

Case study

Project title:

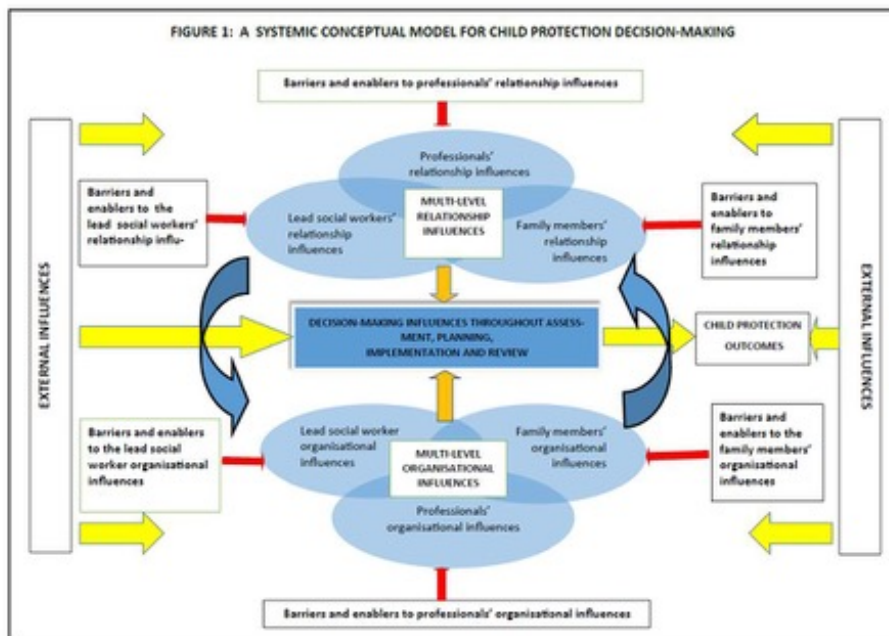
Interprofessional collaboration: a recommended model for safeguarding children in Zimbabwe

Authors (150 characters)

Dr Nhlangano Nyathi, Senior Lecturer, Anglia Ruskin University, United Kingdom (UK)

Short project description (700 words)

This case study addresses the problems and opportunities for promoting health, development and keeping children and young people safe, hence safeguarding, in order to achieve good outcomes for them in Zimbabwe. In particular, the case study addresses the opportunities and challenges associated with the adoption of an interprofessional collaboration model in safeguarding children and young people. An outline of the proposed model for safeguarding children in Zimbabwe, based on the author's experience with a similar model in the UK, is provided. The case study also addresses the complexities that would be encountered during the adoption and implementation of interprofessional collaboration project and how best these challenges could be overcome by drawing on the lessons learnt from the experiences with this model in the UK.



Full project description (4000 characters)

This case study outlines a model of interprofessional collaboration that could be adopted for safeguarding children and young people whose potential to achieve is limited by the exposure to neglect and abuse in Zimbabwe. The project proposes a shift from the existing fragmented approach to a more joined up approach to safeguarding children and young people, drawing on almost forty years since the collaborative

model was adopted in the UK. There is an acknowledgement within this case study that there is diversity and differences between the two countries at various levels such as the historical, cultural, socio-economic and political differences. For that reason, while in the UK safeguarding children is defined in terms of neglect and three forms of abuse, namely; sexual abuse, emotional abuse and physical abuse, in this case study there is consideration that the Zimbabwean situation may be different.

Following a series of child death and abuse inquiries during the 1970s and 1980s which identified the failure of professionals to protect children in the UK, the first policy guidance on working together to safeguard children and key legislation (Children Act, 1989). While this policy and legislative framework has been reviewed routinely since then, the fundamental premise still remains that children and young people are better protected when professionals and agencies work together collaboratively and in partnerships with the children, young people and their families.

On the other hand, safeguarding children in Zimbabwe is characterised by lack of funding, with the majority of initiatives aimed at protecting vulnerable children often fragmented and having little impact. Unlike in the UK where the primary responsibility for delivery of social care is that of local authorities; with government providing the regulatory framework, in Zimbabwe, the central government assumes primary responsibility for social care through its provincial and district offices. While, the big municipal local authorities such as Harare and Bulawayo have their social case workers, there is no robust collaboration between these with central government social care services. The same scenario is reflected in other levels of social services provision such as health and education. This case study, acknowledges that Zimbabwe, in comparison with other African countries, has far more developed social care systems and structures which would facilitate the adoption of the interprofessional collaborative model for safeguarding children.

Alongside the different levels of statutory involvement in the provision of social care services, the Private, Voluntary and Independent (PVI) sector also has a role to play. Despite the economic hardship in Zimbabwe over the last few years, there is a long history of private sector involvement alongside local and international voluntary charity organisations that have contributed towards safeguarding and promoting the welfare of children and young people in Zimbabwe. For example, as far back as 1996 I led an interprofessional and multi-sectoral interagency collaborative initiative aimed at addressing the issue of street children in the City of Bulawayo. Considerable enthusiasm and voluntary spirit in safeguarding vulnerable children was demonstrated then, yet with the onset of economic hardships over the last few years, the numbers of children facing neglect and abuse inevitably rose, with a most of them not receiving any form of support and protection at all. Any future collaborative initiative aimed at safeguarding vulnerable children would therefore need to take advantage of the existing social capital in the country.

Zimbabwe has primary legislation in the form of Children's Act [Chapter 5:06] aimed at meeting the children's welfare needs and the prevention and protection from neglect, ill-treatment and exploitation. However, there still are no robust policies seeking to promote collaboration between professionals, agencies and partnership with children and their families. Yet, research and experiences from countries such the UK and elsewhere in the world, suggest that the protection of children from neglect and abuse and promotion of their health and development requires a holistic approach involving various professionals working together with children and their families. The implementation of the proposed collaborative model therefore requires a policy framework that promotes collaborative and partnership working which can be modelled on the UK Working Together Guidance to Safeguard Children (HM Government, 2015). For effective implementation, the new policy and legislative framework will need to take into account the country's unique historical, cultural, socio-economic and political differences and circumstances.

In brief, for a country that is emerging from a deep economic decline, the success of such an ambitious model and project would require considerable political goodwill, financial resources and a clear strategy that includes the following:

1. Adopt and provide of a clear national policy and legislative framework promoting interagency/interprofessional collaboration in safeguarding children and young people in Zimbabwe.
2. Ensure the proposed new policy and legislative framework identify the role of non-statutory sector in interprofessional collaboration in safeguarding children and young people in Zimbabwe.
3. Ensure the proposed new policy and legislative framework identify the role of the social worker in interprofessional collaboration in safeguarding children and young people in Zimbabwe
4. Promote research on child neglect and abuse and on the potential for interprofessional collaboration in safeguarding children and young people in Zimbabwe
5. Introduce interprofessional safeguarding education to professions that train people to work with children and young people at the relevant training institutions.
6. Publicise and disseminate information about the concept of interagency/interprofessional collaboration in relation to safeguarding children and young people.
7. Select a suitable geographical area to pilot the implementation of the proposed model.
8. Adopt a child protection decision-making conceptual model (Figure 1) which provides illustration of the systemic interaction between the various factors involved in interprofessional collaboration when working with children and their families (Nyathi, 2016).

Geolocation (Give Google Maps coordinates):

Zimbabwe: Longitude: 30°00' East of Greenwich Meridian

Thematic area

- Interprofessional education

Recommendation area

- Governance and planning
- Interprofessional education

Key policy areas

- Education and training institutions
- Governance and planning

Key policy areas Education and training institutions

- Governance and planning

Quality

Quality refers to the qualifications of health professionals and the adequacy of these qualifications to address the health needs of a specific population

- Yes

Quantity

Quantity refers to the number of health professionals and the adequacy of that number to address the health needs of a specific population

- No

Relevance

Relevance refers to the relevance of health professionals' education to meet the current and future health needs of specific populations, including skill mix, availability and equitable distribution of health professionals to the local context

- No

Sustainability

Sustainability refers to the commitment by the government to support investment in health education institutions and students

- Yes

Is your project integrated or likely to be integrated into mainstream / national planning (delete items not applicable)

- Yes

Has your project been evaluated?

- No

Tags (Multiple tags can be separated by commas)

Interprofessional collaboration, safeguarding children, Zimbabwe, child protection decision-making conceptual model