, including parents and grandparents. If living family members should incur spiritual wrath by breaking any of the basic rules of 'good conduct', the *vadzimu* may equally provoke disability in the

offspring of an ‘illicit’ liaison or allow harm to an individual by withdrawing their protective functions. This withdrawal could also expose the family members to harmful acts of witchcraft. Dube et al. (2023) observed that interpreting the causes of disability has important implications on the opportunities and constraints that people living with disabilities face in their communities. This means the perceived origin of a disability—whether attributed to fate, divine will, a personal failing, or societal factors—shapes communal attitudes, policies, and the physical environment. UNICEF reports that there are nearly 29 million CWDs living in Eastern and Southern Africa, each of whom is entitled to care, education, nutrition, social protection, and opportunities for play (UNICEF, 2023). CWDs interact with various barriers that may hinder an individual’s ability to participate in society on an equal basis with others (Tafirenyika et al., 2023). UNICEF (2023) attributes barriers to stigma, lack of accessible services, institutionalization, and physical obstacles. CWDs experience diminished survival and future prospects as a result of a combination of inter-related factors, rather than the disability itself, such as primarily exclusion, lack of access, discrimination, stigma, exploitation, or abuse. Inclusion, on the other hand, is perceived as access, acceptance, participation, and success of all children including those with exceptionalities and their families in ordinary community activities that meet the diverse needs of CWDs and contributing to the advancement of community life (Majoko, 2019).

This study is informed by the social model of disability and reinforced by the human rights perspective. The social model of disability is a way of understanding disability that argues that people are disabled by society. Disability arises from social, environmental, and attitudinal barriers rather than an individual’s physical, sensory, intellectual, and mental impairment (Lawson & Beckett, 2021). The human rights approach to disability promotes, protects, and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and asserts that CWDs have the same inherent rights to dignity as everyone else, as outlined in national constitutions, regional and international legislation, and the Convention on the Rights of Persons with Disabilities (Waddington & Priestley, 2021).

In this article, disability is viewed as the disadvantage or exclusion that is caused by barriers in society. This article discusses the pervasive, institutionalized exclusion of

CWDs in South Africa and Zimbabwe. The authors hope that the article will promote advocacy for increased attention and facilitation by policymakers and social workers. As duty bearers in program design and interventions, social workers and policymakers uphold professional obligations to continuously address the issues that affect CWDs. This is a desired outcome in the fulfilment of the role expectations and obligations of social workers and policymakers regarding CWDs. Role fulfilment rightfully guarantees CWDs a place in society and the enjoyment of rights, particularly unlimited access to public spaces and services. In Africa, the nuclear and extended family, clans, and communities have traditionally been responsible for childcare obligations. Changes to this social set-up have resulted in increased numbers of children who are unable to grow up in the above-mentioned institutions, thus necessitating 'out-of-home' care in the form of children's homes (Ministry of Labour and Social Services, 2010). The changes that have occurred to the institution of family include breakdown of the extended family system, poverty and economic strain, migration, household structure changes, and stigma and cultural beliefs, resulting in neglect, non-statutory intervention, and lack of state support.

In 2001, the South African government published Education White Paper 6: Special Needs Education, outlining its aspiration for the next 20 years to be a pathway for the realization of the right to inclusive education. The policy document helped to address institutionalized exclusion by shifting from segregation associated with apartheid to inclusion associated with post-1994 democratic dispensation. It also promoted the existence of resource centers, which are often linked to former special schools and provide expertise, professional support, and specialist resources to mainstream and full-service schools. It also promoted early screening, identification, assessment, and support for learners who experience barriers to learning due to their impairments. Social workers have also been involved through intersectoral collaboration, resulting in building bridges between health, education, community services, and families. They have facilitated support through assistive devices, therapy, and psychological support. Some schools have on-site school social workers. In accordance with the aforementioned white paper, the South African government pledged to run awareness and enrolment campaigns to boost the enrolment of out-of-school children and youths of school-going age with disabilities under the policy recognition that 'all children and youths can learn,' specifically targeting CWDs whose learning needs

could not be accommodated by the mainstream education system. According to Human Rights Watch (2015), this move became imperative as parents of CWDs had to hire and pay for private special care assistants as a pre-condition for enrolment in a mainstream classroom. The sections that follow focus on the description of the problem, the rationale for the study, a review of the literature, and an outline of the theoretical framework. This is followed by a discussion of the research methodology, findings, recommendations, and conclusions.

Problem Statement

Although Zimbabwe and South Africa have committed to uphold the legal obligations imposed by the UN Convention on the Rights of the Child (UN, 1989) and Convention on the Rights of Persons with Disabilities, and have enacted progressive and robust enabling human rights-informed constitutions and legislation, CWDs in these two countries remain excluded. Eide et al. (2003) observe that most people with disabilities living in global majority countries lack optimal technical, medical, or social support for improved living conditions. The involvement of social workers in the fulfilment of human rights makes the profession a human rights profession that has a foundational collective responsibility to uphold and advocate for human rights and social justice (Mapp et al., 2019; Reynaert et al., 2022). Accordingly, social workers are rightfully placed to challenge social injustices and rights violations that inhibit CWDs from enjoying their full rights. This can be achieved through a developmental social work approach that involves advocacy, income-generating projects, implementation, building assets for the poor, and productive employment, thereby creating opportunities for the enhanced social functioning of CWDs and their families. The developmental social work approach focuses on promoting social and economic development, not just responding to individual problems or crises. It aims to strengthen people, families, and communities, reduce structural inequality, and address the root causes of vulnerability.

This article aims to explore and describe the challenges experienced by CWDs, with a view to coming up with suggestions on how to overcome them. The article also explores and compares how social workers' roles in advocacy, family support, and

intersectoral collaboration contribute to reducing the institutional exclusion of CWDs in Zimbabwe and South Africa.

The main research question is: How do institutional factors contribute to the exclusion of CWDs, and what is the role of social workers in mitigating this exclusion in Zimbabwe and South Africa?

The sub-questions are;

- What policies and institutional frameworks exist in Zimbabwe and South Africa to support CWDs?

- How do these policies promote or fail to promote inclusion?

- How do family dynamics, societal attitudes, and cultural beliefs contribute to the institutional exclusion of CWDs?

- How do social workers advocate for CWDs to prevent institutional exclusion?

- How do the roles of social workers in Zimbabwe compare with those in South Africa in addressing institutional exclusion?

- What lessons can be learned from the differences and similarities?

What challenges limit social workers' effectiveness in preventing or reducing the institutional exclusion of CWDs?

Methodology

This study is based on secondary analysis of publicly available policy documents, reports, and peer-reviewed literature. Secondary sources of data on socio-economic status, population health, policies/plans, data and the dynamics of CWD policies, and child welfare policy and research documents were reviewed. The data included World Bank and United Nations policy and research documents. Data were also drawn from

published peer-reviewed and grey literature, and a detailed review of available social security policies and plans, and other South African and Zimbabwean government documentation. Furthermore, publicly available non-governmental organizational (NGO) documents/evaluation reports, academic publications, and online newspaper articles retrieved from various journals and internet sources were used. There has been no direct contact with human participants. Unverified websites and opinion pieces have not been used.

The study ensured validity by selecting credible and authoritative sources, including government policy documents, reports from international organizations (e.g., UNICEF, WHO), peer-reviewed literature, and official institutional publications from Zimbabwe and South Africa. Only documents that directly addressed children with disabilities and social work practices were included. Triangulation was applied by comparing multiple sources on similar themes, which strengthened the accuracy of findings. Reliability was maintained through systematic document selection and transparent reporting.

Conceptual Framework

The concomitant relationship between poverty and disability is well established in the literature and there is understanding of the complexities of the relationship (Muderedzi et al., 2017). It is important to note that disability is multidimensional. Realistically, the definition of disability varies according to the culture, context, knowledge base, beliefs, and values of a society (Kaplan, 2005). Whilst a disability's conception is about the results of actual biological damage to a particular part of a human body that results in a person having an impairment, such an impairment contributes to difficulties that are experienced by that person, and interrupts their functioning as a person (Muderedzi et al., 2017). Theorists of exclusion stress its multidimensionality, arguing that it is not simply due to a lack of material resources but also to matters such as inadequate social participation, lack of cultural and educational capital, inadequate access to services, and lack of power. In other words, the idea of social exclusion attempts to capture the complexity of 'powerlessness' in modern society rather than simply focusing on one of its outcomes.

CWDs are either elevated to a super-human standing or relegated to a sub-human status (Kaplan, 2005). The latter, dehumanizing discourse includes the perception of people with disabilities as being possessed by evil spirits or having inherited demonic powers. This article uses a social model of disability that defines persons with disabilities as having long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, hinder their full and effective participation in society on an equal basis with others. The human-rights variant of the social model considers disability as the consequence of social organization and the relationship of the individual to society, and aims at the provision of political and social entitlements through the reformulation of economic, social, and political policy (United Nations, 2006).

UNESCO (2018) has shown that CWDs are less likely to attend school. If they are enrolled, however, other challenges in the design of the education system create barriers for them and make it less likely for them, on average, to complete levels of education comparable to their peers without disabilities. Worldwide, the Salamanca Statement and Framework for Action on Special Needs Education underpins the global impetus for inclusion (Majoko, 2019). Due to the relationship between disability and poverty, the integration of disability issues in development is critical for overcoming poverty, for the achievement of social inclusion, and for equitable, fair, and sustainable development.

Concepts or ideas are formed and reinforced by means of discourse, with the result being that the disability discourse will empower or disempower, include or exclude (Tesemma & Coetzee, 2019). On the basis of the Foucauldian notion of discourse, which stresses the role of discourse in the establishment, maintenance, extension, resistance, or mobilization of power relations (Tesemma & Coetzee, 2019). Disability does not necessarily constitute vulnerability and is rather the interaction of the bodily impairment with the context that determines the extent to which people are marginalized or excluded. Disability intersects with other characteristics to render a child extremely vulnerable. The gathering of accurate information about disability, especially among children, is hampered by the lack of disability-focused questions in national surveys (such as census), but also by cultural conceptions of what constitutes impairment and disability (Deluca et al., 2014). Equally so, social work,

committed to social justice and human rights for all, is at the forefront of social transformation (Engelbrecht & Lombard, 2024).

The Zimbabwean Context

There is a dearth of reliable and precise data on the prevalence of disability in Zimbabwe (Mashanyare et al., 2025). However, the most recent statistics derived from the 2017 Inter-Censal Demographic Survey (ICDS) estimated that 9.3% of the population of Zimbabwe are persons with some form of disability (Zimbabwe Statistics Agency, 2017). At 10.2%, the ICDS despite Zimbabwe being a signatory of various international agreements and conventions and domesticating these commitments in the Constitution and statutes, Zimbabwean CWDs like in most African countries are often excluded, marginalized, and persistently face barriers to the enjoyment of their basic human rights and inclusion in society (Dube et al., 2021). Disability has long been considered a matter for charity or welfare, rather than a matter of rights with limited resources for disability programming. Historically, Zimbabwean CWDs' access to social resources such as education was left to chance as it was considered a waste of resources. Rotatori et al. (2011) noted that because disability was believed to make one a nonperson, CWDs were excluded, mistreated, and considered to be uneducable, which resulted in the education of CWDs in Zimbabwe being left to missionaries. At policy level, CWDs were not cantered for leaving this to missionaries who established the first schools.

Since independence in 1980, Zimbabwe has made several significant strides toward disability inclusivity by improving the disability policy environment, providing access to services that include education and health, and guaranteeing disability rights. Zimbabwe's new constitution of 2013 is progressive when it comes to disability issues, including a proclamation that the rights of people with disabilities are part of the nation's objectives (Mashanyare et al., 2025). Section 22 provides for disability inclusion in every aspect of society, which highlights that the state shall consider the specific requirements of persons with all forms of disability as one of the priorities in all development plans (Ndlovu & Mudzingwa, 2022). This is justified by defining disability issues as a responsibility that is shared across various government

departments and cannot be adequately addressed by a single government ministry (Mandipa, 2013).

Public and private health institutions, the Department of Rehabilitation under the Ministry of Health and Child Care, the Department of Learner Welfare, and School Psychological Services and Special Needs Education (SPS & SNE) Department under the Ministry of Primary and Secondary Education are some of the Zimbabwean referral systems for the identification of impairments. This is complemented by rehabilitation services provided by Leonard Cheshire, the Christian Blind Mission, the Council for the Blind, and the Jairos Jiri Association, among others. The SPS & SNE Department within Zimbabwe's Ministry of Primary and Secondary Education diagnoses and places CWDs in schools in consultation with teachers, educational psychologists, occupational therapists, parents, and other stakeholders (Majoko, 2019). A range of placements, including part-time resource rooms or self-contained special education classrooms, are provided for CWDs, depending on the inclusion practices of a specific school and the preference of the parents.

Zimbabwe was among the first countries in Africa to enact disability laws, and on 23 September 2013 it ratified the United Nations Convention on the Rights of Persons with Disabilities (2006) and its Optional Protocol (Majoko, 2019). Comparable with several other African countries' policies and legislation, Zimbabwe mandates the inclusion of CWDs in regular schools (Chakuchichi, 2013; Majoko, 2016; Munjanganja & Machawira, 2015). Such legislation includes the Zimbabwe Education Act of 1987, which was revised in 2006, the Zimbabwe Constitution Amendment Number 20 of 2013, Section 75, the Disabled Persons Act of Zimbabwe of 1996, the Principal Director's Circular Number 20 of 2011, and the Director's Circular Number 12 of 2005. Although the Ministry of Public Service, Labour and Social Welfare views the enactment of a new law—the Persons with Disabilities Bill—as a giant step toward promoting inclusivity and protecting the rights of persons with disabilities, only around 26% of people with disabilities have access to social welfare programs (Chikandiwa, 2024).

In terms of infrastructural of support for persons with disabilities, the most comprehensive and biggest rehabilitation center—St Giles—specializes in

rehabilitating stroke patients, accident victims, and children. Its rehabilitation complex in Harare has a hospital for the treatment of disability-related ailments, a physiotherapy unit, an occupational therapy unit, a speech and language therapy unit, and a social therapy unit. It also runs a school for children with special needs. Although St Giles fuses all of these functions, its main function is the medical functioning of the person with a disability. On the same note regarding infrastructure, a survey by Choruma (2007, p. 6) established that, although most new buildings in Zimbabwe are fitted with ramps with rails, in many cases the recommended gradient of the ramps is not adhered to. The study further found out that buildings may also lack signs to indicate where the disabled person's entrance, elevators, or toilets are located. Even when such signs are provided, they might not be suitable for blind or partially sighted persons, as they are usually inscribed in a format that is not accessible for this group of people.

The South African Context

South Africa was one of the first countries to ratify the Convention on the Rights of Persons with Disabilities, in 2007, and is a party to five key international human rights treaties and two African treaties protecting and guaranteeing children's economic and social rights. Since 1996, the government has introduced strong constitutional protections and legal and policy measures to safeguard every child's right to education free from discrimination (Chirowamhangu, 2024). In 2015, the government declared that it had reached universal enrolment in primary education and achieved the United Nation's Millennium Development Goal on education, which had required it to ensure that all girls and boys were in school and had completed a full course of primary education by that year (Human Rights Watch, 2015). Despite the 1996 South African Constitution and a number of comprehensive policies with reference to inclusion and the rights of CWDs, the provision and outcomes of social services and the impact of interventions remains weak (Moodley, 2021). This is despite the strong 2005 Children's Act, which emphasizes the need to act in the best interests of all children in the country (Republic of South Africa, 2005).

In South Africa, social workers play a pivotal role in interventions that concern the care and support of CWDs. Their work includes providing emotional and practical

support to caregivers, who often face substantial physical, emotional, and financial challenges. Social workers facilitate access to education, health services, and social assistance, ensuring that CWDs receive the resources and support that they need for their development and well-being. Furthermore, social workers engage in advocacy efforts to promote the rights of persons with disabilities, in alignment with national policies such as the 2016 White Paper on the Rights of Persons with Disabilities. These professionals are key in addressing the caregiver burden and fostering an inclusive environment that recognizes and respects the rights of CWDs (Republic of South Africa, 2025).

Through the provision of a relatively progressive national, unconditional cash transfer grant to large portions of the population on the basis of needs related to poverty, age, and disability, South Africa demonstrates how strong social protection programs for disabled people can improve their quality of life and potentially facilitate their increased access and social participation (Trafford & Swartz, 2023).

Role of Social Workers in Promoting Disability Inclusion

Through a repertoire of methods of interventions, social workers employed by government and non-profit/non-governmental organizations (NPO/NGOs) play an indispensable role in the provision of care and support to CWDs. Their involvement extends across various dimensions of child protection, advocacy, and service provision, responding to the unique socio-cultural and systemic challenges that are faced by these children and their families. Social workers are engaged in programs targeting the desired outcomes of addressing the pervasive and harmful socio-cultural beliefs and stigmatization that contribute to CWDs' marginalization. Social worker-led collaborative programs on the frontline of grassroots rural and urban communities are instrumental in rights advocacy for CWDs, ensuring that duty bearers guarantee their obligations to facilitate equitable access to education, healthcare, rehabilitation, and social protection services. These have been more urgent in contexts such as Zimbabwe, where natural climatic shocks such as the El Nino drought of 2024 and intractable economic challenges make CWDs even more vulnerable. Additionally, social workers provide training and support to the caregivers of CWDs, equipping them with the necessary skills and knowledge to provide

effective care. One of the authors has experiential knowledge in this regard as, in 2007, as part of his social work fieldwork practicum, he worked with Harare-based parents groups who were affiliated to the Harare Central Hospital's Central Rehabilitation Unit. This is a dedicated wing of the hospital that features a complement of rehabilitation technicians, pediatricians, and occupational and speech therapists and targets support for parents' groups of CWDs. The catchment area for these services included suburbs of Harare, such as Kuwadzana, Budiriro, Kambuzuma, and Highfields. It is important to note that collaborative efforts between the government and organizations such as UNICEF have led to significant improvements in the legal and policy frameworks that underpin the support that is provided to these children. Social workers actively address the institutional exclusion of CWDs through various strategies and interventions.

Advocacy and Policy Reform

By drawing on their eclectic knowledge base, social workers are best placed to innovate robust policy reforms that advocate the embedding of inclusive practices in institutions. Social workers advocate for the upholding of CWDs' rights by pushing for policy reforms ranging from local government to ministerial or parliamentary levels aimed at engendering inclusivity. Advocacy initiatives typically encompass collaboration with government bodies, NPO/NGOs, and other stakeholders to ensure the consideration of CWDs' best interests in all aspects of institutional care. Moodley (2021) acknowledges the critical role of parent advocacy and community involvement in the equitable education of CWDs. Social workers can utilize the advocacy role in stimulating this important avenue for advocacy and policy reform. In recent years, there have been improvements in Zimbabwe's legal and policy frameworks supporting children with disabilities. The establishment of the Department of Disability Affairs and the launch of the National Disability Policy are steps in the right direction, and are the results of continuous advocacy efforts. Social workers in Zimbabwe collaborated with UNICEF to ensure that the National Disability Policy includes provisions for inclusive education and access to healthcare for CWDs. It is also laudable that social workers' advocacy efforts, through the auspices of the National Association of Social Workers in Zimbabwe, resulted in Zimbabwe's government passing the landmark Persons with Disabilities Act of 2025, which repeals the

outdated Disabled Persons Act of 1992. The new law adopts a human rights-based approach, aligning Zimbabwe's legal framework with its constitution and the United Nations Convention on the Rights of Persons with Disabilities. The new Act adopts a human rights model of disability, which regards persons with disabilities (PWDs) as rights holders and not as objects of charity. The Act contains specific provisions on the rights of children and women with disabilities, recognizing their vulnerability and need for special protection. The Act imposes an obligation on the government to ensure that parents of children with disabilities receive support, capacitation, and training. It also recognizes the rights of persons with multiple impairments and the rights of PWDs in situations of armed conflict and humanitarian situations such as natural disasters.

South African social workers, especially those working for civil society organizations, advocate for policy reforms and the implementation of inclusive practices in institutions. Social workers working in the three spheres of government work with government bodies, NGOs, and other stakeholders to ensure that CWDs are included in all aspects of institutional care. Since its inception, social workers have played a crucial role in the implementation of the White Paper on the Rights of Persons with Disabilities, which outlines strategies for inclusive education and social inclusion.

Training and Capacity-Building

Both South African and Zimbabwean social workers are commissioned to implement a range of capacity-building training schemes for caregivers and institutional staff on CWDs' rights and needs, to mitigate institutional exclusion. This helps to create a more inclusive and supportive environment within state and non-state institutions. Social workers provide training and support to caregivers, helping them navigate the challenges of caregiving, especially mitigating burnout. This support is essential in reducing caregiver burden and improving the quality of care for CWDs. Social workers provide training to caregivers and institutional staff to create a more inclusive environment for CWDs, helping them to understand the needs and rights of these children. In the city of Masvingo, social workers conducted workshops for caregivers in institutional settings, equipping them with skills to better support CWDs (Ndhlovu,

2023). Social workers are actively involved in community-based rehabilitation (CBR) programs, which focus on empowering individuals with disabilities within their communities. These programs provide training and support to caregivers, promote awareness about disability rights, and facilitate access to essential services such as healthcare and education by engaging duty bearers to deconstruct exclusionary systems like lack of ramps and peoples' ignorance of the importance of white sticks for the visually impaired. UNICEF's Disability Inclusive Parenting Programme, in collaboration with Zimbabwe's Ministry of Public Service, Labour and Social Welfare and the Zimbabwe Parents of Handicapped Children Association, aims to dispel myths and superstitions about disabilities. It equips parents and caregivers with the skills and knowledge needed to provide appropriate care and seek modern medical assistance for CWDs. The program has empowered nearly 6,000 parents to advocate for disability inclusion in community structures such as schools and health centers. This is critical given how the Protocol to the African Charter on the Rights of Persons with Disabilities mandates state parties to modify, outlaw, criminalize, and campaign against any harmful practices applied to persons with disabilities.

Social workers provide training to caregivers and institutional staff on the rights and needs of CWDs. This training helps to create a more inclusive and supportive environment within institutions. For example, training programs for teachers and staff in special schools have been developed to improve the quality of care and education for CWDs.

Community Awareness and Engagement

Although they still pose significant barriers, social workers engage in community awareness campaigns to reduce stigma and discrimination against CWDs. By promoting understanding and acceptance, they help to create a more inclusive society. Social workers play a crucial role in addressing socio-cultural beliefs and stigma that contribute to the marginalization of CWDs, and efforts to raise awareness and advocate for the rights of these children have led to some progress. For example, in June 2024, the Masvingo chapter of Zimbabwe's National Association of Social Workers partnered with Mhugo Schools for the Blind to celebrate International Albinism Day. These campaigns help to promote understanding and acceptance of

CWDs. Over the years, a nationwide awareness campaign led by social workers and NGOs, including radio programs and community meetings, has helped to change perceptions about disabilities in rural areas.

Human Rights Watch (2015) reported on social work-led initiatives in South Africa that were implemented to raise awareness about the rights of CWDs and the importance of inclusive education. These campaigns include community meetings, radio programs, and other outreach activities aimed at changing perceptions and promoting inclusion. The success of these campaigns is reflected in the increased acceptance of and support for children with disabilities in many communities (Human Rights Watch, 2015).

Case Management and Provision of Social Services

Social workers offer support services to CWDs and their families, including access to healthcare, education, and social protection. Zimbabwe's National Case Management System for Child Protection, whose administration is within the remit of social workers, provides coordinated care and support for CWDs (Nhapi, 2020). These services help to galvanize momentum toward overcoming the barriers to inclusion, and ensure that CWDs can access comprehensive support notwithstanding the pervasive resource constraints in contexts such as Zimbabwe. Through the government-funded Assisted Medical Treatment Orders, social workers in Zimbabwe have been instrumental in brokering improved access to essential services such as healthcare, to complement education and social protection schemes for CWDs. However, challenges remain, as only around 26% of people with disabilities have access to social welfare programs. Zimbabwe's Jairos Jiri Association has been instrumental in providing vocational training, rehabilitation, and educational services to persons with disabilities. Social workers within the association play a key role in advocating for the rights of CWDs and ensuring they receive the necessary support to integrate into society. UNICEF supports community-based rehabilitation (CBR) programs that focus on empowering individuals with disabilities within their communities. These programs provide training and support to caregivers, promote awareness about disability rights, and facilitate access to essential services such as healthcare and education. UNICEF has facilitated the provision and distribution of

various assistive devices such as wheelchairs to CWDs. This initiative helps to improve mobility and access to education for these children, enabling them to participate more fully in school and community activities.

Through the Department of Social Development in South Africa, social workers offer support services to CWDs and their families, including access to healthcare, education, and social protection. Programs such as the Child Support Grant and Disability Grant, facilitated by Department of Social Development-employed social workers, helps to provide financial assistance to families of CWDs. The grants help them to access essential services, such as healthcare and education, and reduce the financial burden associated with caregiving. The grants have been instrumental in improving the overall well-being of CWDs and their families (Republic of South Africa, 2024).

Other non-state initiatives have included programs by Shonaquip Social Enterprise that provide assistive devices and support services to CWDs. Their interventions include the provision of custom-fitted wheelchairs and training for caregivers and healthcare workers. This initiative has significantly improved the mobility and independence of CWDs, enabling them to participate more fully in educational and social activities (Shonaquip Social Enterprise, 2024).

In South Africa, the implementation of CBR programs aims to empower individuals with disabilities within their communities. The programs provide training and support to caregivers, promote awareness about disability rights, and facilitate access to essential services such as healthcare and education. The success of these programs is evident in the improved quality of life and increased social participation of CWDs (WHO, 2024).

Collaborative Roles

Social workers collaborate with NPO/NGOs and international organizations such as UNICEF to implement programs targeting CWDs' inclusivity. These collaborative partnerships have been transforming CWDs' access to education in mainstream schools by overcoming the 'design apartheid' of some mainstream schools and

ensuring accessible accommodation. A partnership between social workers in Zimbabwe and an international NGO—Trocaire—is a case in point, where resources and expertise have been leveraged for the desired outcome of overcoming the institutional exclusion of CWDs (Trocaire, 2021). In the same vein, Zimbabwean social workers also collaborate with the National Association of Societies for the Care of the Handicapped (NASCOH) to implement CBR programs for empowering CWDs and their families by providing them with the skills and resources needed to improve their quality of life. NASCOH worked with social workers in Zimbabwe during the height of the COVID-19 pandemic by ensuring that materials to inform the public of COVID-19 were provided in Braille.

In South Africa, an NPO employed social workers to collaborate with international partners such as UNICEF and UNESCO, which led to the development of inclusive education strategies and materials (UNESCO, 2001). The implementation of inclusive education programs has led to the development of strategies and materials that promote the inclusion of CWDs in mainstream schools. These programs focus on training teachers and providing the necessary accommodations to support the learning needs of CWDs (UNESCO, 2001).

Despite these efforts, several challenges remain. The economic environment in Zimbabwe limits the resources that are available for disability programming, and there is a need for more robust evidence on the effectiveness of inclusive interventions. It becomes vital that NASWZ engages in participatory action-based research studies for interrogating the efficacy of inclusivity interventions. Additionally, until the now more enabling legal framework in Zimbabwe, with the inception of Persons with Disabilities Act (PWD Act), replacing the outdated Disabled Persons Act of 1992. The gazetting of the PWD Act on 21 November 2025, the historical view of disabilities as charity or welfare issues rather than rights issues has hindered progress.

Limitations

Although this study provides important insights into institutional exclusion and the role of social workers, several limitations should be acknowledged:

- Dependence on secondary data: The study relied exclusively on publicly available documents, reports, and literature. The findings are therefore limited by the scope, quality, and completeness of the existing materials. Any gaps, outdated information, or biases in the sources could affect the study's conclusions.

- Lack of primary data/direct voices: The perspectives of CWDs, families, or social workers themselves were not directly captured. This limits the ability to fully understand personal experiences, contextual nuances, and local variations.

- Comparability between countries: Differences in policy frameworks, terminology, and data availability between Zimbabwe and South Africa may affect the comparability of findings. Some documents may be more detailed or accessible in one country than the other. The ideological bases for these two countries' social welfare systems are different. Zimbabwe's is based on the 2016 National Social Protection Framework and South Africa has drawn its social welfare ideological thrust from the 1997 social welfare white paper.

- Potential researcher interpretation bias: The analysis is influenced by the authors' lens (social model of disability and developmental social work perspective). Although efforts were made to maintain objectivity and rigor, interpretation of secondary data is inherently subjective.

- Timeliness of data: Some documents may not reflect the most recent changes in policies or practices, especially given evolving frameworks in disability and social work.

Conclusion

Through their repertoire of methods of intervention, it is undeniable that Zimbabwean and South African social workers are integral to the transformative support and empowerment of CWDs and their families. Their advocacy, service provision, and

support efforts address the unique challenges that CWDs face by promoting their well-being and ensuring their rights are upheld, even in contexts such as natural climatic shocks and socio-economic turbulence. The roles that they play are essential in creating a more inclusive and supportive society for CWDs.

Social workers in both Zimbabwe and South Africa crucially deconstruct the institutional exclusion of CWDs through advocacy, policy reform, training, community engagement, and collaboration with non-governmental and international organizations, all couched in tenets of developmental social work approaches which are not curative and remedial. The goal has been to create a more inclusive and supportive environment for these children. Continued efforts are needed to overcome remaining challenges and to ensure that all CWDs receive the support that they need.

References

Chikandiwa,.H. (2024). *New Bill a giant step towards protecting PWDs rights: Govt*. https://www.newsday.co.zw/local-news/article/200032093/new-bill-a-giant-step-towards-protecting-pwds-rights-govt.

Chirowamhangu, R. (2024). Inclusive education pandemic: Learning barriers for children with disabilities in South Africa. *African Journal of Disability, 13*(1), 52-68. https://doi.org/10.4102/AJOD.v13i0.1462

Choruma T. (2007) *The Forgotten Tribe, Experiences of People with Disabilities in Zimbabwe*. Progressio.

Dada, S., Wilder, J., May, A., Klang, N. & Pillay, M. (2023). A review of interventions for children and youth with severe disabilities in inclusive education. *International Journal of Inclusive Education*, 27(3), 345-360. https://doi.org/10.1080/2331186X.2023.2278359

Deluca, M., Tramontano, C. & Kett, M. (2014). *Including children with disabilities in primary school: The case of Mashonaland, Zimbabwe* (Working Paper 26). https://discovery.ucl.ac.uk/id/eprint/10127847/

Department of Social Development. (2015). *White Paper on the Rights of Persons with Disabilities*. Republic of South Africa.

Dube, T., Ncube, S. B., Mapuvire, C. C., Ndlovu, S., Ncube, C. & Mlotshwa, S. (2021). Interventions to reduce the exclusion of children with disabilities from education: A Zimbabwean perspective from the field. *Cogent Social Sciences, 7*(1). https://doi.org/10.1080/23311886.2021.1913848

Engelbrecht, L. K. & Lombard, A. (2024). Co-building inclusive social transformation for sustainable development. *Social Work/Maatskaplike Werk, 60*(3), i-iii. https://doi.org/10.15270/60-3-1342

Government of Zimbabwe, Ministry of Labour and Social Services. (2010). *National Residential Child Care Standards 2010*.

Human Rights Watch. (2015). *Complicit in Exclusion: South Africa's Failure to Guarantee an Inclusive Education for Children with Disabilities*. https://www.hrw.org/report/2015/08/18/complicit-exclusion/south-africas-failure-guarantee-inclusive-education-children)

Human Rights Watch. (2019). South Africa: Children with Disabilities Shortchanged. https://www.hrw.org/news/2019/05/24/south-africa-children-disabilities-shortchanged

Hunt, X., Saran, A., White, H. & Kuoer, H. (2025). Effectiveness of interventions for improving educational outcomes for people with disabilities in low- and middle-income countries: A systematic review. *Campbell Systematic Reviews, 21*(1), e70016. https://doi.org/10.1002/cl2.70016

Jackson, H. & Mupedziswa, R. (1988). Disability and Rehabilitation: Beliefs and Attitudes Among rural Disabled People in a Community Based Rehabilitation Scheme in Zimbabwe. *Journal of Social Development in Africa, 3*(1), 21-30. https://d.lib.msu.edu/jsda/67/OBJ/download

Kaplan. D. (2005). *The definition of disability*. The Center for an Accessible Society. http://www.accessiblesociety.org/topics/demographics-identity/dkaplanpaper.htm

Lawson, A. & Beckett, A. E. (2021) The social and human rights models of disability: towards a complementarity thesis. *The International Journal of Human Rights*, *25*(2), 348–379. https://doi.org/10.1080/13642987.2020.1783533

Majoko, T. (2019). Inclusion of Children with Disabilities in Physical Education in Zimbabwean Primary Schools. *Sage Open, 9*(1). https://doi.org/10.1177/2158244018820387

Mapp, S., McPherson, J., Androff, D. & Gatenio Gabel, S. (2019). Social work is a human rights profession. *Social Work*, *64*(3), 259-269. https://doi.org/10.1093/sw/swz023

Mashanyare, T., Garutsa, T. C. & Odhav, K. (2025). Challenges with the Disability Policy Framework in Zimbabwe: An In-Depth Qualitative Analysis of Perspectives of Youth with Disabilities. *Disabilities, 5*(2), 41. https://doi.org/10.3390/disabilities5020041

Moodley, S. (2021). Children with disabilities in South Africa: Policies for early identification and education. In W. Pearson Jr. & V. Reddy (Eds.), *Social justice and education in the 21st century: Research from South Africa and the United States* (pp. 95-112). https://doi.org/10.1007/978-3-030-65417-7_6

Mpofu, J. & Shumba, A. (2014). Perceived stigma and social identity in Zimbabwean children with disabilities. *Journal of Child and Adolescent Behaviour, 2*(3), 1-8

Mtetwa E (2011). Policy Dimensions of Exclusion Disability as Charity and Not Right in Zimbabwe. *The Indian Journal of Social Work, 72*(3), 382-396

Muderedzi, J.T., Eide, A.H., Braathen, S.H. & Stray-Pedersen, B. (2017). Exploring structural violence in the context of disability and poverty in Zimbabwe. *African Journal of Disability 6*, a274. https://doi. org/10.4102/ajod.v6i0.274

Munsaka, E. & Charnley, H. (2013). Children's views on their roles in the family in relation to health and care in the context of the HIV/AIDS pandemic in Africa. *Childhood, 20*(3), 338-352.

Muridzo, N., Mukurazhizha, R. & Simbine, S. (2022). Social Work in Zimbabwe: From Social Control to Social Change. *International Journal of Social Work Values and Ethics, 19*(2), 227-243. https://doi.org/10.55521/10-019-213

Ndhlovu, E. (2023). Institutional Care in Zimbabwe: Challenges and Opportunities for Children with Disabilities in Masvingo-Zimbabwe. *Journal of Inclusive & Innovative Practices, 1*(1), 4-15. http://joiip.rcu.ac.zw:7009/media/articles/JOIIP-1-1-0004-2023_.pdf

Nhapi, T. (2020). Zimbabwe's National Case Management System for child protection and enhanced rights realisation for children with disabilities (CWDS). *African Journal of Social Work*, *10*(2), 124–131. https://doi.org/10.4314/ajsw.v10i2.

Republic of South Africa. (1996). *The Constitution of South Africa, Act 108*. Government Printers.

Republic of South Africa. (2005). *Children's Act.* Government Printers.

Republic of South Africa. (2024). *Social Development Programs and Grants*. https://www.gov.za/about-sa/social-development

Republic of South Africa. (2015). *White Paper on the Rights of Persons with Disabilities*. https://www.gov.za/sites/default/files/gcis_documents/WPRDP%20Booklet.pdf

Reynaert, D., Nachtergaele, S., De Stercke, N., Gobeyn, H. & Roose, R. (2022). Social work as a human rights profession: An action framework. *The British Journal of Social Work*, *52*(2), 928-945. https://doi.org/10.1093/bjsw/bcab083

Shonaquip Social Enterprise. (2024). *Enabling Inclusion of Children with Disabilities and Their Families Across Southern Africa*. https://shonaquipse.org.za/

Tafirenyika, J., Mhizha, S. & Ejuu, G. (2023). Building inclusive early learning environments for children with a disability in low-resource settings: Insights

into challenges and opportunities from rural Zimbabwe. *Frontiers in Education, 8*, 1029076. https://doi.org/10.3389/feduc.2023.1029076

Tesemma S. T. & Coetzee S. A. (2019). Conflicting discourses on conceptualising children with disabilities in Africa. *African Disability Rights Yearbook, 7*, 59-80 https://doi.org/10.29053/2413-7138/2019/v7a3

Trafford, Z. & Swartz, L. (2023). The Care Dependency Grant for children with disabilities in South Africa: Perspectives from implementation officials. *Development Southern Africa, 40*(2), 259-272. https://doi.org/10.1080/0376835X.2021.1981250

Trocaire. (2021). *Social Inclusion & The Promotion of The Human Rights of Persons with Disabilities in Zimbabwe*. https://www.trocaire.org/documents/social-inclusion-the-promotion-of-the-human-rights-of-persons-with-disabilities-in-zimbabwe/

UNESCO. (2001). *Overcoming Exclusion through Inclusive Approaches in Education*. https://unesdoc.unesco.org/ark:/48223/pf0000134785

UNESCO. (2018). *Education and Disability: Analysis of Data from 49 Countries*. https://unesdoc.unesco.org/ark:/48223/pf0000262805.locale=en

UNPRPD. (2022) *Situational Analysis of the Rights of Persons with Disabilities Zimbabwe*. https://unprpd.org/new/wp-content/uploads/2023/12/Situation_Analysis_CountryBrief_Zimbabwe-d62.pdf

World Health Organization (WHO). (2024). *Increasing access to quality rehabilitation services in Africa: Regional rehabilitation meeting report*. https://www.afro.who.int/sites/default/files/2024-05/WHO-AFRO-UHP-2024-03-eng.pdf

Zimbabwe Statistics Agency. (2017) *Inter-Censal Demographic Survey 2017*. https://zimbabwe.unfpa.org/en/publications/inter-censal-demographic-survey-2017-report