

***THE ROLE OF RESOURCE CENTRES IN SUPPORTING LEARNERS REQUIRING  
HIGH LEVELS OF SUPPORT, IN THE PIETERMARITZBURG DISTRICT:  
A CASE STUDY***

by

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## DECLARATION

**STUDENT NUMBER: 7412134**

I, **Anusha Asaram**, declare that the thesis entitled: **The role of resource centres in supporting learners requiring high levels of support in the Pietermaritzburg district**, is my own work and that all sources I have used or quoted have been indicated and acknowledged by means of complete references.

Signature \_\_\_\_\_

Mrs. A. Asaram

29 August, 2014

Date

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## **DEDICATION**

This dissertation is dedicated to learners who experience barriers to learning. It is especially dedicated to all the special schools that strive to ensure that your learners receive quality education whilst transforming to special school resource centres.

## **ABSTRACT**

Upon close examination of Education White Paper 6: Building an Inclusive Education System, it became evident that, special schools have a crucial role to play. EWP6 clearly outlines the roles of special schools as resource centres. This entails a paradigm shift from a medical to a social model. The purpose of this research was to investigate the role of resource centres in supporting learners who require high levels of support, in an inclusive education system in the Pietermaritzburg district. The study was conducted at a special school with 23 respondents. The triangulated data were collected through participant observations, open-ended questionnaire and interviews. This study revealed that not only are SSRCs totally committed to the paradigm shift but SSRCs are "leading " the way with regard to implementing inclusive strategies like SIAS process, the curriculum changes and alternate means of assessment. SSRCs are valuable resources that are currently under utilized.

## **KEY WORDS**

- Special schools
- Special school resource centres
- Learner support
- High levels of support
- Medical model
- Social model
- Barriers to learning
- Inclusive education

## **ABBREVIATIONS/ACRONYMS**

- **EWP6:** Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System of 2001.
- **SIAS Process:** The strategy on screening, identification, assessment and support
- **SSRC:** Special school resource centre
- **SS:** special school
- **ILST :** institutional level support team
- **DBST:** district based support team
- **DICAG:** Disabled Children's Group
- **DSSA:** Down Syndrome South Africa
- **NCS:** National Curriculum Statement
- **RNCS:** Revised National Curriculum Statement
- **CAPS:** Curriculum and Assessment Policy Statement
- **DoE:** Department of Education
- **LSEN:** Learners with special educational needs
- **NCESS:** The National Commission on Education Support Services
- **NCSNET:** The National Commission on Special Needs in Education and Training
- **NEPI:** National Education Policy investigation
- **SAFDC:** South African Federal Council On Disability
- **SASA:** South African Schools Act No 84

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## CHAPTER ONE

### ORIENTATION

#### 1.1 MOTIVATION FOR THE STUDY

Concerns about disabled people being educated in specialised settings appeared gradually and started with the adoption of UNESCO's Salamanca Statement. The key part of the Salamanca Statement on Principles, Policy and Practice in Special Educational Needs (1994), especially for those advocating the mainstreaming of pupils with disabilities is contained within the first paragraph:

*“We, the delegates of the World Conference on Special Needs Education ... hereby reaffirm our commitment to Education for All, recognising the necessity and urgency of providing education for children, youth and adults with special educational needs within the regular education system, and further hereby endorse the Framework for Action on Special Needs Education, that governments and organisations may be guided by the spirit of its provisions and recommendation (UNESCO.1994: 9).*

The Statement acknowledges that for this to be possible, governments and the Departments of Education had to redesign policies. It states, that governments should “adopt as matter of law or policy the principle of inclusive education, enrolling all children in regular schools, unless there are compelling reasons for doing otherwise” (UNESCO, 1994: 19) and (Dyson & Millward, 2000:1). At first glance it seems that the ideas contained within the Salamanca Statement leave little room for the continued existence of special schools. However, upon careful scrutiny, it shows that although the Salamanca Statement reaffirms the commitment to inclusive education, the continued existence of special schools is acceptable provided that these schools can embrace a new role - that of a resource centre, providing high levels of support as well as supporting learners in the full service and ordinary schools. Furthermore, the Salamanca Statement encourages the education system to look at educational difficulties in new ways. The Salamanca Statement encourages the world to provide more effective educational responses to learners but

within the general education provision. As a consequence, this is leading to a reconsideration of the future roles of specialists and specialist facilities in education. Therefore, to understand why special schools are being converted to resource centres, an explanation of practices of the past is vital as it will highlight reasons why this change is necessary.

In 1948, the National Party came to power, bringing in its policy of apartheid (Du Toit, Landsberg & Levitz. 2005: P76). Education provision for learners in South Africa has been conducted through a dual system: mainstreaming and special needs education (Department of Education, 2005: 4). There was the assumption that there were two kinds of learners: normal learners accommodated in mainstream schools and learners with special educational needs, accommodated in special schools or in special programmes attached to special schools (Department of Education, 2005:4).

In the past, not only was racial classification used to organise educational support but disabilities were also used to categorise learners (Consortium, 2008: 12). Schools for learners with special educational needs (LSEN) are highly specialised and highly subsidized sites, which provide high intensity levels of support to learners who experience barriers to learning (Department of Education, 2005: 120). Barriers to learning refer to all the systemic, societal, pedagogic and intrinsic factors that impede learning and development (Department of Education, 2005: 10). There were separate schools for each of the following categories of learners: cerebral palsied, physically disabled, autistic, severely-mentally impaired and a category that includes the deaf, hard of hearing, the blind and the partially sighted and epileptic learners. Individuals were placed into medical categories for medical convenience, distributed with categorical labels, which carry social stigma, and allow doctors to be the adjudicators for resources to assist people with impairments (The Social Model of Disability, 2006). The medical model that informed the identification, remediation or alternative placement of learners who experience barriers to learning, focused predominantly on learners' disabilities. The system of specialised education maintained that disability was the predominant source of breakdown in learning. According to this model, a barrier to learning resides within the individual and there is therefore a need to assess the individual and "fix" the problem within the individual (Consortium, 2008:18). Engelbrecht and Green (2003:13) explain this further by stating: "Such a person is excluded from

mainstream social and economic life because of a disability that is thought to be a natural and irremediable characteristic of that person.” According to Engelbrecht and Green (2003:13), the medical model constructed the field of special education and in line with apartheid practices the concept of exclusion meant that in practice only learners who were perceived as ‘normal’ went to mainstream or ordinary schools.

The unfairness in the delivery of education meant that white children and few of other races were placed in special schools. A large number of learners were excluded from the system. Special schools that accommodated white learners were well resourced whilst other schools accommodating black disabled learners were under-resourced. Support within the specialised education framework to learners from disadvantaged backgrounds was inaccessible (Consortium, 2008: 12). In view of the history of discrimination, neglect and marginalisation, the South African Constitution and subsequent education laws and policies were introduced to address the neglect, imbalances and discrimination. To strive for democratic and inclusive schools, every policy intervention had to ensure a human rights ethos prevails (Naicker, 2006). The political changes in South Africa have resulted in a new constitution (RSA.1996: a) grounded in principles of democracy, equity and non-discrimination and respect for the rights and dignity of all. A process that had to be completed before an inclusive education system could become a reality was to overhaul many policies that infringed on the rights of learners and replace them with policies that accommodate diversity (Department of Education, 2008:6).

The South African Constitution (RSA .1996:16) states, “Every person shall have the right to basic education and equal access to educational institutions.” Furthermore, the South African Schools Act (SASA) (Act 84. 1996) further embodies these principles of the constitution, by asserting the rights of all learners to equal access to basic and quality education. According to The National Education Policy Act 27 (NEPA) of 1996 (Department of Education. 1996: A-9), “the admission policy of a public school and the administrations of admissions must not unfairly discriminate in any way against any applicant.” The South African Schools Act (SASA) emphasises that, “all public schools must admit learners and serve their educational requirements without discriminating against them in any way” (Department of Education. 1996: B-5). The Act paved the way for the recommendations of the National Commission on Special Needs in

Education and Training NCSNET) and the National Committee on Education Support Services (NCESS) report. Special Schools must adhere to all policy requirements and legislation under the NEPA and SASA. (Department of Education, 2007: 5). However, policy and regulations under previous acts do not apply (Department of Education, 2007: 5).

In line with the above policy developments, in October 1996, the ministry appointed the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) to investigate and make recommendations on all aspects of “special needs” and ‘support services’ in education and training in South Africa. (Department of Education, 2001:5). The joint report recommended that the education and training system should promote education for all and foster the development of inclusive and supportive centres of learning (Department of Education, 2007: 5). These reports gave rise to Education White Paper 6 (EWP6): Special Needs Education: Building an Inclusive Education and Training System of 2001 (Department of Education. 2001). This white paper outlines what an education and training system is and how we intend to build it. Inclusive Education, through the publication of the policy document Education White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (2001), sets out to create a single education system for all learners within a twenty-year period. According to Du Toit, Landsberg and Levitz (2005: 87), the main recommendations regarding the policy on learners experiencing barriers to learning are that all learners will have access to learning centres, which will be provided with support and access to a flexible curriculum. Just as the medical model has informed the traditional special education practices, the social critical model has informed the inclusive education system (Consortium, 2008: 18).

The implementation of Education White Paper 6 reflects a change in direction in that it acknowledges that all children can learn and also need support. According to this model, extrinsic barriers are those factors outside of the learner, which affect learning development and participation. These include environmental barriers, lack of support services, laws and policies that do not benefit all learners, curriculum barriers or other barriers like poverty, abuse and emotional trauma (Consortium, 2008: 21). Education White Paper 6 speaks of “the qualitative improvement of special schools for the learners that they serve and their phased conversion to

special school resource centres (SSRCs) that provide professional support to neighbouring schools” (Department of Education, 2001: 7). The White Paper 6 has advocated a new approach towards organising support within a single integrated system. Support should be redefined to move its focus away from supporting individual learners who are assumed to have special needs, towards addressing barriers, which prevents the system from responding to their learning and development. Special schools should be defined by the curriculum and support and not a specific disability (Du Toit, Landsberg & Levitz 2001- 2005: 87).

This is a radical transformation and a new way of thinking. SSRCs will no longer be identified in terms of categories of disabilities. This implies that a completely new approach is to be followed to determine the intensity and nature of support needed to overcome barriers in teaching and learning. However, upon careful scrutiny, the Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System of 2001 depicts that the future role of special schools is vital to inclusive education:

*“Special schools will be converted to resource centres and integrated into District Based Support teams so that they can provide specialised support to neighbourhood schools in addition to the services that they provide to their existing learner base” (Department of Education, 2001: 29-30).*

The strategy on screening, identification, assessment and support (SIAS) was introduced as a key strategy to implement EWP6 (Department of Education, 2008a). The strategy targets all learners in urban and rural settings who need support and not only learners with disabilities. It especially targets learners from disadvantaged backgrounds as they have suffered the most from the unavailability of services and lack of access to services (Landsberg & Nel, 2008: 3). The SIAS strategy is an attempt to replace the current process of identifying, assessing and enrolling learners in special schools with a system that acknowledges the central role-played by educators and parents in the process (Department of Education, 2008a:1). This strategy adheres to the constitution and the SASA by allowing many learners who experience barriers to learning and development to exercise their right to basic education and access the necessary support. The SIAS policy framework is to develop a profile of each learner and ensures that educators

understand the support needs of learners so as to enhance the delivery of the National Curriculum statement (NCS) which currently translates into Curriculum and Policy Statements (CAPS).

A critical evaluation of how learners are currently identified and assessed for additional support provisioning reveals the following challenges that would have to be addressed if special schools are going to improve as resource centres (Landsberg & Nel, 2008:3). According to the Department of Education (2007: 5) the following is vital:

- legislative discrepancies in terms of how learners should be admitted to special settings. The SASA forbids testing for admission purposes but the current organisation of special schools according to disability, contravenes the Act;
- assessment practices that prevent learners with severe and multiple disabilities from being admitted to special schools;
- admitting learners who need lower levels of support than a school is equipped for;
- priority not being given to learners who need high levels of support, are out of school and not been able to gain access to any form of schooling; and
- exempting learners at school level without further monitoring of such learners in terms of their education and support.

Schools need to specialise in the kind of support they offer so they become centres of excellence in a particular form of support and offer an outreach programme to schools where learners with similar needs are being educated. Curriculum changes in post apartheid South Africa started immediately after the election in 1994, the purpose being to lay the foundation for a single national core syllabus (Department of Education, 2002: 4). Previously the curriculum played a powerful role in reinforcing inequality. More importantly, the exclusion of disabled people from mainstream education, training and policy decision-making renders them powerless (Naicker, 1999: 21). The National Curriculum Statement builds on the values of the constitution in that it must be accessible to all learners, including learners who experience barriers to learning. It is the duty of educators to provide support so all learners can develop to their full potential. It is the role of special schools as SSRCs to make lifelong learning possible to learners requiring high levels of support. The lifelong learning through a National Curriculum Framework document

(1996) was the first major curriculum statement of a demographic South Africa (Department of Education, 2002: 4).

SSRCs will provide high intensity of support (Department of Education, 2001: 5). The focus of this research study is to investigate how SSRCs are supporting learners who require high levels of support. The ultimate goal or purpose of building an inclusive school is, “to contribute towards the development of an inclusive society where all members of society are able to fulfil their potential and participate optimally” (Engelbrecht, 1999:46). The problem is that the transition is huge and SSRCs need to be strengthened to an inclusive education model to provide support.

The research was conducted at a Special school resource Centre. The resource centre is situated in the Northern end of Pietermaritzburg in the Kwa Zulu – Natal Province. Furthermore, this is an information rich site and the field most relevant for the research endeavour. The special school is in the process of making changes that are required of SSRCs. The above mentioned school was established in 1975 by a parent, during the apartheid era when she could not find placement for her son who is severely intellectually impaired. Previously, it was a school only for severely intellectually impaired learners.

Today it is a public SSRC admitting learners from all race groups who have cognitive impairments as well as other barriers to learning. The school has an enrollment of 275 learners. Many learners reside in areas that are socially and economically deprived. The school has a professional teaching staff of 26 staff members. The professional support department consists of a professional nurse, an occupational therapist and a physiotherapist. There are thirteen teacher aides, a supervisor, two cleaners and three drivers.

The researcher has been teaching at this special school for thirteen years and is currently an active participant of the changes that are occurring at this school. The school has foundation, intermediate and senior phases. The focus of the research is how the SSRC will provide high levels of support. There are 15 learners in each class. The adaptations made to accommodate diversity will be documented. Thus, this research project will focus on the role of SSRCs in providing high levels of support in an inclusive system in the Pietermaritzburg region.

## 1.2 STATEMENT OF THE PROBLEM

The study will investigate the main research problem, stated as follows:

**What is the role of special schools as resource centres in supporting learners who require high levels of support in an inclusive education system in the Pietermaritzburg district?**

To make the research problem more manageable, the researcher divided the main problem into sub- problems, thus:

- To what extent is the SSRC systematically moving away from using segregation according to categories of disabilities as an organising principle?
- How is the National Strategy on screening, identification, assessment and support (SIAS) being implemented?
- What changes is the SSRC making in policies and practice, to move away from the medical model to an inclusive education model?
- How is the SSRC providing high levels of support through curriculum implementation, learning support material development and assessment?

This research involved investigating how special schools move away from using categories of disability to using barriers to learning as its organising principle. In other words, the study investigated how learners are assessed. The study further analysed how barriers to learning are identified and how learners requiring high levels of support are allowed access to a single curriculum. The study also described how SSRCs provide appropriate support to enhance the delivery of The National Curriculum Statement (DoE, 2003) through curriculum differentiation and adaptation instead of using a specialised curriculum as in the past. This research sheds some light on how educators make the curriculum accessible by drawing inclusive learning programmes as well as how they use alternative means of assessment. Furthermore, it describes how SSRCs adapt the environment to provide high levels of support and how learning support materials and assistive devices are acquired and utilised rather than adapting the learner to suit the system as in the old dispensation.

### **1.3 AIMS OF THE RESEARCH**

The following specific aims were pursued:

- To assist SSRCs in the transformation process of providing support based on the inclusive social model rather than on the medical model.
- To ensure that whilst SSRCs are implementing the National Strategy on screening, identification, assessment and support (SIAS), educators are able to design appropriate support packages and in the long term to achieve assistive devices.
- To assist the SSRC to improve in their new roles of providing support by determining how the inclusive policy changes that the SSRC is making is affecting the SSRC in reality.
- To assist SSRCs in providing high levels of support by offering advice on curriculum differentiation, learning support material development and utilising alternate means of assessment.

In this chapter, the aim and objectives of the study are first outlined. The research design and the data collection strategies used to gather information that provide solutions to the research question, namely questionnaires, interviews and observations are discussed. The population and sample chosen is explained. The various research method principles such as validity and reliability are outlined.

### **1.4 DEFINITION OF CONCEPTS**

#### **Levels of support needed:**

Levels of support refer to the scope and intensity of support needed in a system, from a school educator or at learner level. It is the main organiser for school funding, post provisioning in the inclusive education system (Consortium, 2008: 51).

**Medical model:**

This is a model that focuses on the learner as having the barrier and puts less emphasis on the context within which the learner functions. This leads to intervention focusing on the learner and excludes barriers within the context (Naicker, 1999: 71).

**Screening, Identification, Assessment and Support:**

This is a strategy that offers guidelines on how to screen, identify, assess and support learners who experience barriers to learning, including those with disabilities, and thereby improving the teaching and learning environment for maximum participation by all learners (Consortium, 2008: 9).

**Social model**

The social model takes account of the broader context when assessing barriers to learning. (Department of Education, 2008: 3).

**Special School resource centres:**

These are special schools transformed to accommodate learners who have high intensity support needs, as well as provide a wide range of support services to ordinary and full-service schools (Department of Education, 2008: 4).

**1.5 PLAN OF THE STUDY**

This mini dissertation comprises five chapters. These are briefly outlined in this section.

**Chapter One:**

This chapter is an overview of the study. The introduction, background, rationale, problem formulation, problem statement and aims of the study are outlined. A description of the research

methodology is given. This chapter places the study in perspective and orientates the reader to the nature of this study.

### **Chapter Two:**

A literature review on theories and models of inclusive schools as well as previous research on inclusive schools both internationally as well as in South Africa.

### **Chapter Three**

In this chapter, the research design chosen for this study was discussed in more detail. The data collection strategies used to gather information that provide solutions to the research question, namely questionnaires, interviews and observations will be discussed. The population and sample chosen was explained.

### **Chapter Four:**

This chapter focuses on the analysis of the results in terms of the questionnaires, interviews and the observations made.

### **Chapter Five:**

This chapter aims to present the key findings of the study, recommendations, limitations and conclusions of the study. Chapter Five presents a summary of the research. This chapter discusses options for further research. Final concluding remarks describing the research logic and design as well as defining major concepts was discussed.

## **1.6 CONCLUSION**

This chapter has been critical for orientating and setting the focus of the research and ensuring that the research remains focused on its major theme, namely the role of special school resource centres in providing high levels of support. This has been accomplished by outlining the introduction, the theoretical framework, the problem statement, the aims of this research, describing the research logic and design as well as defining major concepts.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 A PARADIGM SHIFT FROM THE MEDICAL MODEL TO THE SOCIAL MODEL: INTRODUCTION**

In this chapter the researcher presents two different theoretical perspectives/paradigms that help us to understand the process of moving from the centralised and segregated provisioning of specialised education to the new paradigm based on support. “A paradigm shift is a radical change in the way in which one views the world. For example, in South Africa we had an education system that was content based, inflexible, oppressive and segregated in terms of disability and race”(Naicker, 1999:93). These shifts centre mainly on the move from a medical model to a rights discourse (Engelbrecht, 1999:12).

For educationists at all levels to be more adaptive and active, understandings of theories of knowledge must surface. In order to understand why changes have to be made to our current dual system of education and to determine what the role of special schools are as resource centres, in supporting learners who require high levels of support in an inclusive education system, it is necessary to review the history of special education in South Africa. This chapter briefly includes international influence on issues pertaining to inclusive education and policies that underpin inclusion in South Africa. Findings from previous research relevant to this study will also be discussed.

#### **2.2 THEORETICAL FRAMEWORK**

This study is informed by the medical model that shaped special education in the apartheid era and the social model that underpins inclusive education. An understanding of the medical versus the social theories of learning is explained in terms of the relevance to inclusivity.

### 2.2.1 The Medical Model

In South Africa, the history of special needs education and education support services reflect extreme neglect and lack of provision for a large majority of learners (Department of Education, 1997a: 9). According to DoE (1997a: 9), during the apartheid era, policy and legislation pertaining to education, entrenched racial segregation and inequality .

Apartheid is an Afrikaans word meaning "separateness" - it was a legal system whereby people were classified into racial groups - White, Black, Indian and Coloured. Apartheid laws were part of SA's legal framework from 1948 to 1994 (Apartheid South Africa, 2010). In 1948, the Special Schools Act in White Education introduced in special education a medical and mental diagnosis and treatment model. In South Africa, "the categorisation of learners and the subsequent placement thereof was in line with segregationist policies that prevailed prior to the democratic dispensation and the diagnostic medical model that informed the identification, remediation or alternative placement of such learners focused predominantly on the learners' inabilities/ disabilities (Department of Education, 2005:6).

The 'medical model' sees disabled people as the problem and they need to be adapted to fit into the world as it is and if this is not possible, then they should be shut away in a specialized institution or isolated at home, where only their most basic needs are met (What is the difference between social and medical model of disability, 2008). Educational planners, policy makers and practitioners in South Africa have tended to identify and categorise learners through notions of 'normality'. So, 'normal' learners are those whose learning needs can be met without additional support or intervention in the mainstream education system (Engelbrecht & Green, 2007:92). Learners identified as having 'special educational needs' were labelled and placed in special settings that excluded them from the mainstream of education and society (Engelbrecht & Green, 2007:3 as cited by Du Toit et al., 2008). Engelbrecht elaborates that the medical model saw those with disabilities as "abnormal" and in need of attention of specialists. The medical model suggests that the system works and any breakdown is caused by individuals, thus invoking the pathological label (Naicker, 1999:71).

According to the medical model, a barrier to learning resides within the individual and there is a need to “fix” the problem within the individual (Consortium 2008:18). It was strongly argued that the medical professions own the knowledge and have the power to oppress people (The Social Model of Disability, 2006). Within the medical model usually, the impairment is focused on, rather than the needs of the person. The emphasis is on dependence, backed up by the stereotypes of disability that bring out pity, fear and patronizing attitudes.

Prior to 1994, the South African Education Department was split into 18 racially divided education departments, each with their own policies regarding learners experiencing barriers to learning (The FET is launched, 2006, Hay & Beyers, 2000 and Du Toit et al., 2005:77). Furthermore, not all education departments made provision for these learners and the disadvantaged communities were totally marginalized (Supports, Modifications, and Accommodations for Students: Adapting the learning environment, 2010). There were extreme disparities and discrepancies in the provision for specialised education for the different race groups and virtually no provision for black disabled learners at preschool level (Supports, Modifications, and Accommodations for Students: Adapting the learning environment, 2010).

The different education departments provided support as follows: (Du Toit et al., 2005:78)

- The four White education departments reorganised psychological services in the different provinces where a multidisciplinary team conducted assessments and provided therapy.
- The Department of Bantu Education established psychological services but support was restricted to assessing learners and assisting educators to assess their teaching.
- Psychological services (PGSES) were established by the House of Representatives (Coloured department) where they ensured that each school had a guidance counsellor.
- Psychological services in Indian education focused on assessing and placing learners needing special education.

The inequalities in allocating support services resulted in highly specialised and expensive provision of special needs education and support services for a limited number of learners, the

majority being White and Indian. White schools were well resourced and schools of other race groups were under-resourced (Department of Education, 2008a:33).

The use of the medical model by special education introduced several educational problems.. . Only six will be listed here (Mayuba, 2008:29) and Booth, Swamm, Masterton, and Pots, 2002: 179 – 180):

- Children who qualify for special education have something wrong with them that make it difficult for them to participate in the regular school curriculum; they thus receive a curriculum that is different from that of their peers.
- Children with disabilities are labelled and excluded from the mainstream of society. Assessment procedures tend to categorise students and this has damaging effects on teacher and parent expectations and on the students' self-concept.
- Unfair methods of identification and assessment have led to a disproportionate number of students from ethnic minority groups.
- The presence of specialists in special education encourages regular classroom teachers to pass on to others responsibility for children they regard as special.
- Resources that might otherwise be used to provide more flexible and responsive forms of schooling are channelled into separate provision.
- The emphasis on Individualised Educational Plans and task analysis in special education tends to lower teacher expectations of the students. In addition, task analysis and the associated behavioural teaching strategies introduce disjointed knowledge and skills thus making learning less meaningful to students.

The disparities between special education and education support services were racial and each department was providing support

## 2.2.2 The Social Model / the Rights discourse

### 2.2.2.1 How United Nations' initiatives contribute to an understanding of the Social Inclusive education model

The international experience of inclusion driven by the United Nations' experience has led to a huge debate on inclusion. The contribution of the United Nations to inclusive education is seen primarily in its focus on disability rights, children's rights and education. These have resulted not only in international awareness of these issues but also in initiatives that have seen these rights being realised.

#### *a. Disability rights and children's rights*

In 1975, an Education for All Handicapped Children Act was passed to provide free education and appropriate services to learners with disabilities and furthermore in Article 2 of the Convention on the Right of the Child, it was also indicated that no child should be discriminated against and every child has the right to receive education (Supports, Modifications, and Accommodations for Students: Adapting the learning environment, 2010). The United Nations' convention on the rights of the child specifies equality of opportunity in accessing the right to education and requires that education is directed at the realisation of the full potential of every child. Furthermore The United Nations' Standard rules on the Equalisation of opportunities for persons with disabilities set international standards for policy and action regarding people with disabilities (Supports, Modifications, and Accommodations for Students: Adapting the learning environment). In recent years, the disability movement has advocated a different perspective of looking at disability, which they call the 'social model' or the human-rights model. (Supports, Modifications, and Accommodations for Students: Adapting the learning environment.

Alternative definitions of impairment and disability were developed and formed the basis of what is known as the Social Model.

**Impairment** is the functional limitation within the individual caused by physical, mental or sensory impairment (Visions on Mainstreaming Disability in development: Strengths, weaknesses, opportunities, constraints.2009).

**Disability** is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers (Visions on Mainstreaming Disability in development: Strengths, weaknesses, opportunities, constraints. 2009).

Disability is no longer seen as an individual problem but as a social issue caused by policies, practices, attitudes and/or the environment. For example, a wheelchair user may have a physical impairment but it is the absence of a ramp that prevents them from accessing a building. In other words, the disabling factor is the inaccessible environment (Visions on Mainstreaming Disability in development: Strengths, weaknesses, opportunities, constraints. 2009). These influences have been felt in South Africa and there have been changes in legislation and policies in South Africa towards an inclusive system.

Using the inclusive education, social model, one can start by looking at the strengths of the person with the impairment and at the physical and social barriers that obstruct them, whether at school, college, home or work (Consortium, 2008:18). Contrary to the medical model the social model asserts that a person's disability is not only the result of a person's impairment but can be the result of an interaction between the individual and the environment that is not intended or designed to enable participation (Consortium, 2008:18). The 'social model' approach suggests disabled people's disadvantage is due to a complex form of institutional discrimination, as fundamental to society as sexism, racism or heterosexism (The social model and medical model of disabilities. 2005). The social model is a concept which recognises that some individuals have physical or psychological differences, which can affect their ability to function in society.

However, the social model suggests it is society that causes the individual with these physical or psychological differences to be disabled. In other words, individuals with impairments are not disabled by their impairments, but by the barriers that exist in society which do not take their

needs into account. The social model opposed the oppression inflicted by the medical model, shifting the blame of disability from the individuals with impairments to an unfair and oppressive society (The “Social Model of Disability.” 2006). Social model thinking has important implications for the education system. Therefore, it is appropriate that the challenge to discrimination against disabled people should begin in schools. The fight for the inclusion of all disabled people, however severe their impairments are, in one mainstream social system, will not make sense unless people understand the difference between the social and medical models of disability (Inclusion updated. 2013).

According to Dyson & Millward, (2000:32) international researchers Tom Skrtic and Mel Ainscow agree that it is the inadequacy of the learning environment which generates educational difficulties rather than the characteristics of students. Their view that the appropriate responses to such difficulties is the review and development of that environment rather than individual interventions with students themselves, are concurrent with the views of the social model. Both authors’ works are premised notions of problem-solving and learning from the challenges posed by student diversity (Dyson & Millward, 2000:34). Ainscow goes on to suggest that the schools need to be reformed and pedagogy improved, to respond to learner diversity, seeing individual differences not as problems to be fixed, but as opportunities for enriching learning (Ainscow, 1999: 189). Marzano (2003 as cited by Zwaagstra, Clifton and Long, 2010:77), is emphatic that “the school (as opposed to the district) is the proper focus for reform.” Stephens agrees that “a meaningful developmental profile will evaluate each school’s response to the key dilemmas that the school must address to enjoy sustained improvement” (Stephens, 2010: 149).

The Salamanca Statement encourages this view that the new direction in thinking is based on the belief that changes in methodology and organisation made in response to the learners experiencing difficulties can, under certain conditions, benefit all children (UNESCO, 1994b). In this way, learners who are recognised as having special needs come to be seen as a stimulus for encouraging the development of richer learning environments. SSRCs have to support learners requiring high intensity support despite the challenges they face. In order to understand the role of special schools as resource centres, it is necessary to understand why changes have to be made

to our current dual system of education to a unitary system of education. It is therefore necessary to review the history of special education in South Africa.

## **2.3 THE NEW ROLE OF SPECIAL SCHOOLS**

### **2.3.1 The Salamanca Statement**

During June 1994 the International conference on Special Needs in Education and Inclusion took place in Salamanca, Spain. The Salamanca Statement and Framework for Action on Special Needs Education was adopted by the World Conference on Special needs Education. The rights discourse has been strongly articulated at national and international level and the driving force that for inclusive education was realised in the resolution that became known as The Salamanca Statement on Principles. The Salamanca Statement calls upon all governments and urges them to:

*“Give the highest policy and budgetary priority to improve their education systems to enable them to include all children regardless of individual differences or difficulties” (UNESCO, 1994: 10).*

Though the Salamanca Statement reaffirms the commitment to work towards education taking place within the mainstream, the continued existence of special schools is acceptable providing that these schools can be converted to resource centres, providing high levels of support as well as supporting educators and pupils in the full service and ordinary schools.

*“Such special schools can represent a valuable resource for the development of inclusive schools. The staffs of these special institutions possess the expertise needed for early screening and identification of children with disabilities. Special schools can also serve as training and resource centres for staff in regular schools. Finally, special schools or units within inclusive schools - may continue to provide the most suitable education for the relatively small numbers of children with disabilities who cannot be adequately served in regular classrooms or schools” (UNESCO, 1994).*

The concern raised at the Conference manifested the debate around the issue of inclusion, whereby all learners would enjoy the same education opportunities. The Conference compels countries including South Africa to recognize the right of persons with disabilities to education without discrimination. Clearly, special schools are no exception from becoming inclusive and as they convert to resource centres, they should accommodate for the diverse needs of learners requiring high levels of support and simultaneously be a support service to neighbouring full service schools and ordinary schools. This means they should move away from the medical model to an inclusive education social model. This study investigates these transformations that are being implemented.

### **2.3.2 How international perspectives influence inclusion in South Africa:**

According to Engelbrecht and Green (2007: 59), South Africa can learn the following from international countries:

- Implementing inclusion is a process that takes many years and cannot be achieved overnight;
- Countries have to change their educational policies and practices to support inclusion;
- Whilst pursuing inclusion, the practical experiences are different for different countries;
- Generalizations are not applicable as contexts differ; and
- The worldwide trend is to move away from segregated settings for learners who experience barriers to learning.

Although the United Nations' initiatives and the Salamanca Statement have motivated South Africa to change legislation and policies, the latter has a unique context and will experience inclusion differently from international practices. A brief history of South Africa will be discussed in relation to changing legislation and policies.

## **2.4 A BRIEF HISTORY OF SPECIAL EDUCATION IN SOUTH AFRICA**

### **2.4.1 Introduction**

The South African education system has in the past been a powerful tool for perpetuating the aims of apartheid where many students experienced discrimination based on race and ethnicity. This “institutionalisation of apartheid in every facet of South African life had a significant impact on the area of ‘special needs’ and support in education, entrenching racial disparities and contributing to the massive inequalities in their educational provision” (National Department of Education, 1997a: 22). Special education was characterised by a fragmented approach where learners were labelled as, learners with disabilities and those without disabilities. The inclusion option signifies the end of labelling, but not the end of necessary support and services that must be provided in inclusive classrooms.

Strong voices in the changes of the processes were the South African Federal Council on Disability (SAFCD), parent organisations such as Down Syndrome South Africa (DSSA) and the Disabled Children’s Group (DICAG) (International Special education Congress: Transforming the System: The Development of Sustainable Inclusive Education Policy and Practice in South Africa. 2000).

Four documents have shaped the transforming of special education policy in South Africa. These are (International Special education Congress: Transforming the System: The Development of Sustainable Inclusive Education Policy and Practice in South Africa. 2000):

- the White Paper on an Integrated National Disability Strategy (1997);
- the Report of the National Commission on Special Needs in Education and Training and the National Committee on Education Support Services: Quality Education for All (1997);
- the Consultative Paper no 1 on Special Education (30 August 1999); and
- the Draft White Paper on Special Needs Education of 24 March 2000.

## 2.4.2 Legislative and policy framework in support of inclusion

### 2.4.2.1 The SA Constitution of 1996 and the Bill of Rights

While the world moved towards inclusive education, South Africa moved towards democracy and with this emerged a new Constitution of 1996 and the Bill of Rights outlining a right to access quality education, shifting (although not eradicating) previous discourses to welcome a human rights discourse (Engelbrecht & Green, 2007:52).

The Constitution set the pace for the new paradigm with clauses such as

- “There may be no discrimination against any person on the grounds of his race, gender ... age, *disability*, religion, or language (Equity - 8).
- *Everyone* has the right to *basic education*, including adult basic education and training and equal access to education (Education - 32). (RSA, 1996) and ([www.iceve.org/publications](http://www.iceve.org/publications)).

Our constitution (Act 108 of 1996) dictates that all learners should pursue their learning potential to the fullest. On the basis of these rights, there may be no discrimination of any type against anyone with a disability, nor may they be refused access to education (Act 108 of 1996:14). South Africa had to change its educational policies and practices as legislation has sought to entrench inclusion.

In South Africa policies are being developed to regulate inclusion while gradually being introduced. Acts are being promulgated in terms of addressing the guidelines for the introduction, implementation and management of inclusion, such as:

- The National Education Policy Initiative (NEPI);
- The South African Schools Act of 1996;
- The National Commission on Special Needs in Education and Training (NCSNET) and the National Commission on Education Support Services (NCESS); and

- Inclusive education as per The Education White Paper 6: “Special needs Education- Building an Inclusive Education and Training System (2001).

#### 2.4.2.2. The National Education Policy Initiative (NEPI)

The National Education Policy Investigation (NEPI) Support Services Report of 1992 found that the White and Indian education systems had well developed dual education systems, whilst the coloured and black communities only had a semblance of a dual system (NEPI, 1992). This shows that Black learners had the slimmest chance of being placed in a special school. During an investigation into this discriminatory education system, the National Education Policy Initiative (NEPI) exposed the role of curriculum, in addition to the human factor, for stressing difference, and thus promoting prejudice in education in terms of race, gender and social class (NEPI, 1992).

#### 2.4.2.3 The South African Schools Act of 1996

The right to education is given legislative expression in the South African Schools Act. Consequently, the corresponding South African Schools Act of 1996 states that:

- Public schools must admit learners and serve their educational requirements without discrimination (section 5(1));
- No admission tests may be used to determine the admission of a learner to a public school (section 5 (2)) ;
- Where learners have “ special educational needs” ,the rights and wishes of parents must be taken into account when determining their placement (section 5 (6)); and
- Where it is “reasonably practicable” learners with “special educational needs” should be served in the mainstream and relevant support should be provided for these learners {section 12 (5)}.

Evidently, the education system is seen as a vital mechanism for transformation. This meant a change from the medical discourse, which considered providing support for the learner from a deficit perspective, to the rights discourse, according to which the learner's right to learn, is

paramount. In order to move towards inclusive education in terms of thinking and practices, South African educationists are required to shed entrenched special education theory and practices (UNESCO 1994). Its guiding principle, based on a social perspective, was that inclusion, as a right, of all learners in mainstream schools. It further states that learners should be educated with their peers, sharing educational experiences but at the same time following individual learning plans with the necessary support available (Engelbrecht & Green, 2007:3).

In the year that the South African Schools Act was promulgated, the National Commission on Special Needs in Education and Training (NCSNET) and the National Commission on Education Support Services (NCESS) were appointed by the Minister of Education and the Department of Education to investigate and make recommendations on how to improve all aspects of what was called “special needs and support services” in education in South Africa (Department of Education, 2001:5).

#### 2.4.2.4 The National Commission on Special Needs in Education and Training (NCSNET) and the National Commission on Education Support Services (NCESS)

In November 1997, in its report entitled: *Quality Education for All: Overcoming Barriers to Learning*, the following inequalities were found: (*Quality Education for All: Overcoming Barriers to learning*, 1997) and (Department of Education, 2007:5):

- In the apartheid era, learners with disabilities or who experienced learning difficulties were called “learners with special educational needs” and the education of these learners was called special education.
- Only a small number of these learners had access to special schools or special classes.
- Special education and support services were provided on a racial basis.
- Most learners with disabilities did not have access to special schools or had never been to a school. A few were in ordinary schools that could not meet their needs.
- Despite the fact that early identification of learners requiring high levels of support is extremely vital to their learning and development, learners who are impaired, are the most vulnerable and excluded from the education system.

- The education system, including the curriculum, had failed to meet the diverse needs of learners. This caused a high failure rate as well as learners to drop out of school.
- Access to education and support in the early childhood development (ECD) was seriously neglected in South Africa, yet it remains critical to the early identification of learner needs and subsequent intervention to enable learners to sustain effective learning.

The report's recommendations favoured human rights which differed to the medical model. The recommendations moved away from individualizing, professionalizing and depoliticizing disability. The report argued that a range of needs existed among all learners, which must be met if effective learning and development are to be sustained (DoE 1997a: 44).

The task teams agreed that discrimination was indeed occurring in schools and that this was being perpetuated by the following key barriers to learning: (DoE 1997a) and Du Toit et al., 2005, 18-19)

- socio-economic barriers;
- negative attitudes;
- an inflexible curriculum;
- language and communication;
- inaccessible and unsafe built environments;
- inappropriate and inadequate provision of support services;
- lack of enabling and protective legislation and policy;
- lack of parental recognition and involvement;
- disability; and
- lack of human resource development strategies.

The NCESS and NCSNET reported that barriers can be located within the learner, within the curriculum, within the centre itself, within the education system and within the broader social, economic and political context (DoE 1997:14). This prevents both the system and the learner needs from being met (DoE, 2005d). The “find the flaw and fix it” dogma of the medical model

is in direct opposition, for example, to the purposes of a curriculum. Within this context, if a learner fails to attain the goals of education, it may be because the curriculum developers applied the wrong strategy to identify the content, because the organization of the curriculum is flawed, or both (Goldstein 2006:67). The curriculum is the barrier to learning. The term “barriers” views special needs from a socio-critical perspective that is a point of view that is consistent with a significant body of literature on classroom and learning problems (DoE, 1997a).

In identifying these key barriers to learning, the task teams were able to determine shortcomings of the medical model and made practical recommendations for change to a model that, hence contributes to the development of an inclusive education system which “promotes education for all” where all learners “participate actively in the education process ... as equal members of society” (Department of Education, 1997:53). Some of the ways that the commissions saw this being realized, like building modifications, curriculum development, staff training, and intersectoral collaboration would be included in the Education White Paper 6: on Special Needs Education : Building an inclusive education and training system(EWP6) (henceforth referred to as EWP6), which was published in 2001.

These recommendations were further entrenched specifically for people with disabilities and learners with special education needs in “The White Paper on an Integrated Disability Strategy” (Government of South Africa, 1997) which suggested that identification of the inequalities were based on racial, gender and disability and discrimination or disadvantage (DoE 1997b). In August 1999, the Ministry of Education released the “Consultative Paper No.1 on Special Education: Building an Education and Training System, First Steps” (DoE 1999) and thereafter in the draft “White Paper: Building an Inclusive Education and Training System” (Department of Education, 2000). All of these documents emphasize the segregation of people with disabilities and make specific practical educational recommendations regarding the transformation of the education system at the institutional, instructional and curriculum levels.

2.4.2.5 Inclusive education as per The Education White Paper 6 “Special needs Education- Building an Inclusive Education and Training System. Referred to as EWP6 from hereon in:

#### *2.4.2.5.1 Introduction*

EWP6 arose from the need to respond to the fact that learners with different learning needs were not adequately accommodated in the South African education system. After 45 years of apartheid, the democratically elected government was committed to transforming South African society from its exclusive nature into an inclusive society on all levels. To respond to these apparent weaknesses, inclusion was seen as a reasonable arrangement. Inclusive education was a perfect way of including all marginalized learners into education for all - that included disabled learners, learners of colour and those neglected through the years (International Special education Congress: Apartheid's Contribution to South African Inclusive Education Policy. 2000).

Subsequently, White Paper 6 was published in 2001, which outlined a route for South African education to move into the international trend of inclusion. Inclusion is defined by Engelbrecht and Green (1999:6) as: "A shared value which promotes a single system of education dedicated to ensuring that all learners are empowered to become caring, competent and contributing citizens in an inclusive, changing and diverse society".

#### *2.4.2.5.2 Inclusive education as per The Education White Paper 6: Special Needs Education- Building an Inclusive Education and Training System.*

The Education White Paper 6, titled “Special Needs Education- Building an Inclusive Education and Training System,” defined inclusive education as (Department of Education, 2001b:16) :

- “Acknowledging that all children can learn and youth can learn and that all children and youth need support; accepting and respecting that all learners are different in some way;”

- enabling education structures, systems and learning methodologies to meet the needs of all learners;
- a never ending process rather than a simple change of state, increasing the participation of students in, and reducing their exclusion from cultures, curricula, and communities of local centres of learning;
- acknowledging and respecting differences in learners whether due to age, gender, ethnicity, language, class, and disability or HIV status;
- changing attitudes, behaviour, teaching methodologies, curricula and the environment to meet the needs of all learners;
- maximising the participation of all learners in the culture and the curricula of educational institutions and uncovering and minimising barriers to learning;
- empowering learners by developing their individual strengths and enabling them to participate critically in the process of learning;
- broader than formal schooling, and acknowledging that learning occurs in the home, the community, and within formal and informal contexts; and
- acknowledging that learning also occurs in the home and the community and within the formal and informal modes and structures.”

The EWP6 is based on the above mentioned principles.

The Education White Paper 6 (Department of Education, 2001b: 21) clearly states that the role of special schools in an inclusive education system is twofold. Firstly it will provide support to learners requiring intense levels of support (Department of Education, 2001b: 21) and secondly, SSRCs provide particular expertise and support, especially professional support in curriculum, assessment and instruction, as part of the district support team to neighbourhood schools, especially ‘full-service’ schools (Department of Education, 2001b: 29). According to EWP6 (Department of Education 2001b:29), the DoE will pay particular attention to raising the overall quality of education services that special schools provide.

*2.4.2.5.3 The new role of special schools as resource centres (SSRCs) as described in Education White Paper 6 on Special Needs Education: Building an inclusive education and training system*

(EWP6) suggests a radical transformation of the existing system and a new way of thinking. The role of special schools as resource centres is (Department of Education DoE 2001b: 16).

- To work with the community in advocating inclusive education policy and practices;
- To recognise the rights of people with disabilities to live as independent and respected members of society;
- To provide improved education for learners with diverse needs who require high intense levels of support;
- To develop learning materials for learners experiencing barriers in mainstream schools;
- To develop a strategic plan for reducing the number of learners who require only low levels of support;
- To be integrated into district-based support teams;
- To work collaboratively with informal support resources in the community;
- To develop a catalogue of educational resources in the community that can be used in mainstream and full-service schools;
- To develop a flexible pattern of placement of learners with disabilities depending on the level of support required;
- To provide a network of support to mainstream schools, including curricular support; assessment support, specialised teaching methodologies and specialised equipment;
- To provide educators with support in curriculum assessment and programme planning for learners with diverse needs;
- To assist in the mobilisation of the 280 000 children and young people who are outside the schooling system; and
- To assist in the ongoing evaluation, monitoring and therapeutic support of learners with disabilities in mainstream schools.

#### 2.4.2.5.4 Guidelines as per EWP6 as to how this process should unfold

*EWP6 suggests that this happens in the following way: (Department of Education, 2001: 10)*

- Systematically moving away from using disabilities to segregate learners with disability and seek ways to include them at every level of educational practice;
- Basing the provision of education for disabled learners on what is needed to support them best;
- Indicating how learners with disabilities would be identified, assessed and incorporated into special, full –service and ordinary schools; and
- Introducing strategies and interventions that will assist teachers to cope with a diversity of learning and teaching needs to ensure that difficulties are overcome.

#### 2.4.2.5.5 The EWP6 and the Salamanca Statement

The EWP6 has included many of the recommendations of the Salamanca Statement of 1994. For example, the following areas are identified by the Salamanca Statement for governments to give attention to: (UNESCO. 1994: ix)

- early identification and intervention when barriers to learning are experienced;
- the importance of the participation of parents; and
- the need for teacher education to meet the needs of the inclusive classrooms.

All of these factors are included in the strategic plan outlined in the EWP6. Of relevance to this study, the Salamanca statement sees that special schools have an important role to play. Not only in educating a small number of learners who cannot be adequately served in ordinary schools, but as an SSRC in providing inclusive schools with support in terms of human and material resources. The EWP6 has embraced this and states that special schools will be upgraded to improve the quality of education for learners with high support needs and will be converted to resource centres. According to Engelbrecht and Green (2007:55), policy development in South

Africa was a unique process and was characterised by a participatory, democratic approach that attempted to involve a wide range of stakeholders.

#### *2.4.2.5.6 Challenges encountered by other researchers/ theorists, which have arisen from the EWP6*

As a policy statement, the EWP6 reflects the thinking of many researchers and theorists in the field of special needs education. The EWP6 only claims to provide a framework (Department of Education, 2001 a: 5) for an inclusive education training system and the many questions that EWP6 raises falls outside its scope. Some of these concerns are as follows:

EWP6 speaks of “Converting 500 special schools into resource centres” However, there are only 380 existing special schools in the country (per EWP6) (DoE, 2001 a: 13). Therefore, it would be impossible for 500 special schools to be converted resulting in an immense shortage of support services. The role of these resource centres was to be twofold: Firstly, they would be required to provide support to those amongst the targeted learner population who require high intensity support. Secondly, special schools will be integrated into DBST’s to help with support and services to the targeted learner population attending full service and ordinary schools. Already, this shows that there will be a grave shortage of support that was intended to be offered to full service schools, as well as to admit learners who did not have access to high levels of support. Special schools’ staff will be required to play a vital role with training and holding workshops with staff at full service schools and ordinary schools that have learners with disabilities and there is already a shortage of special schools to be converted. Although SSRCs are conceived as integral to the support that full service schools will need, some provinces have very few special schools (DoE, 2001 a: 13).

The following challenges have also been identified (The Implementation and Challenges to Inclusive Education Policy and Practice. 2006):

The department decided to solve the problem of a shortage of special schools; for example, in visual impairments to support full service schools by de-specializing all special schools, requiring them to diversify their services, resources and expertise. If full service schools are not

properly supported, they will not be able to provide adequate and effective education support and services to learners who are visually impaired. Instead of only enrolling and providing support to the targeted learner population, they would also have to accommodate and support learners experiencing barriers to learning due to other disabilities. The necessary human, technological, infrastructural and capital resources supporting learners with all disabilities are absent, needing a large injection of funding, which the department does not have.

Yet another challenge found is that the teachers at a special school for the deaf, for example, will not be specialists on teaching and supporting learners who are visually impaired. (The Implementation and challenges to Inclusive Education Policy and Practice in Africa. 2006). Therefore, they would not be able to provide for these learners intensive support needs or support teachers or learners with visual disabilities in full service schools and mainstream schools. Furthermore, teachers were spending lengthy periods of time training other teachers and also receiving training, would mean less time with learners requiring high intensity support at special schools.

With regard to strengthening special schools with upgrades, making it possible to undertake their new responsibilities, a lack of funding is a huge problem. Under the current legislation, there are no designated funds for special needs education (Education in South Africa, 2010). The funds for special needs education comes from the general education budget for each province. The principles for financing inclusive education now intend to favour the development of full service schools rather than special schools, with the funding being reduced for special schools. (Education in South Africa, 2010). In 2008/09, special schools received 60.1% of the funding for inclusive education. This had been reduced to 25.1% for 2010/11, while the funding for full-service schools increased from 15.3% (2008/09) to 35.7% in 2010/11. (Education in South Africa, 2010).

The problem is that this inclusive education policy will require full service schools and ordinary schools to qualify for additional funding, based on the Screening, Identification, Assessment and Support (SIAS) policy. The concern is that the current strategy does not appear to be connected with the improvement of the quality of provision or with the requirement that special schools are

to become resource centres (Education in South Africa, 2010). This concern centres on the fact that funding allocations are still based on the number of learners accommodated, rather than the needs of those learners (Education in South Africa, 2010). The 30 special schools selected are under-resourced and unable to adequately serve the needs of their target learner population, and is far from being able to cater for the needs of learners with varying disabilities (The Implementation and Challenges to Inclusive Education Policy and Practice in Africa.2006).

Sadly, the special schools are not admitting learners who are visually impaired, citing that they will not be able to cater for their needs, as they do not receive the necessary support required from the Department of Education. (The Implementation and Challenges to Inclusive Education Policy and Practice in Africa. 2006).

It was assumed that the introduction of Curriculum 2005 based on the Revised Curriculum Statement (RNCS) (DoE 2002b) and the National Curriculum statement (NCS) (DoE 2003) would enable teachers to implement inclusive education more effectively. While this assumption remains legislation that all schools must adhere to one national curriculum, one of the major challenges confronting educators is linking inclusive education to RNCS and NCS (Engelbrecht & Green, 2007: 57)

A principal of a special school, who is also a psychologist, found in her research, that the pressure to adhere to a single national curriculum placed extra pressure on educators as well as on learners requiring high levels of support (Hemming, 2009:12). She feels that SSRCs should be, “given more latitude, which allows for more creativity” in the process of providing high levels of support. She found that by empowering educators to use applied drama, they will be able to use it as an intervention tool for learners who experience severe barriers to learning instead of adhering rigidly to curriculum outcomes (Hemming, 2009:9). The thematic analysis of participants’ responses of Mayuba’s research indicates similar results as Hemming that learners who require high levels of support lack the skills needed to master the mainstream curriculum. This researcher also agrees that this places extra burdens on special educators who have insufficient time to consult with other educators (Mayuba, 2008:79). SSRCs are finding the curriculum is a barrier to fulfilling their role. They also find that whilst doing this they have time constraints in providing support to neighbouring schools.

Zwaagstra et al., (2010: 79) states that “a guaranteed curriculum means that the knowledge and skills to be learned by the students are specified by the state or province, the school district and the school.” And he elaborates that the principal must ensure that mandated curriculum is actually taught to students. However, this is not happening as the principals of special schools like Hemming above feel that adhering to a single curriculum is not compatible to special schools.

The Department of Education ran an inclusive education pilot project in three provinces namely, the Eastern Cape, Kwa Zulu-Natal and the North West Province in 2001/ 2002. The common and biggest challenges that they found was to prepare teachers by making them understand what inclusive education is and how to put it in practice in their classes and schools. The pilot project found that training was a vital step (Implementing Inclusive Education in South Africa: True Stories We Can Learn from, 2002).

The teacher-centred approach and exclusionary practices were in existence for a long time and are deeply ingrained. Therefore, it would be unreasonable to expect a paradigm shift to occur within a short space of time (Engelbrecht & Green, 2007: 58).

Another challenge found by the pilot project is that SSRCs could not see how it is possible to support other schools and provide high levels of support to their learners at the same time (Implementing Inclusive Education in South Africa: True Stories We Can Learn from, 2002).

The pilot project findings (Implementing Inclusive Education in South Africa: True Stories We Can Learn from, 2002), coincided with international findings (Stephens, 2010:60), that there was some levels of conflict between “mainstream education” educators and their ‘special education’ counterparts on issues relating to team teaching, lesson plans, learner grouping and grading. The pilot project found that developing special schools into SSRCs is an area of challenge that still has a long way to go.

There is a gap in research as to how special schools are converting to SSRCs, facing the current predicament of a lack of funding and problems faced by special schools de-specialising their

services as well as shortcomings found by the pilot project. These concerns and needs of SSRCs will have to be identified and addressed if inclusive education is to be a success. This research attempts to investigate how special schools are adapting to resource centres despite encountering these challenges. These and other questions may be answered by the Department of Education as time progresses. Already in the years that have elapsed between the publication of the EWP6 and the study, the Department of Education has published a number of policy documents and guidelines for the practical implementation of an inclusive education and training system.

#### *2.4.2.5.7 The EWP6 and subsequent Department of Education publications*

Further policies develop strategies for the practical implementation of the White Paper, within a South African context, as well as outline funding to extend resources to all schooling environments.

Some of these documents are the:

- Conceptual and Operational Guidelines for the Implementation of Inclusive Education, Full Service Schools (DoE, 2005a), District Support Teams (DoE, 2005b) and special schools as resource centres (DoE, 2005c) (These documents provide a thorough discussion of critical issues of inclusion and also very practical guidelines for the implementation of Inclusive Education);
- The curriculum 2005 Assessment Guidelines for inclusion published in 2002 (This document describes how barriers to learning can be assessed in assessment);
- Department of Education. 2005d. *A National Framework for Educator Education in South Africa*. Pretoria: Department of Education.

These documents describe inclusivity as an underlying principle of the curriculum and explain how barriers to learning should be identified and addressed in the design of learning programmes in the different learning areas.

- The National Strategy on Screening, Identification, Assessment and Support (SIAS) was launched. This document provides strategies for educators to implement the main elements of an inclusive education system in a collaborative working relationship with parents and learner (DoE, 2008a).

The aim of this policy is to improve access to quality education in South Africa, and include educators, parents and learners in the process of assessment, which is seen as a process to provide clarity on the support each learner requires, as well as provide guidelines for learner admission to special education environments, aiding in the placement of learners in the least restrictive environment (DoE, 2008a).

The DoE believes that the SIAS strategy will also benefit special schools by providing clarity on which learners should be admitted to particular special schools and how their educational needs should be supported (DoE, 2008a). The strategy should guide SSRCS by ensuring that no-one is refused admission to a special school because of the severity of his or her disability. These documents are evidence that inclusion is conceived as an integral part of an ordinary education system in South Africa and SSRCS are required to plan teaching and learning in a way that fosters access and participation.

However, in the early years of South Africa's move towards inclusive education, challenges are being experienced as discovered by previous researchers. Although very effective policies on inclusion have been developed in South Africa, education management is not fast tracking the process of implementation by training educators in implementing them (Mathopa, 2007:25). He elaborates that schools are still segregated and learners are still disadvantaged, particularly the disabled, as they are still attending separate schools. The findings from another studies echoes the sentiments of Mathopa that the government needs to plan the implementation of these policies properly by retraining educators thoroughly as well as monitoring the implementation process (Mabuya 2003:97). Although special schools have a dual role to fulfil in an integrated system of education, the implementation of the inclusive education policy is a real challenge.

## 2.5 SYNTHESIS

The shifts from special education to inclusive education are extremely complex. Certain models underpinned special education, theories and practices. To move to inclusive practices, both the old and the new theories have to be understood to avoid repeating the old within the new framework. The researcher will attempt to identify, analyse and describe the changes that special schools are making, in line with the inclusive education model and the new paradigm shift as explained as they strive to become inclusive SSRCS. Learning from international experiences, converting from a special school to a special school resource centre, should be regarded as a process and not a goal to be achieved overnight. A number of factors have to be considered, such as funding and the provision of resources to support the system. With a reduction in funding when it should have been increased, the concern is that the current strategy does not appear to be connected with the improvement of the quality of provision or with the requirement that special schools are to become resource centres. This concern centres on the fact that funding allocations are still based on the number of learners accommodated, rather than the needs of those learners.

There is a gap requiring research that will assist special school resource centres that are striving to provide high levels of support. Using the interpretivist paradigm, the present study has its purpose of gaining a deep level of understanding of how the adaptations to the inclusive education social-critical model are being made despite the above-mentioned shortcomings. More specifically, this research focuses on the role of resource centres in an inclusive system, which will entail using the social model as opposed to the medical model underpinned by fundamental pedagogy that excluded learners from classrooms. The new framework of thinking requires teachers to be dynamic, creative and reflective (A brief description of the changes taking place in South Africa relating to the shift from a Special education system to an Inclusive system, 2006).

This research investigates how special schools are carrying out their role as SSRCS in supporting learners requiring high intensity support despite the challenges of a lack of funding. In other words, how are they changing from a “medical model” to an inclusive “social model “of accommodating the diverse needs of learners requiring high levels of support?

Special Education theory is located within a predominantly functionalist paradigm and is concerned with both learners who experience learning breakdown as well as those who are regarded as disabled (Department of Education 2005:6). Inclusive models mean moving away from disabilist theories, assumptions, practices to a non-disabilist system of education. This entails moving away from seeing learners with disabilities in medical terms to seeing them in terms of the rights of the impaired. In other words, one needs to examine the impediments in the system that impedes learning and development.

It is from this perspective that we seek to deepen the understanding accommodating the diverse needs of learners requiring high level of support. Donald, Lazarus and Lolwana (2002:19) define support as help "from within schools as well as to schools in areas such as school, health, social work, psychological and learning support, speech and hearing and physio/occupational therapy; and from other community resources". This suggests that inclusive education should be a school wide approach characterised by a sense of community within the school environment. As such, the researcher approached this study as a means to uncover efforts which the special school is making to support learners in need of high intensity support that allows them to maximise their potential. It was hoped that in doing this, lessons could be learnt from this SSRC for the benefit of other SSRCs and full service schools.

## **2.6 CONCLUSION**

This chapter outlined the two different paradigms characterising special education. The history of special education, laws, policies and strategies in terms of the introduction and implementation of inclusion was discussed. International influence on these amendments was briefly included in the discussion. Findings from previous research were also discussed. The new role of special schools as SSRCs in an inclusive education dispensation has been highlighted. In the next chapter, the research methodology will be discussed.

## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter attempts to present a clear and scientifically accountable description of the process aimed at solving the research question posed in Chapter One, namely: “*What is the role of resource centres in supporting learners who require high levels of support, in an inclusive education system in the Pietermaritzburg district?*” In this chapter, the aim and objectives of the study are first outlined. The research design and the data collection strategies used to gather information that provide solutions to the research question, namely questionnaires, interviews and observations are discussed. The population and sample chosen is explained. The various research method principles such as validity and reliability are outlined.

#### **3.2 AIMS OF THE STUDY**

This study sought to investigate how the special school resource centre (SSRC) provides high levels of support in an inclusive system in the Pietermaritzburg district.

The following specific aims are pursued:

- 3.2.1 Whether SSRCs are systematically moving away from using segregation according to categories of disabilities as an organising principle, to intensity of support and whether they are seeking ways to include learners at every level of educational practice.
- 3.2.2 Whether SSRCs are implementing the National Strategy on screening, identification, assessment and support (SIAS) and the process of doing it.
- 3.2.3 The changes that SSRCs are making in policies and practice, to move away from the medical model to an inclusive education model.
- 3.2.4 The manner in which SSRCs are providing high levels of support through curriculum implementation, learning support material development and assessment.

### **3.3 RESEARCH DESIGN**

A research design could be viewed as the “blueprint” of the research project (Mouton, 2006: 107). Terms such as strategies, methods, tradition of inquiry and approaches are related to the term design (De Vos, Strydom, Fouche and Delport, 2006:268). The research design answers the following questions (University of Kwa Zulu- Natal, 2010:57):

- a. What evidence or data must the researcher collect in order to answer the research question?
- b. How or what data collection methods will the researcher use?
- c. What will the researcher do once data is collected?
- d. How will the researcher analyse data?

The research design in this study was planned to answer the research question

*“What is the role of special schools as resource centres in supporting learners who require high levels of support in an inclusive education system in the Pietermaritzburg district?”*

The research design was also geared towards answering the sub-questions.

#### **3.3.1 Qualitative Research**

According to Henning (2004:3), “in a qualitative study the variables are not usually controlled because it is exactly this freedom and natural development of action and representation that we wish to capture.” He elaborates that it is in this type of inquiry that the qualities, characteristics and the properties of a phenomenon are examined for better understanding and explanation. The research methodology employed in this study is qualitative. It is appropriate as it illustrates the purpose of the research, which is to investigate the changes that special schools are making from the medical model to the social model. Furthermore the methodology is suitable as it is this “freedom and natural development of action” described by Henning that this researcher wishes to capture. The precise nature of the changes will be discussed below.

The following procedure will be followed:

- a) A letter requesting permission (**Appendix A**) to conduct research at the school was sent to the principal who forwarded it to the Department of Education (DoE). The research was approved by the Department of Education.
- b) Respondents were given confidentiality documents (**Appendix B**) to sign to ensure that research ethics are maintained.

### **3.4 POPULATION AND SAMPLE**

#### **3.4.1 A brief history of research site and the reason for choosing it.**

The research was conducted at a special school which is currently being converted into a resource centre. The special school is situated in the Northern end of Pietermaritzburg, in the Province of Kwa Zulu Natal. The school was established in 1975 by a parent, Mrs. Alley, during the apartheid era after she could not find placement for her son who was cognitively impaired. The school has an enrollment of 275 learners who require high levels of support. The school has a professional teaching staff of 21 staff members, 18 support staff and a medical department consisting of a professional nurse, an occupational therapist and a physiotherapist. Furthermore, this school was purposefully chosen as this special school is deemed to be an “information rich” site. The chosen site is in the process of making changes to comply with legislation on special school resource centres (SSRCs) in line with the implementation stage of Education White Paper 6.

#### **3.4.2 Sampling procedure**

##### **3.4.2.1 Purposive sampling**

Purposive sampling is a type of non probability sampling technique that relies on the researcher’s personal judgment when it comes to the units (e.g. people, cases/ organizations, events, pieces of

data) that are being investigated, based on different criteria which may include specialist knowledge of the research issue (Purposive sampling. 2012).

Usually the sample is small. In this type of population sampling, members of the population do not have an equal chance of being selected. The researcher deliberately chose individuals who will participate in this study. Purposive sampling is useful as its goal is to focus on particular characteristics of the population that are of interest, which enabled the researcher to answer the research question. In this case “Expert Sampling” which is a type of purposive sampling that is used when the research needs to glean knowledge from individuals that have particular expertise, has been used. The particular expertise of specialist educators, providing high levels of support at resource centres, forms the basis of the research, requiring a focus only on these individuals with such specific expertise. These subjects are experiencing the problem being studied. According to De Vos et al., (1998:191), the use of samples may result in more accurate information that might have been obtained if one had studied the entire population.

Purposive sampling was chosen because the respondents for this study were 21 professional staff members who are employed at the resource centre and they are adapting to their new roles of providing support. Furthermore, questionnaires were handed to 21 respondents; however interviews and observations were conducted with 12 professional staff. Observations took place in the classes of the same 12 educators in order to verify information. Respondents were “hand - picked” because they represent information-rich experiences in providing high levels of support for learners at the resource centre. The researcher chose respondents from a multi-disciplinary team who are employed at the resource centre.

The sample includes the principal, Heads of department, educators, a professional nurse, and therapists. Respondents chosen for this study comprised those with many years of experience in special schools only, with experience in both special and ordinary schools as well as with little experience. Contributing to the information richness of the respondents is the fact that some of the respondents are chairpersons of the staff development team, the institutional level support team as well as of the curriculum committee.

### 3.4.2.2 Criteria for choosing sample unit:

The following respondents from different race groups were included in the sample, covering a spectrum of different teaching experience ranging from junior staff members to senior staff members:

- The Principal, who taught at a special school for visually impaired learners for 20 years and for learners with severe cognitive barriers to learning for 10 years (Asiatic male );
- Two Heads of Department who taught in this special school from the time it had opened in 1976(coloured females) and have many years of experience in providing support for learners requiring high levels of support; and
- One Head of Department who taught in a mainstream school as well as a special school and was the curriculum co-ordinator (black female). She has 13 years experience in a special school and 10 years in a mainstream school;
- Of the three educators, one from each phase ,two taught in both special and mainstream schools and one has been only at this special school .(white female, Black male, Asiatic female );
- The researcher has taught in 8 mainstream schools in five years and at this special school for eleven years (Asiatic female);
- The physiotherapist, an Asiatic female with 2 years of experience. The newly appointed occupational therapist and the professional nurse who has been at this school from the time it opened; and
- Ten educators with various teaching experience at special schools.

### 3.4.2.3 Factors influencing the size of the sample

As part of the investigation that is of a qualitative nature, it was difficult to determine exactly how many educators were to be included in the sample. De Vos t al., (2005:328) elaborates that sample size depends on what you want to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility and what can be done with the time and available resources. The following factors influenced *how many* educators were included in the survey:

- The above sample was chosen in an attempt to represent a cross section of educators who were in management, level one educators and the medical team. It included all race groups, including those from previously disadvantaged backgrounds, in order to obtain different views and perceptions on the topic.
- The medical team consisted of a physiotherapist, an occupational therapist and a professional nurse. The therapists with only a few years experience were chosen as they would not be influenced by the medical model. The nurse was previously assessing learners according to the medical model and is familiar with it. This team now constitutes a major part of the ILST. Valuable input can be derived from this team as it represents a cross section of personnel who were exposed to the medical model of assessing learners and those who were not.
- It also tried to represent a cross section of educators who were experienced only in special schools as well as educators who were experienced in mainstream and special schools. This ensured a good quality of data that the researcher would obtain from the respective interviews in terms of the various teachers experience and understanding of providing support to learners with high care needs.
- It also included educators who received training on skills development and these educators were responsible for school-based changes that the SSRCs are required to make in order to provide high levels of support in an inclusive system.
- Furthermore this sample included the Head of Department who is the curriculum co-ordinator so it would make to easier to obtain data on how the curriculum was made accessible to all learners at the special school.

The principal is the chairperson of the ILST and the three HODS are members of the ILST.

- One of the chosen educators, who is the current chairperson of the Integrated Quality Management Systems (IQMS) is a member of the ILST. This ensured that quality data is received regarding educator development and as far as whole school evaluation and development is concerned. The researcher was the chairperson of the IQMS for seven

years and the wealth of experience accumulated in evaluating the school assisted in evaluating the transformation that special schools are making.

This ensured that a representative sample of opinion was obtained as to what constitutes the adaptations that special schools were making to become inclusive resource centres. According to Mouton (2006: 110), “Representativeness is the underlying epistemic criterion of a valid, that is, unbiased sample.”

### **3.5 RESEARCH INSTRUMENTATION & DATA COLLECTION**

This study used the following research instruments of data collection, namely, questionnaires, interview schedules and observation schedules.

#### **3.5.1 Questionnaires**

Firstly, the researcher has considered the following advantages and disadvantages before using the questionnaire. According to (De Vos et al., 2005:170), a questionnaire is a list of questions which the respondent answers and has closed-ended questions or open-ended questions. They elaborate that a close-ended questionnaire gives respondents a number of answers to choose from and is a structured questionnaire collecting data analyzed using the statistical method. An open-ended questionnaire allows the respondent to answer the question in whichever way he thinks appropriate and is a semi structured questionnaire.

##### **3.5.1.1 Advantages of questionnaires**

The questionnaire is a quantitative data collection method and is a measuring instrument. An advantage of the semi-structured questionnaire with open-ended questions, that was used to capture data in this study, is that it allowed respondents to write their reasons/ facts on an issue without being constrained in their responses. The researcher ensured that questions were not ambiguous. The questionnaire also enabled the respondents to communicate as much information as possible in the quickest possible time. Another advantage of the questionnaire as a data

collection method is that it is neat, clear and easy to follow. Respondents are also given clear and precise directions and instructions on answering questions (De Vos et al. 2005:171).

### 3.5.1.2 Disadvantages of questionnaires

The disadvantages of using a questionnaire include (University of Kwa Zulu- Natal, 2010.85):

If posted, the researcher cannot check whether a respondent understood the questions or whether the correct person filled in the questionnaire and often have a low return rate. Secondly, the researcher defined and listed the specific objectives that the information will achieve under “aims of the study.” The objectives are based on the research problem.

### 3.5.1.3 Construction of the questionnaire

In order to obtain information for the purpose of this study, the questionnaire (**Appendix C**) was divided into three sections, namely Section A, Section B and Section C.

Section A of the questionnaire was designed to determine the biographical details of respondents like, gender, race, position held, and the number of years of teaching experience at a mainstream or a special school as well as the roll of the class being taught.

**Section B** of the questionnaire was designed to determine the type of training that specialist educators received in providing high levels of support, the number of educators who had attended and statistics on those who did not attend and the reasons thereof.

**Section C** was formulated to anticipate how special schools were assessing learners. Furthermore, this section aimed to investigate whether special schools were using the SIAS process or the “Medical Model” to assess learners. This section was also constructed to determine if ILSTS were formed at the SSRCs and if so, which staff members constituted the ILST and what their role functions are. Tally charts as shown below under analysis of data will be used to tally the frequency of data.

#### 3.5.1.4 Administration of the questionnaire

The questionnaire was designed and distributed to 21 staff members at the special school resource centre in the Pietermaritzburg region of Kwa Zulu Natal. The respondents were given two weeks to complete the questionnaires. This was considered a reasonable time frame to complete the questionnaires as a longer period could mean that they could lose interest or misplace the questionnaires. After two weeks the questionnaires were collected from respondents by the researcher.

### 3.5.2 Interviews

There are three types of one-to-one interviews, namely, open-ended interviews, semi-structured interviews and in-depth interviews (De Vos et al., 1998: 298). Semi-structured interviews with a schedule (pre- formulated questions that are of importance to the study) were used.

#### 3.5.2.1 The Semi-structured interview

According to De Vos et al., (1998: 300), the main advantage of semi-structured interviews with a schedule is that they provide for relatively systematic collection of data and at the same time ensure that important data are not forgotten. Semi-structured interviews with the use of an interview schedule (**Appendix d**) were conducted with individual educators. It is suitable because the researcher can ask other questions to find out more information if the respondent has not given sufficient detail. Furthermore, conversing with an interviewer is more convenient than having to write lengthy responses. It allows the researcher to gain in depth information from a small number of people.

#### 3.5.2.2 Administration of the interviews

The follow-up interviews were conducted two weeks after the collection of the questionnaires. The interview schedule (**Appendix d**) incorporates questions to develop areas answered in the questionnaire but the overall research question was addressed.

The probing questions in the interviews were based on the responses to questions from the questionnaire that needed more clarity or information as follows:

- The training of specialist educators;
- Implementation of the *SIAS process*;
- Composition and the **role of the ILST**; and
- **Changes** in the admission policy.

#### 3.5.2.3 The interview schedule

**Section A** of the interview schedule consisted of structured questions to which there are no right or wrong answers. Respondents merely had to state their position gender, race, number of years of special needs teaching experience, number of years they taught at a mainstream school and their special needs education qualifications.

**Section B** of the interview schedule tried to determine from respondents the important topics and activities covered at training sessions and focused on the personal views of the interviewees in order to glean more information regarding their training.

**In Section C**, the first interview question was designed to examine how learners were assessed **prior** to the SIAS process.

#### 3.5.2.4 Respondents who were interviewed

The following respondents were included in the sample to be interviewed. The interviews covered a spectrum of different teaching experience ranging from junior staff members to senior staff members:

The educators were assured that their responses would remain confidential. The researcher identified information rich subjects among the educators, particularly the school management team members. Members with exact knowledge, like the Principal, the Heads of Departments

including the curriculum co-coordinator who has a wealth of knowledge on how to adapt the curriculum to accommodate diversity and the IQMS chairperson were interviewed. Interviews were held with only 12 professional staff members in totality from the 21 participants in the research study.

The participants were employed at the aforementioned school during the duration of the study and have an interest in engaging in the process of adapting from a special school to SSRC, with the intention of utilizing the research results to assist them with the transformation process. The responses to the questionnaire and the responses to the related question in the interview were grouped together after analysis and set clearly in Chapter Four.

#### 3.5.2.5 Time, duration and process of the interviews

- The follow up semi-structured single interview with each participant was conducted after two weeks in order to clarify the answers given by the respondents
- A semi-structured interview of approximately 45 minutes was held with each respondent in the administration time, after contact teaching time.
- A tape recording was made of each interview.
- Transcripts were compiled using short hand by taking down notes verbatim.
- Analysis started at this stage where data were reduced by omitting irrelevant data as transcripts were being compiled, such omissions were indicated with shorthand statements.
- Transcripts were extensively corrected by the researcher replaying the tape to pick up mistakes.
- The interviews took place in the classrooms of the educators after teaching time was over.

#### 3.5.2.6 The role of the researcher

The researcher's involvement with the school is as follows:

The researcher has been employed at the school for the past 12 years as a professional educator, is a member of the school management team and was the chairperson of the School Development Team (SDT) for seven years and has recently assumed the acting HoD post of the Intermediate Phase. According to De Vos et al., (2001:278), “the ideal research field is one which is easily accessible, where cooperation with respondents can easily be achieved; where the researcher can move freely and required information can be obtained easily. The researcher meets all the criteria as outlined by De Vos et al., above.

The quality of data was enhanced as the respondents had an interest in the changes that need to be made at this SSRC. They are also eager to be informed about the results of the study as it will assist them in the transformation process where the respondents are expected to provide high levels of support to learners at the resource centres as well as to neighbouring full service schools. This research fits in the implementation phase of converting special schools to resource centres, in Education White Paper 6.

### **3.5.3 Observation**

Observation was used to investigate and clarify the research context. The aim is to observe and record ongoing events and behaviour of the participants in relation to the research questions without attempting to change these events or behaviour. In the context of this dissertation, the researcher observed how these centres accommodate diversity.

According to Henning (2004:84), “observation has become associated with participation in the everyday life of the participants who exemplify the research topic in action.” This means that the observer is involved in working on site for brief periods and observes what others do.

The researcher is employed at this information-rich site and observed while participating minimally. In addition, the researcher observed using structured, standardized observation as a tool.

The advantage of using participatory observation is that it produces a “full descriptive picture” or a “thick description” of the study (Henning, 2004:85). He further argues that an advantage of using structured, standardized observation, according to Henning (2004:90) is that it has the advantage in that it organizes the researcher’s work, while bringing to the fore details that could go unnoticed. He elaborates that it is an excellent complimentary method to use. Another advantage of observation in combination with other methods used, is that it a very direct method which provides the researcher with close contact with the subject, behaviours or events being studied.

#### 3.5.3.1 Participatory and structured observation provided information on whether practitioners:

- are able to screen and identify for potential barriers and strengths;
- facilitate and support learning activities by exploring and analysing how these centres draw up inclusive learning programmes;
- make the curriculum accessible to all by differentiating the curriculum i.e. to differentiate content, identify and describe different teaching styles and adapt LTSMs to accommodate diversity; and
- use alternative means of assessment at these centres, including alternate assessment tools and develop learning and teaching support material and use assistive devices in an inclusive classroom.

### **3.6 ANALYSIS OF DATA**

#### **3.6.1 Analysis of the questionnaire**

The data collected from the questionnaires were analyzed manually as the sample was relatively small. However, data analysis in itself does not provide answers to the research questions. Answers are found by way of interpretation of the data and the results (De Vos et al., 2005:218).

According to the university of Kwa Zulu- Natal, (2010:180), “Organizing raw data is the first step in quantitative data analysis,” The researcher started by organizing raw data collected from Sections A, B and C by using a tally chart. “In a tally chart we group the same answers so that it is easier to find the totals for each answer” (University of Kwa Zulu- Natal, 2010:180). The researcher used a tally chart to determine the number of years of experience in a special or ordinary school, positions held as well as race.

Tally charts also determined frequency of training provided (in supporting learners requiring intense levels of support), the frequency of educators who attended the training as well as of those who found it beneficial. The researcher endeavoured to enquire about the frequency of personnel at the SSRC who did not attend and the reasons thereof. Common answers were grouped together for section C.

An example of a Tally Table to be used to analyse section B

<b>POSITION HELD</b>	<b>TYPE OF TRAINING</b>	<b>DID YOU ATTEND?</b>	<b>IF NO, WHY?</b>	<b>IF YES, DID YOU BENEFIT</b>
<b>PRINCIPAL</b>	<b>MODULE 2</b>	<b>NO</b>	Not Relevant	
HoD	MODULE 1	YES		YES
HoD	MODULE 1	YES		YES
HoD	MODULE 1	NO	Prior Arrangements	
EDUCATOR 1-2	MODULE 1	YES		YES
EDUCATOR 3-14	MODULE 1	NO	Mis-Commun	

In the example, it can be manually counted that the principal did not attend any of the training modules offered as he has made prior plans. Two HoDs attended all three modules, whilst one HoD attended two modules. Of the seventeen educators, only three attended Module 1, the balance of the 17 educators’ cited miscommunication as the common reason for non-attendance. Of the 17 educators, 10 attended module 2 and 9 attended module three. The 10<sup>th</sup> educator dropped out because she found it too intensive. All ten educators had found the modules beneficial.

### 3.6.2 Qualitative Analysis of Data

According to Mouton (1996:111), “we analyse data by identifying patterns and themes in the data and drawing certain patterns from them.” For the purpose of this study, the researcher used thematic analysis to analyse data. Thematic analysis is a method for identifying, analysing and reporting patterns or themes within data. A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set (Braun & Clark, 2006: 77).

**Observation in the classroom focused on the following themes which emanate from the sub-questions of the research (Observation schedule: Appendix E):**

- To describe how SSRCs provide appropriate support to enhance the delivery of The National Curriculum Statement through curriculum differentiation and adaptation;
- To explore and analyse how these centres draw up inclusive learning programmes;
- To describe how SSRCs use assistive devices in an inclusive classroom; and
- To explore and analyse alternative means of assessment used at these centres and the purpose thereof.

The researcher found it useful and advantageous to use thematic analysis to analyse qualitative data because of its flexibility. The researcher summarised the key features of a large body of data and offered a thick description of the data set. Thematic analysis helped to highlight similarities and differences across the data set.

The researcher familiarized herself with the data- by means of reading and re-reading the data, then noting down initial ideas. The next step is to generate initial codes. After this the researcher searched for themes that emerged from the data. All the data that were relevant to each potential theme was gathered.

Once the themes had been identified, the researcher reviewed them, checking to see if the themes worked in relation to coded extracts and the entire data set. The themes were defined and named.

This was done in order to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.

The final step was for the researcher to present the findings in a report.

### **3.7 RESEARCH METHOD PRINCIPLES: RELIABILITY AND VALIDITY**

One of the basic principles of research methods is that, a selected method must be valid and reliable.

#### **3.7.1 Reliability**

Reliability refers to the fact that different research participants being tested by the same instrument at different times should respond identically to the instrument (Henning, 2004:148). This is confirmed by De Vos et. al., (2005:163), where he refers in general to the extent to which independent administration of the same instrument (or highly similar instruments) consistently yields the same (or similar) results under comparable conditions. Reliability is primarily concerned not with *what* is being measured, but with *how well* it is being measured (De Vos et al, 2005:163). The objective of data collection is to produce reliable data. This means that such data is consistent over time and place. In qualitative research, reliability refers to the quality of data. During data collection, in qualitative research, the quality of data is determined by the informant providing data during the interview.

In terms of this study, the researcher ensured that the data collected through questionnaires, interviews and observation were reliable. The same questionnaires containing the same questions were administered to each of the participants. In other words, there was no room for error which resulted in consistency of measurement. Each participant in the study was also requested to answer the questionnaire on their own. Reliability was also ensured by the questionnaire consisting of more than two questions. The same procedure was also utilised to administer the questionnaires to each participant. The interview questions were also pre-structured and each

respondent was asked the same questions. This meant that the data gleaned through the interview process was reliable.

The researcher selected information-rich participants to ensure high quality data were collected. Furthermore, the researcher suspended personal prejudices and biases, carried out systematic and accurate recording of observations and established trust and rapport with the interviewees. According to Mouton (2006:111), “this produces reliable data”. The researcher also selected different methods which help to verify information, producing reliable data.

### **3.7.2 Validity**

To validate is to *check* (for bias, for neglect, for lack of precision), to *question* (all procedures and decisions – critically), to *theorise* (looking for and addressing theoretical questions that arise throughout the process – not just towards the end) and to *discuss* and *share* research actions with peers as critical in-process reviewers (Henning, 2005:148-149).

According to Babbie in De Vos et al (2005:160), validity refers to the extent to which an empirical measure accurately reflects the concept it is intended to measure. The definition of validity has two aspects: that the instrument actually measures the concept in question and that the concept is measured accurately (De Vos et al, 2005:160). One of the most common and useful classification schemes attempting to categorise the validities underlying measurement is content, face, criterion and construct validity (De Vos et al, 2005:160).

- Content Validity – This is concerned with the representativeness or sampling adequacy of the content of an instrument. In other words, a valid measuring device would provide an adequate, or representative, sample of all content, or elements, or instances of the phenomenon being measured (De Vos et al, 2005:161).
- Face Validity – Face validity concerns the superficial appearance or face value of a measurement procedure (De Vos et al, 2005:161).
- Criterion Validity – Criterion validity moves away from subjective assessments of face validity and provides objective evidence of validity (De Vos et al, 2005:161). This

involves multiple measurement and is established by comparing on an instrument with an external criterion known to, or believed to, measure the concept, trait or behaviour being studied (De Vos et al, 2005:161).

- Construct Validity – Construct validity is perhaps the most difficult because it involves determining the degree to which an instrument successfully measures a theoretical construct (De Vos et al, 2005:162).

According to McMillan and Schumacher (2006:324), validity refers to the congruence between the explanations of the phenomena and the realities of the world and addresses the following two questions:

- (1) Do researchers actually observe what they think they see?, and,
- (2) Do inquirers actually hear the meanings that they think they hear?

In other words, validity of qualitative designs is the degree to which the interpretations have mutual meanings between the participants and the researcher (The implementation of inclusive education in South Africa, 2012).

In the context of this research study, the researcher ensured that the data collected was valid by administering the questionnaires and conducting the interviews with an adequate, representative sample of educators at the schools under investigation. The data was also valid because all the participants answered the same questionnaires and the same questions were asked of each respondent in the study. The researcher ensured that the data collected was valid because more than one method of data collection was used. In other words, data was collected through questionnaires, interviews and observation. Validity of information has been achieved through the use of mixed methods of collecting and analysing data.

### **3.8 RESEARCH ETHICS**

According to Henning (2004:72), the researcher remains accountable for the ethical quality of the enquiry and should consider the following:

- Permission should be obtained from the institution where the inquiry is being investigated. This letter should be accompanied by the institutions written consent to use their name.
- Respondents must be fully informed about the research. They must be made aware of what will happen to their information after recording.
- Anonymity and confidentiality must be adhered to. Confidentiality forms should be signed to maintain this ethical measure.

Ethical principles have guided this research from the onset. The researcher followed the following ethical measures throughout the study.

### **3.8.1 Informed consent**

Informed consent is, “accurate and complete information, so that subjects were fully comprehend the investigation and be able to make voluntary, reasoned decision about their possible participation” (De Vos et al., 2005:59). Every participant was informed about the purpose of the research and the procedures to be followed. The time frames required for participation was also explained. The non-interfering and non-judgemental role of the researcher was also explained. Participants were informed in a language of their choice of inter alia, the potential risks that they may be exposed to and their right to participate or not.

### **3.8.2 Voluntary participation**

The assumption behind informed consent is that, given sufficient information on which to base a decision, the participants’ consent to participate is free and voluntary. As cited by Neuman, (2003: 124 in De Vos et al., 2005), nobody should ever be coerced into participating in a research project because participation must always be voluntary. The participation of participants in this study was strictly voluntary, with the freedom to withdraw at any time. This was explained to them.

### 3.8.2.1 Power-Over

“Power-over” refers to the power differential between the researcher and the participant, such as exists in a teacher’s relationship with students, a school administrator’s relationship with teachers, or a researcher’s relationship with professional colleagues or family and friends. The nature of this relationship exerts undue influence or power-over the potential participant’s ability to give their consent freely (Guidelines for Ethics in Dual-Role Research for Teachers and Other Practitioners. 2008). A staff member may feel obligated to participate in a supervisor’s study or a staff member may perceive that participating in a supervisor’s study will gain her a professional advantage especially if the study is about professional practice.

At the commencement of this research the researcher was not a Head of Department when colleagues agreed to participate in this study. She was promoted at a later stage. Consent was given voluntarily and very eagerly as well as the study was assisting colleagues to clarify the new roles they were going to assume in an inclusive education system.

### 3.8.3 Protection from harm

De Vos et al., (2005) firmly believes that a researcher is ethically obligated to change the nature of his research rather than expose his respondents to the possibility of physical or emotional harm of which he might be aware. Choosing a site for interviewing plays a significant role as the researcher should not choose a place with potential physical harm. Instead the researcher chose a place conducive to education such as the staff room, office or classroom where it is safe. . The interviewees were made to feel comfortable by the researcher who stressed that confidentiality was an important part of the research. The researcher took down detailed notes during the course of the interview. Protection from emotional harm would be considered by ensuring that questions are structured in a way that they are neither personal, nor stressful to the interviewees. Furthermore, steps were taken to assess the extent to which this research might be stressful to participants relative to their normal daily activities.

### **3.8.4 Anonymity and confidentiality**

Strict confidentiality and participants' anonymity had been maintained in this study. This was formally communicated to the participants in writing (**Appendix B**) to achieve confidentiality the names and addresses of data sources were not be published and every attempt was made to group data collected so that personal characteristics or traceable details remain anonymous.

### **3.8.5 Debriefing**

A strategy of this research is, to minimise possible harm which may have been done despite precautions, is to hold de briefing sessions when the study is complete. This exercise has helped to clear the air about any misconceptions or misperceptions that may have arisen.

## **3.9 RELATIONSHIP WITH THE PARTICIPANTS**

As explained under the role of the researcher, the researcher has been employed at the school for the past 13 years as a professional educator, is a member of the school management team and had been the chairperson of the School Development Team (SDT) for 7 years. As she was the IQMS chairperson responsible for evaluating the school for the past 7 years, evaluating the changes that the SSRC was like second nature to the researcher. She has earned the trust and respect during her period as an IQMS chairperson and staffs is eager to participate and assist with the study. She was therefore able to access information easily.

## **3.10 CONCLUSION**

In this chapter, the aims of the study, research design, the population and the sample chosen and various components of the research methodology were discussed in-depth. This chapter also discussed questionnaires, interviews and observation, as well as analysis of quantitative and qualitative data. In the next chapter, the results of the research are reported, bearing in mind all the information gained from the literature research.

## CHAPTER FOUR

### ANALYSIS AND INTERPRETATION OF DATA

#### 4.1 INTRODUCTION

In the previous chapter, the research methodology compatible to this study was discussed. The research design, methods and data collection techniques were discussed. This chapter focuses on the analysis of the results in terms of the questionnaires, interviews and the observations made. Special schools are in the process of making huge transformation as they become inclusive resource centres.

As mentioned in Chapter One, the main aim of the study was to answer the main research question, namely:

*What is the role of special schools as resource centres in supporting learners who require high levels of support, in an inclusive education system in the Pietermaritzburg district?*

The research's questions were addressed by collecting data to determine following research objectives:

- To determine if SSRCs are systematically moving away from using segregation according to categories of disabilities as an organising principle, to intensity of support and how are they seeking ways to include learners at every level of educational practice;
- To investigate whether the SSRCs are implementing the national strategy on screening, identification, assessment and support (SIAS) and if so, how are they doing it;
- To identify the changes that SSRCs are making in policies and practice, to move away from the medical model to an inclusive education model; and
- To identify and describe how SSRCs are providing high levels of support through curriculum implementation, learning support material development and assessment.

## **4.2 ADMINISTRATION OF THE QUESTIONNAIRE**

The questionnaires together with the consent forms were handed out to 23 professional staff members at Open Gate Special School Resource Centre in the Pietermaritzburg region of Kwa-Zulu Natal. The educators were requested to kindly complete the questionnaires within the time frame of two weeks. The researcher personally collected the completed questionnaires.

### **4.2.1 Qualitative Data Analyses**

#### 4.2.1.1 Construction of the questionnaire

In order to obtain information for the purpose of this study, the questionnaire (**Appendix C**) was divided into three sections, namely Section A, Section B and Section C.

### **4.2.2 Section A: Biographical information**

#### 4.2.2.1 Personal information

**Section A** of the questionnaire was designed to determine the biographical details of respondents like, gender, race, position held, and the number of years of teaching experience at a mainstream and at a special school. It was necessary to obtain information on teaching experience at a special needs school so that the researcher could position the findings on **Expertise at the SSRC** in relation to special needs education.

**Table 4.1 Summary of biographical information representing “Expertise”**

<b>RACE GROUP</b>	<b>GENDER</b>
African	1 male,2 females
Coloured	7 females
Indian	11 females, 1 male
White	1 female
<b>POSITION HELD</b>	
Principal	1
Head of Department	3
Educators	16
Health professionals: physiotherapist, Occupational therapist and Professional nurse	3
<b>TOTAL</b>	<b>23</b>

**Table 4.2 Summary of biographical information representing “Experience in providing high levels of support”**

<b>Experience in providing high levels of support</b>	
At special schools only	1 principal, 2 HoDs,3 educators 1 professional nurse
At both special and ordinary schools	11 educators.1 HoD
No prior teaching experience	2 locum educators
No experience in providing high levels of support	2 health professionals
<b>Total</b>	<b>23</b>

Regarding **race groups**, the table also indicates the members of this team are from different cultural backgrounds with Indian, Coloured, and African and White staff. Although there is an uneven distribution of staffing of these individuals, educators who are providing high levels of support are from previously disadvantaged backgrounds. Only one educator is not from a previously disadvantaged background.

Regarding **Position held**, Table 4.2.3.2 reveals that there is a multi-disciplinary team employed at the SSRC. The senior management team (principal and HoDs) comprises four members, educators 16 staff members and three members from the health professionals, who are a minority.

Regarding **gender**, the table further indicates that there are only 2 males employed at the SSRC. The staff that is employed at the SSRC is predominantly female.

### **4.3 THEME 1: EXPERTISE AT THE SSRC**

The results of the expertise of educators are as follows:

#### **4.3.1 Seven staff members taught at a special school only.**

One respondent (Principal) taught at a special school for visually impaired learners for twenty years and learners with severe cognitive barriers to learning for 10 years. Two Heads of Department taught at this special school from the time it had opened in 1976 and only have experience in providing support for learners requiring high levels of support. They did not have any experience in an ordinary school. Three educators taught at this special school from the time it opened. The professional nurse has been at this school from the time it opened, that is, 37 years experience in supporting learners requiring high levels of support.

#### **4.3.2 Twelve of the staff members have taught at a special and ordinary school.**

One Head of Department taught in a mainstream school as well as a special school and was the curriculum co-ordinator. She also had ten years experience in a special school as the principal of an ordinary rural school and ten years experience in an ordinary school as a HoD where she was redeployed after the rural school closed down. She has currently been promoted to the Department of Education as a learning support specialist. Of the 16 educators, 11 taught at both special and ordinary schools. Amidst this team of staff members are staff who have been members of the staff development team (SDT) responsible for educator appraisals as well as whole school evaluation (WSE).

#### **4.3.3 Two of the staff members have no teaching experience.**

Two locum educators are currently studying towards a teaching qualification.

#### **4.3.4 Two of the staff members (health professionals) have no experience in supporting learners with high care needs at a special school.**

Both the physiotherapist and, the newly appointed occupational therapist have no experience in working at a school.

#### **4.3.5 Summary**

The data from the table concludes that there is a multi-disciplinary team employed at the SSRC. However, there is a shortage of health professionals. More females entered the field of special education. This SSRC has an advantage to have educators from culturally diverse backgrounds, special school supporting visual impairments, an educator who was an ex-principal, very experienced staff in supporting cognitive impairments as well as from staff who are from previously disadvantaged race groups. This type of expertise is vital for providing high levels of support or holistic development of learners to broaden their awareness thereof.

#### **4.4 SECTION B: THEME 2 TRAINING**

Section B of the questionnaire was designed to determine the type of training that specialist educators received in providing high levels of support. The number of educators who had attended and statistics on those who did not attend and the reasons thereof were presented. Furthermore, an attempt was made to determine whether the staff who attended, benefitted from the training.4.4.1

#### 4.4.1 An example of a Tally Table that was used to analyse section B.

POSITION HELD	TYPE OF TRAINING	DID YOU ATTEND?	IF NO, WHY?	IF YES, DID YOU BENEFIT
EDUCATOR 1&2	MODULE 1	YES		YES
HoD1 and 2	MODULE 1	YES		YES
Therapist 1	MODULE 1	YES		YES
<b>TOTAL OF 5</b>		<b>5 ATTENDED</b>		

HoD	MODULE 1	NO	MIS-COMMUN	
EDUCATOR 1 to 14	MODULE 1	NO	MIS-COMMUN	
PRINCIPAL	MODULE 1	NO	MIS-COMMUN	
2 Medical team	MODULE 1	NO	MIS-COMMUN	
<b>TOTAL: 18</b>		<b>18 absent</b>		
POSITION HELD	TYPE OF TRAINING	DID YOU ATTEND?	IF NO, WHY?	IF YES, DID YOU BENEFIT
3 HoDs	Module2/3	YES		YES
<b>Educator 1 to 9</b>	Module2/3	YES		YES
Educator 10	Module2/3	YES, <i>only mod 2</i>	Drop out	YES. But Too intensive
Therapist 1	Module2/3	YES		
<b>Total :14</b>		<b>14 attended module 2</b>		
Educator 11 & 12	Module2/3	NO	attended classes	
Educator 13	Module2/3	NO	family obligations	
Educator 14&15	Module2/3	NO	plans made	
Educator 16	Module2/3	NO		
PRINCIPAL	Module2/3	NO	plans made	
Therapist 1/nurse	Module2/3			
<b>9 did not attend</b>				
Module three	10 did not attend	13 attended		

#### **4.4.2 Analysis and interpretation of educator responses to the questionnaire**

The following facts have been collected from **Section B (Training)** on analysis of the questionnaires, using a Tally table:

With regard to the first three questions in the questionnaire, regarding the type of training received, **all** staff members indicated that the training offered and the duration thereof, is as follows:

**Module 1** was on Developing Inclusive Learning Programmes (The duration of this training was 5 days, during the Easter holiday in 2008).

**Module 2** comprised Implementation using Differentiated Techniques within a lesson plan (This module was held during the September holidays in 2008; the duration was also 5 days).

**Module 3:** Assistive Devices entailed making and adapting assistive devices (in 2009 for days).

4.4.2.1 The following facts regarding the statistics of educators who attended, the reasons for non-attendance and whether educators who had attended did benefit, has been collected from **Section B** on analysis of the questionnaires, by using Tally charts:

4.4.2.1 Analysis of data in Question 1: What Type of training did special educators receive in providing high levels of support, revealed the following information?

The training entailed understanding Inclusive Learning Programmes. A history of special education was outlined. Inclusion was discussed. The medical model was compared to the social model. In addition, an overview of National Curriculum Statement was discussed. The principles of NCS were incorporated. The Strategy on Screening, Identification, Assessment and Support (SIAS) was discussed in detail. Furthermore, educators were trained on identifying barriers to learning. The SIAS toolkit was further discussed.

Nevertheless, only five staff members attended this skills development programme, on supporting learners who need high levels of support at special schools in Pietermaritzburg for the duration of five days. This **Module One** was very comprehensive. Four members of staff were educators and one therapist attended. Respondents indicated that an invitation was extended to five delegates per school, to attend and the school delegated who should attend.

4.4.2.2 Analysis of data in Question 2: What Type of training did special educators receive in providing high levels of support in module 2? Did you attend? If not, briefly furnish reasons?

Educators received training on curriculum differentiation. Theories and principles of inclusive education were revisited. The workshop included differentiation within a lesson plan, differentiation of learning activities, understanding the components of curriculum differentiation, and the curriculum adaptation ladder. Preparing and adapting of the learning environment, differentiating of teaching methods, types of facilitation strategies and the preparation of learning, teaching and support materials (LTSMs) were incorporated later on in the workshop. The role of the institutional level support team (ILST), the district based support team (DBST) full service schools (FSS) and special schools (SS) were briefly outlined.

It was revealed that for the second workshop, a total of 14 staff members, three HoDs, 10 educators and one therapist attended. Although educators did benefit immensely from this programme, they were overwhelmed with all the information. About nine members of staff did not attend. This total encompassed the principal as well as six educators, the therapist and nurse from this SSRC who had missed the workshops that were held during the holidays as the invitation was extended to schools a day prior to the school closing for vacation. Reasons furnished by respondents ranged from the facts that they had made advanced holiday bookings, to others having family obligations, to some attending classes at universities for further studies and yet to others declining as they were of the opinion that the curriculum was going to change .

4.4.2.3 Analysis of data in Question 3: What Type of training did special educators receive in providing high levels of support in module 3? Did you attend? If not, briefly furnish reasons:

Educators received training on Assistive devices and how to access them through the SIAS process. For the third workshop, 13 staff members attended. This included three HoDs, nine educators and one therapist. However, one educator dropped off as she found the training sessions, although beneficial, too intensive, amongst other reasons. Except for the one educator who dropped off, the principal as well as six educators, a therapist and nurse from this SSRC had indicated that they already missed previous sessions and saw no point in attending the last one. The educators who attended found the training extremely beneficial.

4.4.2.4 In response to Question 4: Was there any other training in supporting learners requiring intense levels of support, offered to specialist educators, prior to these modules in 2008 or after the third module in 2009?

Information on Curriculum workshops for SSRCs were divulged

Respondents indicated that of the 23 staff members, only the two HoDs and four educators who have been at the school since 2002 indicated that the only “curriculum” training that they received prior to these training sessions were in 2002 on the “Classic Programme.” They also indicated that these training sessions on curriculum in 2008 were the only training sessions offered since 2002. The remaining respondents confirmed that, to date, there has not been any other training offered. The conclusion drawn from the above-mentioned data is that curriculum training opportunities are very limited and due to miscommunications and late invitations, many staff members have missed the only skills development workshops on supporting learners requiring intense levels of support that were offered.

## **4.5 SECTION C: THEME 3 THE SIAS PROCESS**

### **Changes from a medical model of assessing learners to an inclusive education model: A change from category of disability to category of support**

Section C was formulated to anticipate how special schools were assessing learners.

Furthermore, the questions were meant to investigate whether this special school was using the SIAS process or the “Medical Model” to assess learners. This section was also constructed to determine if ILSTs were formed at the SSRC and if so, which staff members constituted the ILST and what their role functions, are. It also sought to determine what criteria were used to admit learners to this special school, in the past? Using tally charts, the most frequent answers that were common to each question were grouped together. Tally charts as shown in the previous chapter were used to tally the frequency of data.

#### **4.5.1 Implementation of the SIAS process**

**Question 4: How are learners currently being assessed? And**

**Question 5: Who is present, during the assessment?**

All the respondents agreed that the school had currently implemented the Strategy on Screening, Identification, Assessment, and Support (SIAS). The health professionals, the HoD, the parents, the learner, the educator and a member of the institutional level support team (ILST) is present.

#### **4.5.2 Theme 4 Establishing support structures**

**Question 7: Does the SSRC have an ILST and if so who forms part of the ILST?**

Again, all of the respondents were in agreement that an institutional level support team was formed. The principal was the chairperson and the following members, namely, the chairperson

of the staff development team, who is responsible for educator appraisals and development as well as whole school evaluation, the physiotherapist, the occupational therapist, the professional nurse, the Deputy Principal and the Heads of Department.

#### **4.5.3 Changes in policies and practices**

##### **Question 8: What were the criteria, to admit learners to this special school, in the past?**

All the respondents agreed that the school previously admitted learners with cognitive barriers to learning only. All learners were assessed according to the medical model and were “labelled” severely mentally impaired. The admission policy declared that for a learner to be admitted to this school he had to have cognitive impairment as a primary barrier to learning. Learners were assessed by medical personnel and if it was found that they had cognitive barriers to learning they qualified for placement at this school. Placement and remediation was based on category of disability.

#### **4.6 ANALYSIS OF DATA OBTAINED FROM THE INTERVIEWS:**

The researcher was involved in the data reduction process throughout the interview process by selecting, focusing, simplifying data that appear in the transcriptions. Content Analysis means that every statement has to be analyzed for content and placed under an appropriate heading (Faculty of Education, 2010: 56). Content Analysis of the different points was undertaken. The data were further reduced by organising data into codes or categories and looking for patterns or relationships between these categories. The researcher classified the categories according to the themes identified. The interview schedule (**Appendix D**) consists of semi-structured questions that respondents were asked.

#### **4.6.1 The training of the SIAS Process**

##### **Question 6: Are the different barriers to learning being identified?**

Respondents indicated that they did receive training on the different “barriers to learning” at the skills development workshops in 2008. Furthermore, other educators are currently upgrading their qualifications and are familiar with barriers to learning. Since the school has adopted the SIAS strategy, barriers to learning are being identified. They indicated that the staff development on the SIAS toolkit was helpful in assisting them to identify barriers to learning and development.

##### **What are the different barriers to learning and development that are being identified?**

The barriers to learning and development that are being identified:

**Intrinsic barriers to learning:** includes various impairments such as intellectual impairments, physical impairments, speech impairments, hearing impairments and psycho- social disturbances.

**Extrinsic barriers to learning:**

**Language and communication is one of the most common barriers that learners experience.**

**They commonly present as follows:**

Learners are forced to learn and communicate in a language that they do not use at home; Language barriers pose a problem as many of them come from schools where the language of learning and teaching is IsiZulu; Learners with speech impairments, who use South African sign language, do not have access to this language as a subject and learners who are non- speaking due to their speech impairments, lack the availability of augmentative and communication (AAC) strategies to enable them to engage in the learning process.

### **Factors to do with the family include the following:**

Some parents are deceased; others do not support their children financially or morally; inadequate shelter and nutrition and these factors cause barriers to a child's learning.

More often than not grandmothers are left to care for children whose impairments and /or emotional or behavioural problems they are unable to understand and **poverty** and social isolation and family violence.

### **Factors to do with society include the following**

Negative and harmful attitudes towards difference by family, peers and friends;  
Discriminatory attitudes resulting from prejudice against people on the basis of race, class, gender, disability, religion, ability, sexual preference have resulted in learners being denied appropriate support and resulted in barriers to learning.

Factors to do with the school and education system, including: inflexible curriculum; schools that are inaccessible for children on wheelchairs etc. and lack of transport; inadequate support services; and inadequate training of educators and managers.

### **Inadequate programme to work linkages**

Learners with cognitive barriers to learning who are unlikely to achieve a full GET certificate need specific programme to work linkages. The mental health association (NPO) of PMB runs three protective workshops and five residential homes. The workshop in Northdale called M.S Moosa which accommodates 80 day clients, another in Mbali called Nkanyisi House which accommodates 95 day clients and the third which is in the PMBCBD called Buxton House which accommodates 60 day clients. From the above-mentioned totals, space is limited. A lack of appropriate accreditation and certification for the level of skills achieved and a lack of partnerships between education and industry is barrier learning.

#### 4.6.2 Qualitative data analysis

As indicated in the previous chapter, data analysis followed certain steps which involved selecting, categorising, comparing, synthesising and interpreting data to provide explanations of the phenomenon of interest. The researcher had to read through, describe what is going on and classify the research data according to the interviewee’s responses to questions from the interview schedule (**Appendix D**). This was followed by analysis of the text and coding the text components by assigning labels and then aggregating similar codes into themes. Below is a tabular presentation of the themes/categories.

Table 4.4

INTERVIEW QUESTIONS	RESPONSES	THEMES	RESEARCH QUESTIONS
<ul style="list-style-type: none"> <li><b>Question 5 and 6 of the questionnaire revolved around, how are learners currently being assessed and who is involved in the assessment process.</b></li> </ul>	a. <b>Interview 1:</b> Lines: 1-3 b. <b>Interview2:</b> Line: 4-6, 112-116 c. <b>Interview 3:</b> Lines: 7-9 d. <b>Interview 4:</b> Lines: 10-13, e. <b>Interview 5:</b> Lines 14-17 f. <b>Interview 6:</b> Lines: 18-20	The shift from the medical to the social model SIAS process Training of staff All stakeholders are involved	To determine if SSRCs are moving away from using segregation according to categories of disabilities as an organizing principle, to intensity of support.
<b>Question 7 (Are you familiar with the concept “barriers to learning?” and can you identify barriers to learning and</b>	<b>a. Interview 1:</b> Lines: 21-23 <b>b. Interview 1:</b> Lines:24-26, <b>c. Interview 3 :</b> Lines: 27-29 <b>d. Interview 4:</b>	– Training of staff – The SIAS process – Barriers to learning are identified – Support	<ul style="list-style-type: none"> <li>Is the National Strategy on screening, identification, assessment and support (SIAS) being implemented? providing high levels of support through curriculum</li> </ul>

development)	Lines: 30-31, <b>e.5:</b> Lines 32-33 <b>f. 6:</b> Lines: 34-36	packages are designed	implementation, learning support material development and assessment.
<ul style="list-style-type: none"> <li>• <b>For Question 8,( Does the SSRC have an ILST and if so who forms part of the ILST?), respondents u</b></li> </ul>	<b>a. Interview 1:</b> Lines: 50-51, <b>b. Interview 2:</b> Lines 52-53 <b>c. Interview 3:</b> Lines: 54-55 <b>d. Interview 4:</b> Lines: 56-57 <b>e. Interview 5:</b> Lines:58-59 <b>f. Interview 6:</b> Lines:60-62	Movement away from categorisation of disability to support	How to obtain support to include each learner at every level of educational practice?
<b>What is the ILST currently doing?</b>	<b>a. Interview 1:</b> Lines: 50-51, <b>d. Interview 2:</b> Lines:52-53 <b>e. Interview 3:</b> Lines: 54-55 <b>d. Interview 4:</b> Lines: 56-57 <b>e. Interview 5:</b> Lines 58-59 <b>f. Interviews 6:</b> Lines:60-62	Establishing support structures. Assistance with curriculum changes, assessment	providing high levels of support through curriculum implementation, learning support material development and assessment.
INTERVIEW QUESTIONS	RESPONSES	THEMES	RESEARCH QUESTIONS

<ul style="list-style-type: none"> <li>• <b>Has the admission policy changed to become more inclusive?</b></li> </ul>		<p>Making school polices more inclusive</p>	<ul style="list-style-type: none"> <li>• To identify the changes that SSRCs are making in policies and practice, to move away from the medical model to an inclusive education model.</li> </ul>
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From above table, it is evident that main themes/categories emerged in the initial coding stage. As axial and selective coding was done, new ideas and additional codes emerged and these constituted most of the subthemes for the different themes (per category).

#### **4.7 THEMES THAT EMERGED**

The background/biographical information not regarded as a theme in the interviews but was included in order for the researcher to confirm whether the interviewees were experienced in providing high levels of support at the SSRC. This was done by asking the six interviewees whether their experience ranged from teaching at a special school to teaching at both special and ordinary schools.

##### **4.7.1 Theme 2: Training**

###### **4.7.1.1 Lack of planning for the training of ALL educators**

The theme and its subthemes emerged in response to different questions that were raised with regards to training that educators received in supporting learners requiring intense levels of support. Responses from the open-ended question in the questionnaire included statements like:

**Interviewee 1:** “I have not received an invitation for the first training session

**Interviewee 2:** “*Only 5 delegates per school were invited to the first training session.*”

**Interviewee 3:** *The invitation for the second training session was given only a day before we closed for the holidays. I had already made plans to travel.*”

**Interviewee 4:** *“I missed the first training session so I saw no purpose in attending the next one.”*

**Interviewee 5:** *“It was senseless attending as the curriculum is about to change.”*

*Some positive statements made are as follows*

**Interviewee 1:** *“I have benefitted tremendously from the training.”*

**Interviewee 2:** *“I missed the first session but I was able to catch up and complete a portfolio of evidence.”*

**Interviewee 3:** *“I attended all three modules and they were extremely beneficial.”*

#### 4.7.1.2 Insufficient curriculum workshops for SSRCs

Different questions were asked to interviewees to ascertain whether there were any other curriculum training sessions that were offered prior to these curriculum training sessions in 2008 or after these sessions in 2009.

The following interview responses were noted regarding whether there were any other training sessions that were offered prior to these training sessions or after these sessions.

**Interviewee 1:** *“We were trained on the Classic Programme in 2000. It was a “watered down curriculum for learners with cognitive impairments.”*

**Interviewee 2:** *“Prior to this each special school followed its own programme.”*

**Interviewee 3:** *“In the year 2000 we were trained on the Classic Programme by psychological services. This curriculum was based on the medical model.”*

**Interviewee 4:** *“Ever since the Classic Programme Training we have not received any other training since the inclusive learning programmes. It is very frustrating.”*

**Interviewee 5:** *“Department always forgets about special schools.” And “Specialists’ educators have to draw on their experiences and assist each other.”*

**Interviewee 6:** *“We cannot wait for Department to train educators. Schools should network with each other”*

**Section A** of the interview schedule consisted of structured questions to which there were no right or wrong answers. Respondents merely had to state their age, number of years of special needs teaching experience and their special needs education qualifications. These questions were posed to make the interviewees feel comfortable and to ‘break the ice’.

**Section B** of the interview schedule tried to determine from respondents the important topics and activities covered at training sessions and how effective these sessions were. It also tried to gauge the reasons why educators did not attend. It further attempted to discover how often the training was offered.

**Respondents verified data in the questionnaire and elaborated as follows:**

The interviews revealed the different topics that facilitators taught at the training sessions. It was verified during the interview process that respondents indicated that an invitation was extended to five delegates per school, to attend a skills development programme, on supporting learners who needed high levels of support at special schools in Pietermaritzburg. When the five delegates attended, they found other schools had the entire staff present and they liaised with the trainers. The facilitators agreed.

**4.7.2 Theme 7: Negative attitudes**

There were however at this early stage negative attitudes that were starting to set in as some missed the training session and others had no intention of attending as they felt that it would be inappropriate as there were “talks “of curriculum changes in the pipe line.

Educators made the following negative statements regarding the curriculum and attending training on the curriculum:

**Interviewee 1:** *“learners were excluded from mainstream schools, so how can they expect us to use the same curriculum that the learners failed.”*

**Interviewee 2:** *“this mainstream curriculum is too difficult for our learners and there is too much academics that our learners do not understand.”*

**Interviewee 3:** *“how can they expect us to differentiate a mainstream curriculum? Because our learners are cognitively impaired we will have to do grade R work with them.” It s ridiculous”*

**Interviewee 4:** *“The workshops are going to be a waste of time as the curriculum is going to change.”*

**Interviewee 5:** *“It was in the newspaper that OBE has been ‘thrown’ out.” “We knew that this was a waste of time.”*

**Interviewee 6:** *“I have been teaching at this school for 30 years and I don’t need a new curriculum to tell me how to teach our kids.” “I can teach the department some strategies.” “Why don’t they ask the people on the ground for input?”*

After coding the content of the transcripts the other themes that emerged were as follows

#### **4.7.3 Theme 3: Implementation of the SIAS Process**

**Questions 5 and 6 of the questionnaire revolved around, how learners are currently being assessed and who is involved in the assessment process.**

The responses showed that all 21 respondents agreed that the SSRC was indeed assessing learners according to the SIAS process and that all stakeholders (the parents, guardians, the health professional team comprising of the professional nurse and the occupational therapist as well as the physio- therapist, the HoDs, educators) are currently part of the assessment process. Respondents also indicated their preference to this process as opposed to the past when only a medical team assessed learners according to the medical model. Parents and other stakeholders were not consulted. The following statements confirm how educator’s preferred the new process:

**Interviewee 1:** *“It is so helpful to hear from parents what challenges their children face in the home situation.”*

**Interviewee 2:** *“Parents give us a good idea what strengths we can build on with their children and what we need to be sensitive to.”*

**Interviewee 3:** *“I don’t know how we worked **only** with medical reports in the past because after chatting to parents / guardians we can gauge the family’s understanding of the child.”*

**Interviewee 4:** *“We can see if the child is being motivated and supported by the family or not.”*

**Interviewee 5:** *“Social workers give us vital information especially if a learner has been through physical or emotional abuse.”*

**Interviewee 6:** *“This process is better than previously because important information is obtained from multidisciplinary team not just medical personnel.”*

4.7.3.1 Changes from a medical model of assessing learners to an inclusive education model: A change from category of disability to category of support

### **Information gathered from the interviews**

Q4. How were the learners always assessed prior to using SIAS?

Q5. Why were they assessed in this way?

Respondents indicated that previously learners were assessed by Psychological Services and referred to the school for further assessment. The medical team assessed the learner and he/she was placed in this special school according to their type of disability. The main criterion for admission to this special school was that the learner had to have a cognitive impairment as a primary disability. In the past, the medical model of diagnosis was used and support interventions were aimed at remediating the learner.

The following comments made by educators, confirmed that psychological services and the medical personnel placed learners according to medical assessments without other stakeholder involvement:

**Interviewee 1:** *“Previously psychological services assessed our learners but it was very frustrating because very often they would send learners with moderate care needs, to be placed at the school.”*

**Interviewee 2:** *“Psychological services were responsible for assessments but they really don’t understand the type of learners we should be receiving.”*

**Interviewee 3:** *“Psychological services assesses and recommends learners and often the medical team considers the placement to be correct, but from an educational point of view the learner should be placed in a school where the learner will be mainstreamed later on.”*

**Interviewee 4:** *“We could not object if the medical team found that the learners’ placement was correct due to his medical assessment.”*

**In response to Question 7 in the questionnaires: Are you familiar with the concept “barriers to learning?” and can you identify barriers to learning and development?**

**The following was evident:**

About 19 respondents are clearly able to identify different barriers to learning. Responses also showed that only a few locum educators required assistance and they were being assisted by peers. Barriers to learning were being identified as part of the SIAS process.

4.7.3.2 Continuation of Theme 3: Implementation of the SIAS process

**The second interview question was designed to probe into the different barriers to learning and development and how educators are identifying barriers to learning and development.**

The raw data were put onto a graph. It confirmed that 14 of the educators at the school could identify barriers to learning and two locum educators who needed assistance.

The graph also depicted that the most common barriers to learning that educators identified were

- language and communication;
- factors to do with the family;

- societal barriers;
- barriers caused by inadequate programme to work linkages; and
- curriculum barriers

From the graph it became clear that very few educators were actually considering “systemic” barriers to learning.

All educators agreed that that the SIAS toolkit was used to identify barriers to learning and development. Educators are experienced in utilizing the toolkit and they assist new educators.

This confirms that learners are no longer being placed according to category of disability but barriers to learning are being identified and this is paramount as support packages can address these barriers instead of trying to “fix” the learner as was with past practices.

#### **4.8 THEME 4: ESTABLISHING SUPPORT STRUCTURES**

Are the support structures that have been put in place, to provide support to special educators, functional?

##### **4.8.1 The Institutional level support team (ILST)**

The interview question: what is the ILST currently doing? Was analyzed using codes

Analysis of this question revealed that the two staff members which comprised locum educators at the school who were not involved in assessment of learners had absolutely no idea what the ILST is involved in. In contrast, 14 more experienced educators indicated that they did receive information from the ILST on the learners who were assessed. The SMT elaborated on the functions of the ILST, which will be discussed in Chapter Five.

#### **4.8.2 The District based support team (DBST)**

Incidentally, the absence of a district based support team was revealed.

#### **4.9 CHANGES IN THE ADMISSION POLICY**

Question 9: What were the criteria used, to admit learners to this special school in the past?

All of the respondents on the ILST including some experienced educators answered collectively that, in the past, the learner had to have cognitive impairments to be admitted to this school. They said learners with the primary barrier being cognitive impairments coupled with other barriers were admitted provided that their primary barrier was cognitive impairments. Locum educators who just entered the field were unable to answer this question.

Once again all of the respondents agreed that previously learners were assessed according to the “Medical Model.” Psychological services assessed learners and referred them to the school for further assessment. The medical team assessed the learner and if it was determined that he / she had cognitive barriers to learning, he/ she was placed at this special school. At this stage, learners were placed in special schools according to the type of disability that he/ she had. The programme offered was to help equip “intellectually impaired” learners with relevant life skills.

The following statements that were recorded indicated that learners had to be **only** cognitively impaired, to get placement at this school.

**Interviewee 1:** *“In the past the principal who was a psychologist conducted a test to assess the learners’ mental state and if he/ she was functioning below her age it was determined that he/ she was severely mentally handicapped.” “He/she qualified for placement at the school.”*

**Interviewee 2:** *“mental retardation was a term previously used and if the ex principal who was also a psychologist, assessed a learner and found the learner was retarded she placed the learner at the school.”*

**Interviewee 3:** *“reports from psychologist gave the medical team a comprehensive account of the learners’ mental disability.” And “they conducted their own test to determine if the learner was retarded so he could be placed at the school.”*

**Interviewee 4:** *“If the learners had other impairments like visual impairments, speech impairments, hearing impairments etc, the learner was refused placement at the school. He has to have ‘brain’ defects.”*

It was the intention of the study to investigate if the SSRC was making any changes from moving from a medical model to a social model. This section reveals that SSRCs are making this vital transition of moving away from category of disability to category of support. The SIAS process of assessing learners is now being used as opposed to the medical model.

**The question, How has the admission policy changed, to become more “inclusive”?  
Revealed the following information:**

Respondents have indicated that at whole school evaluation meetings, the admission policy of the SSRC has been adjusted and learners with any other intrinsic barriers to learning besides intellectual impairments are being admitted. Now the criteria cater for a range of barriers that the SSRC is equipped to handle. A clear and appropriate admission policy was written and disseminated to SGB and parents for further input and for approval. However, new educators were not aware of previous admission criteria.

## **4.10 OBSERVATION**

### **4.10.1 Introduction**

Observation was used to investigate and clarify the research context. The aim is to observe and record ongoing events and behaviour of the participants in relation to the research questions without attempting to change these events or behaviour. In the context of this dissertation, the researcher observed how these centres accommodate diversity.

According to Henning (2004: 84), observation has become associated with participation in the everyday life of the participants who exemplify the research topic in action. This means that the observer is involved in working on site for brief periods and observes what others do. The researcher is conveniently employed at this information rich site and observed while participating minimally. In addition, the researcher observed using structured and standardized observation as a tool.

The advantage of using participatory observation is that it produces a “full descriptive picture” or a “thick description” of the study (Henning, 2004:85). Furthermore, an advantage of using structured, standardized observation is that it has the advantage in that it organizes the researcher’s work, while bringing to the fore details that could go unnoticed. He elaborates that it is an excellent complimentary method to use. Another advantage of observation in combination with other methods used, is that it a very direct method which provides the researcher with close contact with the subject, behaviours or events being studied (Henning, 2004: 90).

#### **4.10.2 Venue / Target group**

The study was conducted in Pietermaritzburg, Kwa - Zulu Natal at a special school. This special school is currently being converted to a resource centre. The target group consists of observing different stakeholders, for example, the admissions committee, the curriculum committee, the ILST, the SMT, the whole school evaluation committee, and educator’s lessons in the classroom. The observations included educators from all phases. The reason for observing the same educators who were interviewed was to validate and correlate what was written on the questionnaires and what was said during the interviews and to ensure that the findings were reliable.

The observation took place two weeks after the completion of the interviews in the staffroom where meetings are held as well as in the educators’ respective classrooms. The observation consisted of a single lesson so as not to disrupt the normal routine of the classroom. The researcher tried to be as unobtrusive as possible and took down detailed field notes.

After the completion of observation as a data gathering method, the researcher then studied the notes taken and attempted to analyse and interpret them.

### **4.10.3 Qualitative Analysis of Data**

For the purpose of this study, the researcher used thematic analysis to analyse data. Thematic analysis is a method for identifying, analyzing and reporting patterns or themes within data. A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set (Braun & Clark, 2006: 77).

4.10.3.1 Observation in the classroom focused on the following themes which emanate from the sub-questions of the research (observation schedule: Appendix E)

- To describe how SSRCs provide appropriate support to enhance the delivery of the National Curriculum Statement through curriculum differentiation and adaptation;
- To explore and analyse how these centres draw up inclusive learning programmes;
- To identify and describe differentiation of content, learning, teaching and support materials and different teaching styles to accommodate diversity.

The researcher found it useful and advantageous to use thematic analysis to analyse qualitative data because of its flexibility. The researcher found it useful to summarize key features of a large body of data and offer a thick description of the data set. Thematic analysis helped to highlight similarities and differences across the data set.

The researcher familiarized herself with data by means of reading and re-reading the data, then noting down initial ideas. The next step was to generate initial codes. After this, the researcher searched for themes that emerged from the data. All the data that were relevant to each potential theme were gathered.

Once the themes were identified the researcher reviewed them checking to see if the themes work in relation to coded extracts and the entire data set. The themes were then defined and named. This was done in order to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme. The final step was for the researcher to present the findings in a report. A detailed report on the findings will follow in chapter 5.

#### **4.11 PARTICIPATORY AND STRUCTURED OBSERVATION PROVIDED THE FOLLOWING INFORMATION:**

##### **4.11.1 Theme 5: Curriculum changes**

###### **4.11.1.1 How the SSRC started implementing the changes from the Classic Programme to the National Curriculum Statement Grades R-12 (NCS) was observed**

Analysis of data that was presented in the tally table verified that previously a separate programme called “The Classic Programme was utilized by the special schools. Currently, it is legislation that all schools follow one National Curriculum, that is, the National Curriculum statement (NCS) amended, from January 2012 which comprises a single comprehensive National Curriculum and Assessment Policy Statement (CAPS), National Policy pertaining to the programme and promotion requirements of the NCS and National Protocol for Assessment Grades R- 12 (Department of Education (a). 2011: iii) and Department of Education. 2011: iii).

The study was able to identify how the changes from the Classic Programme, to the National Curriculum Statement and then to CAPS, is being implemented at this SSRC. The trials and tribulations that the SSRC undergoes due to the absence of ongoing training and guidance from relevant support structures were also observed. The senior management team (SMT) was proactive in assisting staff with the curriculum changes as will be shown in the following chapter.

**Upon content analysis, the following decisions on adaptations made by SSRCs in the absence of support structures, emerged:**

Previously, this special school was a school with three phases: Junior, Intermediate and Senior phases. There were no grades. This special school did not have an ECD class.

To incorporate NCS in the special school, the level of the current learners were considered and it was unanimously decided that since the school provides high levels of support it would follow the curriculum as a “Junior Primary School.” It was observed that these decisions were made with the curriculum co-ordinator, HoDs and staff, with the absence of the principal or the DoE or any other relevant support structures.

It was observed that the newly incorporated ECD unit accommodates 10 learners who require high levels of support from an early age. It is the one which was functioning very effectively.

4.11.1.2 The drawing up of inclusive work schedules and inclusive lesson plans using both the medical model and the social model, were observed.

The researcher had a firsthand authentic experience in the designing of appropriate support packages for learners with high care needs, using the SIAS process. It was observed that ALL educators started planning of work schedules and lessons plans (**Annexure F**) A detailed explanation will follow in Chapter Five.

What was relevant in observation of learning programmes was that both models were utilized. The medical model was incorporated with the inclusive education social model of identifying barriers to learning when assisting learners. A learner’s intrinsic barriers (medical model) and his contextual barriers as well as his strengths (social model) were considered when drawing inclusive programmes. Some new educators were under the false impression that the social model totally replaced the medical model.

#### 4.11.1.3 Accessibility of the curriculum

It was observed how educators differentiate the curriculum to make the CAPS curriculum accessible to learners.

Some educators differentiate the content, learning and teaching support materials (LTSMs) and teaching strategies to accommodate the diverse needs of learners as they were trained to at the skills development workshops. The researcher will elaborate on strategies that these educators use to make the curriculum accessible to learners in Chapter Five. It was observed that there were experienced educators who were not differentiating the current curriculum whilst providing support. They employed strategies that were ingrained in their daily teaching practices from when they were utilising the Classic Programme. This group of educators expressed dissatisfaction over the change in the curriculum stating that the curriculum was not suitable for special schools.

#### 4.11.2 Theme 6: Alternate means of assessment

The following assessment strategies used at the SSRC were in line with NCS guidelines were observed. A baseline assessment, formal and informal assessments had been conducted.

Educators have assessment schedules planned in advance. They use various alternate means of assessments that will be outlined in Chapter Five.

### 4.12 CONCLUSION

In this chapter, the data that were collected from questionnaire as well as the interviews and observations were analyzed and the results were interpreted. The seven themes that emerged are 1. Expertise at the SSRCs, 2. Training, 3. The SIAS Process, 4. The establishment of Support structures, 5. Curriculum Changes, 6. Alternate means of assessment and 7. Negative attitudes.

The next chapter covers the report in which the findings of the study are discussed and recommendations made.

## **CHAPTER FIVE**

### **FINDINGS, RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS**

“Support takes place when schools review their culture, policies and practices in terms of the extent to which they meet individual educator, parent and learner needs” (Department of Education, 2008:28).

#### **5.1 INTRODUCTION**

This quotation above by the Department of Education aptly elucidates the research problem investigated in this study. It is vital to change our focus from what is wrong with the learner, to determining how the system can support a learner with barriers to learning. The research findings of this project show that special schools as resource centre **are** providing high levels of support to learners who experience barriers to learning in the Pietermaritzburg district. The research focused on a paradigm shift from the medical model to the social model in a South African inclusive education system. This chapter aims to present the key findings of the study, recommendations, limitations and conclusions of the study. The recommendations provide proposals to assist SSRCs in the future with regard to their new roles and the limitations briefly depict where the results of the study is not applicable. The conclusions sum up the study.

The medical model believed that the system worked and that any breakdown or failure was the fault of the individual within it. To move to the inclusive education social model, one needs to examine what impediments exist in the system that prevents people with impairments from accessing learning (Department of Education, 2005: 6).

The driving force for inclusive education that was realized in the resolution that became known as The Salamanca Statement on Principles, Policies and Practice in Special Needs Education, The South African Constitution (RSA .1996:16), Section 29 of The Bill of Rights, The South African Schools Act (SASA) (Act 84. 1996) and Education White Paper: Special Needs Education: Building an Inclusive Education and Training System (EWP6), (DoE. 2001) state that

“Every person shall have the right to basic education and equal access to educational institutions.” (Du Toit et al., 2005:85)

According to The Salamanca statement and EWP6, the new role of SSRCs is twofold (DoE 2001b. 29) and (Du Toit et al., 2005:88):

Special schools as resource centres will firstly provide specialized educational programmes for learners requiring intense levels of support and secondly SSRCs should provide particular expertise and support, especially professional support in curriculum, assessment and instruction, as part of the district support team to neighbourhood schools, especially ‘full-service’ schools.

Guidelines are as per EWP6 as to how this process should unfold. EWP6 suggests that this happens by (DoE. 2000: 10):

- indicating how learners with disabilities would be identified, assessed and incorporated into special, full service and ordinary schools;
- systematically moving away from using disabilities to segregate learners with disability and seek ways to include them at every level of educational practice;
- basing the provision of education for disabled learners on what is needed to support them best; and
- introducing strategies and interventions that will assist teachers to cope with a diversity of learning and teaching needs to ensure that difficulties are overcome.

The policy asserts that in order to make inclusive education a reality, there needs to be a conceptual shift regarding the provision of support for learners who experience barriers to learning. The Department of Basic Education has adopted 2 strategies to implement inclusive education, one of the strategies being, the SIAS process and the other being, the NCS (Department of Education. 2011a).

The study has investigated the role of special schools as resource centres in supporting learners who require high levels of support in an inclusive education system in the Pietermaritzburg district. Therefore, the following sub-questions were also examined, namely

- Are SSRCs preparing themselves to move away from using categories of disabilities to utilizing intensity of support and how are they seeking ways to include learners at every level of educational practice?
- If the National Strategy on screening, identification, assessment and support (SIAS) process is being implemented and if so, how is it being done?
- What changes are SSRCs making in policies and practice to move away from the medical model to an inclusive education model?
- How are the SSRCs providing high levels of support through curriculum implementation, learning support material development and assessment?

The research explored the role of special schools as resource centres in supporting *learners who require high levels of support*, by collecting data that addressed the following research objectives:

- To determine whether SSRCs are systematically moving away from using segregation according to categories of disabilities as an organising principle, to intensify support and whether they are seeking ways to include learners at every level of educational practice;
- To determine whether SSRCs are implementing the National Strategy on screening, identification, assessment and support (SIAS) and the process of doing it;
- To investigate the changes that SSRCs are making in policies and practice, to move away from the medical model to an inclusive education model; and
- To explore the manner in which SSRCs are providing high levels of support through curriculum implementation, learning support material development and assessment.

## **5.2 FINDINGS**

Results from questionnaires, interviews and observations

A questionnaire, interviews and observations were used as research instruments for collecting data. After issuing questionnaires to 23 staff members, ten educators were interviewed on the training that they had received as well as on The Strategy on Screening, Identification, Assessment, and Support (SIAS) process. For purposes of data triangulation and authenticating findings, observations were conducted.

The collected data were analyzed. The analysis and interpretation of the research results were conducted by means of the measurement frequencies based on the questionnaire responses and themes that emerged from the interview responses. The data were presented in the form of tally tables in accordance with the sections of the questionnaire and the themes from the responses during interviews. Furthermore, thematic analysis was used for identifying, analyzing and reporting patterns or themes within data that was observed.

### **5.2.1 Expertise at the SSRC**

The conclusion drawn by this research is that 21 of the professional staff at this SSRC, irrespective of race or gender, are experienced in supporting learners requiring intense levels of support. Only two of the staff members were new to the field. This study found that SSRCs have experienced staff employed to accommodate for the diverse needs of learners, and they do so mainly through experiences they have gained.

Some have experience at a special school only whilst others have experience at both ordinary and special schools. Staff has been accommodating diversity for many years. However, having “experts” at SSRCs who have taught only at special schools is an asset but can have disadvantages as well. The seven “experienced” staff members who have been teaching only at a special school for an extended period of time were the most resistant to change.

Interviews reveal that the expertise at the SSRC emanates from the fact that the SSRC has staff with between 20 to 30 year experience, some of whom are experienced in supporting learners with visual impairments whilst others in supporting learners with cognitive impairments. The Site has amongst its experts, an HoD who was the ex-principal of an ordinary rural school and an experienced curriculum coordinator, staff members who have been chairpersons of the Staff Development Team (SDT) comprising experience in Integrated Quality Management Systems (IQMS) and whole School Evaluation (WSE). The presence of this expertise is vital to how the SSRC provides support to learners.

It is a fact that the majority of the staff are from previously disadvantaged race groups and the majority are female. A common theme that has been observed is that being from previously disadvantaged backgrounds enables educators to draw from scenarios in their own lives and proposed groups, when providing creative solutions to disadvantaged learners who are experiencing barriers to learning. They are more empathic to learners as they themselves have experienced some of the barriers to learning and development. This places them in a stronger position to present real life contexts to learners which is instrumental in making the curriculum accessible to learners. This finding is confirmed by Baruth and Manning (2003:259) when they state that “Understanding children from culturally different backgrounds requires knowing their beliefs attitudes and values.” And he elaborates “perceptive educators recognize the cultural baggage (prejudices, myths, and stereotypes) that children bring to school that affect attitudes towards school, other learners and learning achievement.” Baruth and Manning (2003:267) find that what better way to be “perceptive” than having actually experiencing some of that “baggage” themselves.

Educators’ experiences of “the inequalities of the past” that was referred to in Chapter Two, places these educators at an advantage in providing creative support strategies for disadvantaged learners as they themselves have experienced some of the barriers, for example, systemic barriers, poverty and etcetera. Another researcher found that it is vital for educators at SSRCs to be able to be creative, by stating “In the absence of government support for these learners, educators have been left to create and implement their own innovative means of accommodating

the needs of learners with intellectual barriers to learning” (*The intellectually impaired foundation phase learner- How can the teacher support these learners?* 2013).

Furthermore, it has been revealed in the interviews by majority of the female specialist educators at the SSRC that they draw on their “maternal instincts” whilst differentiating teaching strategies to support learners with high care needs. These educators also stated that it is vital to be able to exercise extreme patience whilst communicating with learners in the simplest language or gestures that learners with cognitive barriers are able to learning understand. However, Banks and Banks (2001: 251) caution against gender bias but offer this strategy, “Students are taught less by what adults say, and more by what they do; so a male teacher who cooks and a female teacher active on the athletic fields or skilful with machines teach student believable and powerful lessons about the range of behaviours available to us.” So we need to take cognizance that teachers need to be sensitive to the potent lessons everyday behaviour teach us. Although females at the SSRC are having a positive impact on learners, we must guard against letting our learners believe that only “females” can be patient, understanding and trusted. Despite this factor, SSRCs are sites that have very strong “support structures’ within its staffing.

## **5.2.2 Training**

### **5.2.2.1 Lack of planning for the training of ALL educators**

According to EWP6, the most important part of implementing inclusive education is proper training of educators when the paper explains “We will focus especially on the training of their staff on their new roles” (Department of Education, 2001: 21). Despite this promise, the few training sessions that were held were met with miscommunications and late invitations. Only few staff members benefitted from the training.

Furthermore, this study agrees with Dalton, Mckenzie, and Kahonde, 2013 that “teacher training programmes do not appear to be adequately addressing the teachers’ lack of knowledge and skill on how to design and present the curriculum in ways that can meet the diverse needs of learners” (*The implementation of inclusive education in South Africa, 2012*). This research study finds that

large amounts of work were crammed into one session of training. Facilitators struggled to workshop two huge concepts namely inclusive education and curriculum differentiation within one week of training. Examples of all the topics covered in module 1 and 2 are indicated in Chapter Four.

This is very short-sighted on the part of the DoE, as both these phenomena entail huge transitions and require a change in belief systems. By administering training in such a rushed manner, educators did not fully understand the reasons for change but instead they felt overwhelmed.

Facilitators themselves lacked the skills to train staff that were accommodating for intense levels of support for learners with severe **cognitive** barriers to learning. Therefore, training excluded some barriers like severe intellectual barriers to learning.

This research confirms that major flaws in the implementation of inclusive education was that the training of specialist educators was not done in a systematic and organized manner; neither was it given the time frames it required for a paradigm shift to occur. Due to poor planning, many educators were absent from training, which should have been the starting point of a huge transition, that was required of special schools to be converted into resource centres. Training opportunities have been very limited and are not offered on an ongoing basis. Therefore, new educators employed at SSRCs are unable to access skills on how to provide high levels of support. This study is compatible with Burstein et al., as cited by Ntombela, (2004) which states that it is important that re-training takes place over time, and that it should be both theoretical and practical (The progress of Inclusive Education in South Africa, 2010).

#### 5.2.2.2 Insufficient curriculum workshops for SSRCs

What compounds the above-mentioned problem of the “crammed” training sessions that tried to workshop inclusive education and curriculum differentiation all at once, is that is that no other curriculum workshops or follow up sessions on the NCS were given to LSEN schools ever since 2008. Analyses of the interviews confirm the problem, that the curriculum only had a workshop in 2008, where educators were overloaded with information on the NCS and never again. Surely

feedback should have been sought after educators had implemented the NCS curriculum differentiation after training more especially since SSRCs were utilizing the “classic programme” and never utilized the NCS. This inconsistent training of some staff to the exclusion of others is a direct result of support being provided in an inconsistent manner as well as the reason for the conflict between staff.

To elaborate on the issue of support being provided in an inconsistent manner, it has been observed that some educators who received training are differentiating the NCS curriculum as they were taught at the workshops, adapting the environment and adapting assessment whilst the more experienced educators continued to teach as they were accustomed to and differentiate in an ad hoc and random manner as was done when a separate curriculum, the “Classic Programme” was utilized.

The reasons for this are clearly depicted in Ntombela’s study which states, “Generally, the adoption of a new policy by the Ministry does not necessarily mean that teachers will immediately abandon their old ways of practice. Instead, there may be reluctant to try out something new under the pretext of ‘why change; what works?’” (The progress of Inclusive Education in South Africa, 2010).

The result is that although SSRCs are providing high levels of support for learners, learners are not receiving high levels of support in a consistent manner. Some educators provide support based on inclusive practices as trained whilst others provide support based on their previous experience.

### 5.2.2.3 Negative attitudes

On analysis of data observed, the recurring theme that emerged was that of negative attitudes of some staff members. Unfortunately, these training sessions that the SSRC held were met with resistance and negative attitudes to the National Curriculum Statement being used in special schools. What compounded the problem was that there was some media coverage that outcomes based education(OBE) was to become obsolete and even some members in management resisted

the NCS, feeling that all these training sessions were unnecessary. Probing at interviews revealed that OBE is the methodology and not the NCS but some staff were not aware of this as they did not fully understand and were therefore unwilling to accept this. Unfortunately, some educators were not too receptive to the training they received due to this lack of knowledge. Proper implementation of the processes was met with resistance because educators did not fully understand the processes, especially from the staff that have been teaching only at a special school for an extended period of time and were used to following a separate curriculum. There is also division between staff members who did receive training and were trying to implement inclusion and those who did not receive training and had negative attitudes towards the new curriculum.

This research study agrees strongly with the following reasons for negative attitudes as cited online in (The progress of Inclusive Education in South Africa, 2010), “Inclusion is more complex than other educational reforms and involves a much deeper transformation in areas such as beliefs and values.” The article further states that, “*Inclusion is a ‘mindset’ about educating students and not just a place or a method of delivering instruction. It is a philosophy [and] is part of the very culture of school.*” (The progress of Inclusive Education in South Africa, 2010).

It is true that “once off training sessions” are not enough to combat negative attitudes to inclusion and more will have to be done to assist educators with this huge transformation process as educators of special schools have become accustomed to working with a “specialized, watered down” curriculum. Staff development programmes should address these challenges on an ongoing basis.

#### 5.2.2.4 Initiatives taken by SSRCs in preparing staff for their new roles

Although it is a fact that the implementation of inclusive education is slow despite the strategies employed (Mweli, 2012: 386), this study only partially agrees with one of the reasons stated, that “the reasons for the delay in inclusive education, relates to the role of special schools and other support structures” (Mweli, 2012: 386). The study refutes these sentiments because the analysis of interview statements revealed that the Senior Management Teams (SMTs) at SSRCs

were proactive, and empowered **all 21** educators who had not had the opportunity to receive training by providing an enriched, ongoing staff development programme for them. The SMT incorporated these feedback sessions once a week after contact teaching time as part of the staff development programme. They made optimal use of human resources at the school by allowing staff to provide training to other educators.

In any event, just as those “trained” educators have adjusted to NCS, the new Curriculum and Assessment Policy (CAPS) is to be implemented. However, the NCS training was not in vain as it is essential to have knowledge of the NCS to understand the changes that are a part of CAPS. Just as LSEN schools were left out of the initial NCS training, educators were being left out of the CAPS training. The SSRC insisted on being invited to workshops being held. These workshops were oriented towards ordinary schools and facilitators were unable to assist special schools.

Once again, the SSRC took the initiative to hold internal professional development programme on CAPS. At these sessions educators were trained on the difference between the NCS and CAPS. With the guidance of the curriculum coordinator at the SSRC, educators started drawing learner profiles and planned differentiated activities and differentiated assessments according to CAPS. This SSRC has decided to implement CAPS in stages. Initially Life Skills were implemented and currently educators have started with implementation of functional aspects of Language. However, the DoE has failed to provide any support with regard to CAPs at SSRCs and to date have failed to provide educators with policy documents in Mathematics, citing a shortage of documents as its reason. Mathematics will be implemented in 2014.

The study does however agree with the delay in inclusive education being attributed to “other support structures,” as will be later elaborated on in this chapter.

### **5.3. TRAINING ON THE SIAS PROCESS**

In 2005, the National Department of Education developed National Strategy on Screening, Identification, Assessment and Support (SIAS Strategy). This is directed at determining the nature and level of support required by learners with special education needs and also outlines

the procedures to ensure that all learners with level 5 (learners who require high levels) of support such as learners who are disabled and receive social security grants, are admitted to schools and receive the necessary support (Operational Manual to the National Strategy on Screening, identification and Support).

The start of a paradigm shift began with the training of the SIAS process. Tally table 4.3.1 reveals that the only training, in providing high levels of support, was offered in 2008, despite the policy stating that “All staff involved in the process must be trained on an ongoing basis so that they understand their roles and responsibilities in the process (Department of Education, 2008:22). Only some of the educators attended training on the SIAS process on Module 2 in 2008. These educators who attended the training on the SIAS process indicated that although they understood that the process, training was rushed and slotted in after training on inclusion and curriculum differentiation was conducted. Consequently, educators were already overwhelmed with information of these latter processes. Once again, the SIAS process being such an important strategy did not get the attention it deserved neither was there ongoing training provided.

However, interviewed candidates indicated that they were fortunate in that their experience enabled them to identify barriers to learning and provide appropriate support packages for learners requiring intense levels of support as they were always providing support. The only difference is that in the past, educators were providing support by designing packages for learners around the impairment that a learner had.

These educators could now reflect and appreciate why it was important to move away from the medical model of assessing learners, which saw the learners as the problem, to a model that establishes support packages to address barriers to learning based on the strengths that a learner possesses. Some educators who could not cope with the “information overload” were lost with “Inclusive Education,” “Curriculum differentiation” and “The SIAS process”. No further training was forthcoming and this gave special schools a very poor start to transforming into SSRCs.

### 5.3.1 Implementation of the SIAS Process

Despite challenges encountered with the training of the SIAS process, SSRCs forged ahead and are currently implementing the SIAS process as follows:

The health professionals' team completes a **diagnostic profile** for all learners who are at risk of experiencing intrinsic barriers to learning. This section assists to determine the nature of a learner's disability or health support needs. They collect all supporting medical or psychological reports. The SIAS toolkit section 2 is used to determine barriers to learning and development (DoE. 2008).

**A learner profile** is drawn up as follows:

Heads of Department (HoDs) work on stage 1, which is to gain background information on the learner. HoDs fill in section 2 of the form in collaboration with parents, guardians, caregivers, and learners. They interview the parent to determine if **any barriers to learning and development presented** in the early intervention services, family and home situation and in the parents understanding of the learner. They collect past school reports and try to determine scholastic barriers.

When the learner profile is completed by the HoDs, risk factors or the need for high levels of support is established, the health professionals' team interviews the parent.

During the interview, **SNA: Section 1** of the form is completed. Basic information is sought. This includes information on learners' family background, scholastic history and the parents' views of the learners' strengths and weaknesses.

The second category of information relates to the learners' family and home situation giving light to significant home circumstances that helps to determine **the level of support available to the learners.**

Finally, the parents' understanding of the learner is sought. This parental view of the child's strengths and weaknesses allows the learning style of the learner to be determined. At a later stage, this information can be weighed against the educators' perspective and assists in the overall understanding of the learners' support needs.

With the consent of the parent, this information is passed on to the educator who assists in drawing up an **extended profile of learner needs**. The educator together with the parent assesses the learners' strengths and determines their support needs. They look at learning, communication and behaviour. The social model proposes the **identification of barriers to learning and development**.

This is done using stage 2, after the learner has been initially identified. This section provides information on how learner's barriers to learning are related to his contextual needs. This is established by information given by the parent/ caregiver as well as the educator.

Here different barriers to learning and development are identified:

Contextual barriers and Curriculum barriers

Stage 2: provides information on how the school and educators can support a learner.

Stage 3: Assessment of support required: from the Department of Health, social workers, NGO programmes, ECD service providers and SSRs.

After a period of time, the educator fills in a probation report informing the ILST if the learner is suitably placed to receive high levels of support and makes recommendations thereof.

### **5.3.2 A change in the way special school resource centres are assessing learners and addressing their support needs.**

According to DoE (2008:4), it is crucial that planners understand how to translate the findings of the SIAS assessment process into appropriate support measures. These measures need to include

additional and/or specialized staff provision, training, curriculum differentiation, physical infrastructure adjustments, the supply of assistive technology and etcetera.”

As can be seen from the above-mentioned document, operation manual to the SIAS process, the transformations required entail many steps. Proactively, in the absence of ongoing training, SSRCs have thus far managed to get the implementation process started and initiate a change from the medical model to a social model of assessing learners, whereby barriers to learning are being identified.

What is important to note here is that the **diagnostic profile** is not used to categorize or determine placement of a learner as with the medical model in the past. Learners are no longer labelled according to a category of disability; the focus is on addressing the barrier, not fixing a deficient learner as in the past. After a critical examination of the barriers to learning and development experienced, barriers are addressed through intervention and support. The SIAS process has assisted in determining the level and nature of support required.

SSRCs have **the necessary expertise to correctly summarize barriers** (namely, health & personal care, curriculum content, teaching and assessment strategies, learning, teaching and support materials, physical access, systemic factors) and **enabling factors** that impact on the learner’s capacity for learning and development. The specialist educators with expert knowledge and experience in the field assist new educators with the process.

The difference with implementing the SIAS strategy is that all stakeholders (including the child and parents/guardians, caregivers, educators) are involved in the assessment process. In the past, only the medical personnel made decisions about the learner based on his medical condition.

The SSRC is no longer providing support based solely on a medical assessment of the learner. SSRCs are moving away from the medical model and using the inclusive SIAS strategy which aims to promote inclusive education. However, there are many challenges experienced.

### **5.3.3 Challenges encountered with the implementation strategies of EWP6, namely the SIAS process and the functionality of the support structures**

As an implementation strategy of EWP6, the SIAS process was an attempt to overhaul the current way of assessing learners according to the medical model to a social model. However, there is a lack of education and training of ordinary and full service schools on the basic foundations of NCS, which translates to CAPS and the SIAS process. This poses a problem as there is no uniformity regarding certain procedures. This becomes evident when learners who are not able to cope in many of these ordinary schools are “passed on” to the SSRC without being assessed using the SIAS strategy and therefore do not have SIAS documentation (Diagnostic profile, SNA documents etc). On analysis of data from interviews attention has been drawn to the fact that when learners arrive for assessment at the SSRC, it is without their SIAS documents.

Currently, what is problematic is that the referrals made to the department of special needs education services (SNES) are still being made on the outdated referral form. When the SSRC receive referrals from SNES it ought to have been done according to the SIAS process.

This would have given the SSRC a clear account of what barriers to learning the learner struggles with. The DBST ought to have analyzed the assessments submitted by the ILST of the referring school. Furthermore, it would have clearly shown the SSRC what support was provided, by the educators, the school improvement plan and the ILST of the referring school the nature and level of support required (DoE 2008: 25). Thereafter, the learner should be referred to the SSRC where ILSTs of SSRCs ought to confirm whether the learner is correctly placed to receive intense levels of support and design support packages to assist the learner. However, this is not happening. The process is unfolding as specified above.

This places additional pressure on the SSRC to start the SIAS process and vital information may be lost due to some circumstances such as parents who may be deceased and grandparents cannot provide vital information. The fact that SIAS is not being implemented at ordinary schools shows that ILSTs, if they have been formed, are non-functional. This inconsistency in the implementation of the process disadvantages learners who cannot access a special school, by

learners being incorrectly admitted. When the SSRC later discovers that the learners are incorrectly placed as they do not require high levels of support, the learner is also disadvantaged as there is now learning backlog that has been created, which is very difficult to overcome. If the process was implemented, the correct level of support would be determined. Secondly, it places an extra burden on SSRCs to reassess learners already in the system that should have been assessed and supported.

Furthermore, Education White paper 6 and the SIAS Strategy were documents supporting the provision of assistive devices, despite subsequent documents from National and Provincial authorities indicating free provision of assistive devices to all learners under 6 years old and others who receive a disability grant; there were still long waiting lists from provincial hospitals for assistive devices (Consortium. 2009:10). However, these SSRCs have not been able to access assistive devices using the SIAS process.

## **5.4 STRENGTHENING EDUCATION SUPPORT STRUCTURES**

### **5.4.1 The institutional level support team (ILST)**

According to EWP6, ILSTs were to be established to provide support to educators and learners and the ILSTs should be strengthened by the DBSTs (DoE.2001: 29). Through trial and error, they are continuously planning and reviewing their roles. It further reveals that currently as ILSTs are finding their way with their roles and responsibilities, they are doing the following:

- After a diagnostic profile of the learner is compiled, and the ILST assists in collating information to supplement the diagnostic profile for example medical reports as well as previous psychological reports;
- Some members of the ILST (HoDs) interview the parent to determine personal details **such as** learner's strengths, as well as barriers to learning and development and the level of support needed;
- After working with the learner, the educator fills in a probation report informing the ILST whether the learner is suitably placed to receive high, levels of support and makes

recommendations thereof. Thereafter, ILST informs SNEs if the learner is correctly placed to receive high levels of support; and

- If the learner is incorrectly placed, he/she is referred back to SNEs and a decision is made about which school he should be placed in depending on the level of support needed.

It has been observed and educators confirmed at the interviews that whilst the ILST has been playing a minimal role in assessing learners, they have **not** been providing support to educators on an ongoing basis neither are they liaising with District Based Support teams (DBSTs).

The reasons for this are threefold:

Firstly, ILSTs are still adjusting to their new roles and responsibilities. Secondly, there is a multi-disciplinary team of management members, expert educators and medical staff that the ILST relies on to work as a team. Specialist educators are assisting locum educators entering the field. Thirdly, there is an absence of a DBST.

Hence there is a delay with the implementation of the inclusion process partly due to a lack of “other support structures” (The Implementation and Challenges to Inclusive Education Policy and Practice in Africa.2006).This study concurs with the latter research, identifying the ILST as one of those support structures. This study finds that the ILST is not carrying out its functions as stipulated in the policy document.

The ILST should also be involved in the decision making process of the level of support required and should be meeting with the district based support teams (DBSTs) and motivating for additional support. Therefore, this study reaches the conclusion that ILSTs have been formed at SSRCs but they are neither fully functional nor receiving support from the DBST.

#### **5.4.2 The District Based Support Team (DBST)**

Education White Paper 6 outlines the role of the DBST is as follows:

*“The strengthened education support service will have, at its centre, new district based support teams that will comprise staff from provincial district, regional and head offices and from special schools. The primary function of this district support teams will be to evaluate programmes, diagnose their effectiveness and suggest Modification (DoE, 2001: 29).*

The SIAS manual further states that the role of staff of the District-based Support Team (DBST) is to (DoE, 2008:21- 22):

*“Verify decisions that have been made by the school in consultation with the Parents/care-givers, teachers and school-based support team members; plan support provision and monitor support provision in a mentoring and consultative way.”*

This is not happening for the simple reason that there is a delay in the DoE with the creation of DBSTs to get the process moving. DBSTs should be playing a vital role and monitoring of support therefore the provision of support is not going on as planned as per EWP6 or the SIAS manual. The absence of the DBST is the second “support structure “that is currently delaying the implementation process. Dennis, Sechaba and Milton, (2010: 89) confirm this problem by stating, “One of the most problematic issues in South Africa’s education support services is the absence of the provision of one support teacher per school who can focus on support efforts. Current policies on inclusive education promise transformation while they are in fact specifying attitudes, knowledge and practices foreign to many educators. Yet another researcher agrees with this by stating, “It is also recommended that the Department of Education, through the district-based support team (DBST), becomes more active in providing support to educators at special schools” (The Intellectually impaired foundation phase learner- How can the teacher support these learners?).

The implications of this are as follows:

SSRCS are implementing stages 1 and 2 of the SIAS process, but are “stuck” at stage 3 where the ILST should be consulting with DBSTs to conduct Stage 3 (Determine level and nature of

support needed). Even with the lack of training, stage 3 is being conducted by SSRCs with the absence of guidance and monitoring by the DoE. This means that although SSRCs are determining the level of support required and designing support programmes, the support is limited because of a lack of the above-mentioned input from the DoE.

If staff at SSRCs is to be incorporated into DBSTs at a later stage, it is vital that they receive assistance from relevant support structures before being incorporated. Further training will assist SSRCs become strong members on DBSTs as they are already conversant with stage 3 through trial and error. Learners are disadvantaged because resources and assistive devices are not being accessed through the SIAS process but still through the health sectors. The accessing of assistive devices takes very long to materialize, thus impacting negatively on the support needs of learners.

This is confirmed by another study which states “It is recommended that the Department of Education provide these assistive devices as it is of crucial importance if learners at these schools are to receive high levels of support. The SIAS policy has a mandate to do this, but in reality this is not happening.” (The Intellectually impaired foundation phase learner- How can the teacher support these learners). The partial functioning of some “support structures” or the absence of others currently remains the biggest stumbling blocks to inclusion. It seems like the DoE does not currently have the capacity to provide adequate support for the processes that have been implemented.

## **5.5 CHANGES IN THE ADMISSION POLICY**

The following is a very important finding in the NCESS and NCSNET report. (Department of Education, 2001:5) “Most learners with disabilities have either fallen outside of the system or been mainstreamed by default.” This means that most learners with disabilities **did not have access to special schools** or had **never been to a school**. A few were in ordinary schools that could not meet their needs. It is legislation that special schools only admit learners who have high care needs (Department of Education, 2001:5), and give priority of admission to learners who are out of school and not been able to gain access to any form of schooling.

Data analysis of interviews reveals that in the past there were an increasing number of learners who required only moderate levels of support who were referred by ordinary schools to SNEs, who in turn referred them to the special schools. With assessment focusing on medical needs and not the level of support required, these learners requiring **moderate levels** were accepted by special schools. This disadvantaged learners required **intense levels** of support as they could not get access to special schools.

Many learners from rural areas remained at home and this led to further barriers to learning. Others were admitted to ordinary schools and “dropped off” as they could not cope and they were being teased by their peers. With the past assessment practices, there was a lack of involvement of educators, parents and learners in the assessment process. These assessment practices also failed to outline the nature and level of support required.

The study concludes that the admission policy of the SSRC was adjusted, to include **all** learners requiring **intense levels** of support that the SSRC is currently **able to support**. Most importantly, the admission policy was adjusted to give priority of admission to learners who had never had access to a special school, especially those learners who are at home without access to education. Previously to be admitted at this school, the learner had to have **only** a cognitive impairment. Currently, all barriers to learning (except blindness and deafness) have to be accommodated as long as it is **intense levels** of support that is needed.

This change in the admission policy led to adjustments being made to all other policies at the SSRC, to include all learners at every level of educational practice. Other policies which were altered were the mission and vision statements, schools safety and security policy, code of conduct for learners, code of conduct for SGBs, curriculum policy, assessment policy and excursion policies. Other policies are in the process of being reviewed.

With reference to the literature review in Chapter Two, special schools should become centres of excellence in terms of the support it provides.

The 30 special schools selected for being resource centres were under-resourced and unable to adequately serve the needs of their target learner population, and far from being able to cater for the needs of learners with varying disabilities (The Implementation and Challenges to Inclusive Education Policy and Practice in Africa. 2006).The researcher elaborates that the special schools are not admitting learners who are visually impaired, citing that they will not be able to cater for their needs as they do not receive the necessary support required from the Department of Education. With regards to the problem, the said researcher made a proposal **of de-specializing support**.

This study found that de-specializing support would mean that SSRCs do provide intense support to **ALL** barriers to learning. This would prevent them from becoming “centres of excellence in terms of support provided” as required by legislation that SSRCs have to adhere to. Analysis of data reveals that the SSRCs do try to admit learners with a range of different barriers to learning apart from cognitive impairments but SSRCs have to be realistic and broaden its admissions in stages.

The SSRC cannot start admitting learners with the entire range of barriers to learning when the school does not have resources and is ill-equipped to handle all these barriers simultaneously. This SSRC is broadening the range of barriers to be admitted, in stages; for example, the school has now started admitting learners with physical barriers to learning. However, prior to extending its admission policy to include supporting all barriers, adjustments and arrangements had to be made to accommodate such diverse needs. In line with national policy, SSRCs have to remain centres of excellence in a particular form of support (DoE, 2008:21). This means that these SSRCs are on the correct path in continuing to excel in offering support in cognitive impairments whilst broadening the range of barriers for admission.SSRCs will be obliged to admit a learner because he requires high levels of support and they will adjust strategies to accommodate such a learner when providing support to this learner.

It should be remembered that inclusion is a process and SSRCs cannot make adaptations overnight. Proper planning will ensure that learners requiring high levels of support receive good quality education. SSRCs continuously review and develop their policies. Furthermore, this can

happen faster and more effectively and efficiently if SSRCs are qualitatively upgraded as promised in EWP6 (DoE, 2001:21).

## **5.6 FINDINGS PRECEDING THE THEMATIC ANALYSIS OF OBSERVATIONS:**

Looking at the qualitative data, thematic analysis allowed the researcher to identify the following themes that emerged:

### **5.6.1 Theme 1: Curriculum changes**

#### **How the SSRC started implementing the change from the Classic Programme to the National Curriculum Statement Grades R-12 (NCS)**

According to Mveli (2012:19), the move towards inclusive education in the South African Education System aims at maximizing the participation of all learners in the curriculum and developing them to become fully functional citizens who can participate meaningfully in our community.

Yet it comes across very clearly is that there are no clear directions with regard to curriculum changes for special schools. Special schools in KZN were following the Classic programme which was not really a curriculum but a programme that was designed by a therapist. In the year 2000, educators attended a workshop on the Classic Programme and it was utilized from 2000 to 2008.

It was at the skills development workshops in 2008 that LSEN schools in KZN were given a directive that they could no longer use the classic programme as it was legislation that all schools follow one national curriculum, that is, National Curriculum Statement Grades R-12 (NCS). There is a huge gap as to why there was a delay by the DoE, in guiding special schools to use one national curriculum as EWP6 stated in 2001 already, that special schools should not follow its own “watered down curriculum.” The NCS was operational in all ordinary schools from as early as 2002 and special schools in KZN only got this instruction in 2008.

The fact that it took the NCS 6 years to “reach” special schools in KZN is of great concern. If it would have reached special schools immediately, educators would be conversant with curriculum differentiation and would have been able to make strong recommendation for CAPS.

To exacerbate the problem, the NCS training which staff received for the first time in 2008 were “Squeezed” in with other major inclusive processes.

Once again it was left to the “experts” at the SSRC to pick up the pieces. The curriculum co-ordinator together with skilled educators started making decisions without the support of the DoE or the principal as he was unable to attend the workshops. Very often, decisions were based on what made sense for the school and not necessarily on legislation or policies on how to apply NCS to different types of SSRCs. The reason was that these policies on how to make the “curriculum switch” are nonexistent for SSRCs in KZN.

Examples of these decisions that needed to be made before curriculum implementation are:

- The decision that the SSRC would be a Junior Primary School (**Grades R to Grade 3**, with the inclusion of an ECD unit that was offered by the DoE);
- The decision to incorporate grades into the phases, for example,

(The Foundation Phase would comprise of reception and grade 1 classes, The Intermediate Phase would comprise of Grade 2 classes and The Senior Phase would comprise of Grade 3 classes and some pre vocational classes);

- The decision to workshop staff who did not attend the skills development workshops, on the NCS, INCLUSION and the SIAS process at the SSRC;
- The added responsibility of not just implementing a new curriculum, but differentiating the curriculum to make it accessible to learners;
- The decision to guide and support staff on how to differentiate this “new curriculum.” It entailed organising them some workshops on how to draw inclusive learning programmes, namely, work schedules and the inclusive lesson plan;

- After four years, history repeats itself and the SSRC is in a similar position where it makes decisions to workshop CAPS in compliance to the directive from the DoE. This directive is again, without training of educators at the SSRC; and
- Decisions to let the curriculum co-ordinator at the SSRC guide CAPS implementation. (In the absence of guidance from the DBST).

Evidently, this was a mammoth task, but the SSRC did achieve all of the above without any assistance from the DoE and minimal guidance from the principal coupled with resistance at times from the principal who believed that the NCS curriculum is not suitable for SSRCs.

As is stated by Erradu, (The Intellectually impaired foundation phase learner- How can the teacher support these learners, 2013) *“The curriculum, which has undergone numerous changes, is not conducive to learners who experience cognitive barriers to learning. Nevertheless, educators have taken up the cudgels and have made the best of a bad situation.”*

A very important observation of decisions made by the SSRC, in implementing the curriculum from a: classic programme to NCS and then to CAPs, is that it occurred in the absence of proper, ongoing training and monitoring by the DoE. “Experts” at the school have made the changes possible through hard work and dedication.

This directly impacts on my next comment about “providing support in curriculum” in EWP6 (DoE 2001: 29). It is further stipulated that:

“Special schools will be converted into resource centres and integrated into DBSTs so that they can provide specialized professional support in curriculum, assessment and instruction to neighbourhood schools.”

Although there is “expertise” at the SSRC which continuously drive the inclusive processes forward, there are also staff members who strongly disagree that the NCS or CAPS are for LSEN schools. With some educators being so frustrated with the changing curriculum as well as the above-mentioned problems with training and lack of support, this study concludes that the SSRC

is not yet ready to support neighbouring schools with regard to curriculum. The SSRC has only just been trained or attended a workshop on curriculum changes and many staff members at the SSRC are still struggling with this aspect of providing support. As for being integrated into the DBST, this study has found that there is the absence of this important structure, resulting in ILSTs not getting the “strengthened Support” spoken of in EWP6 (DoE, 2001: 28-29).

Content analysis further allowed the researcher to identify how inclusive lesson plans were drawn up at this SSRC.

## **5.6.2 Drawing up inclusive work schedules and inclusive lesson plans using both the medical model and the social model**

According to curriculum committee members, the planning is the most vital element in the process of accommodating diversity. To differentiate the curriculum and make it accessible, work schedules and lesson plans were drawn up. This was a huge change from the “The Classic Programme” that was previously utilized.

### **5.6.2.1 The inclusive Lesson Plans**

#### **The extended learner profile**

A common theme that emerged from data collected is that all specialist educators begin designing lessons by **extending the profile of learners** compiled during the SIAS process. This process enables educators to put together appropriate support packages to accommodate the diverse needs of learners who require high levels of support.

When there is a learner who cannot work towards a selected assessment standard, the assessment standard (AS) is broken down into finer components within the same learning outcome (LO). These are presented in work schedules. Lesson plans are derived from work schedules. Activities are differentiated. These differentiated learning opportunities/ activities show progression over

time. Apart from adapting assessment standards, other common themes that educators were adapting are content, **methods and LTSMs**.

The availability of this type of support is instrumental in how this SSRC accommodate learners' diverse needs. Currently, learner profiles are being drawn but activities are differentiated according to content in the CAPS curriculum as there are no longer Los and ASs.

For a few learners, individual support plans (ISPs) are drawn up. ISPs outline how the specific needs of that learner are met. However, educators who missed training opportunities are not competent in the use of ISPs and do not use ISPs. This confirms results found previously that support is not provided in a consistent manner. Such specialized planning should be done with the ILST but the ILST at the SSRC has not reached this task as yet.

What is important to note is that lesson planning and preparation is influenced by both the medical and social models. As far as the medical model is concerned, it is essential that educators look at the learners' intrinsic barriers in differentiating and adapting a lesson plan. Considering the barriers of their learners, for example physical, cerebral palsy, ADHD, learning disabilities show that these learners have different needs and the lesson cannot be taught as a whole unit.

Using the social model, a learner's barriers and strengths can be determined. The educator would design up or down and differentiate accordingly. Activities are flexible and real life contexts were chosen. The facilitation methods, activities, LTSMs, adaptation of the learning environment and assessment activities were influenced by the social model which embraces systemic and extrinsic barriers to learning. Thus, aspects of the medical model are essential but it is the social model that embraces a holistic conceptualization of learning needs.

The scale and scope of curriculum differentiation is determined after a thorough assessment of individual learners. The work schedules and lesson plans are developed on the basis of these needs and strengths of learners and there is continuous assessment.

### 5.6.3 Accessibility of the curriculum:

How do educators translate the principle of accessibility of the NCS, into making the CAPS curriculum more inclusive, through lesson planning?

Despite challenges encountered, the CAPS curriculum is currently made accessible to all learners by most educators at the SSRC as they try to make the **content** relevant to the life and experiences of the learner as well as adjust it to the learner's level of understanding. Those educators who do implement it make the knowledge, skills and values accessible. Differentiating content allows it to be more accessible to all learners.

Unfortunately, some educators are battling to come to grips with the CAPS and are struggling to implement it, however they do differentiate activities.

Educators differentiate **teaching and learning methods and strategies** so that learning activities are designed to cater for different learners. Moreover, **learner teacher support materials** (LTSMs) are adapted so that it is accessible to the learner. **The assessment** activities are adapted so that assessments are made accessible to all learners. All learners are assessed at the level they function. They continuously ensure that the physical teaching and learning environment is welcoming, comforting, and easily accessible to all learners.

Coding of data revealed the following common areas that are differentiated by educators at the SSRC:

#### 5.6.3.1 Adaptation of the content

CAPS prescribe content and methods (DoE, 2012:13-113). Therefore, content can be adapted to suit a learners' needs. Content is what we teach. It refers to the knowledge, skills and values that learners will acquire in a learning area.

Observations were made that the demands of the curriculum were adjusted by adapting the content in the following ways:

- Lowering the content in either or both quality and quantity;
- Presenting the content in a more simple and realistic way by using concrete examples;
- Educators gave learners the same exercise but the complexity of the task was reduced;
- Fewer easier questions were asked. Learners are given a choice of answers; and
- Presenting the content in a different way and giving more opportunities for practical applications of the content.

The educators at the SSRC adapted the curriculum and the delivery of the lesson designed. Different learners require different adaptations to the programme; some need small changes while others may need major changes or a completely different programme depending on their needs. This is where the educators' experiences of coming from a previously disadvantaged racial background are relevant.

When choosing texts, educators chose texts that are interesting to the learner and chose current news.

#### 5.6.3.2 Adaptations to learning and teaching support materials (LTSMs)

Another theme that emerged apart from differentiating content was that educators at this special school were adapting LTSMs.

Instructional materials enable students to access information and demonstrate their mastery of the key concepts. Materials have been adapted at this SSRC to allow students with barriers to learning to access the information or demonstrate their understanding.

### 5.6.3.3 Adapting teaching methods

When a method that is used to teach a class, for example, discussion, is not suitable for a learner with attention deficit hyperactivity disorder (ADHD) who becomes inattentive, the method will be adapted to role play, where the learner can expend energy and enjoy acting, while he is learning at the same time.

It is very important to be creative in adapting methodology according to a learning style that a learner enjoys, considering his level of thinking and level of participation. When choosing methodology the learner is considered holistically before a method is substituted to assist him.

The extended learner profile is once again instrumental in providing appropriate support. Multi-level teaching is practised at this SSRC. This means that the SSRC successfully implements different methodologies to reach learners at different levels. There is no step-by-step recipe to follow. Rather, it is an information sharing, problem-solving, trouble-shooting process, which seek creative solutions for a particular situation.

## **5.7 ASSESSMENT**

The following assessment strategies are used at the SSRC were in line with NCS guidelines. Currently assessments with regard to (CAPS) include a baseline assessment, formal and informal assessments.

### **5.7.1 Baseline assessment**

The SSRC sets baseline assessment tasks at the beginning of each year to establish the nature and extent of barriers to learning. The current level of performance is gauged as learners with cognitive barriers to learning experience loss of learning over the December holiday. Many learners regress during the holiday.

### **5.7.2 Informal assessment**

These are the daily, ongoing observations that an educator makes to inform future teaching and assessments. Informal assessments are vital to monitor learners at SSRCs.

### **5.7.3 Formal Assessment**

The SSRC reflected the assessment tasks in an assessment schedule. The assessment schedule reflected all content to be assessed as per the NCS. The skills, attitudes and values that learners should achieve are clearly reflected, the methods and forms of assessment are adapted to suit learners' needs. Currently, the content to be assessed is prescribed in CAPS. Formal assessments are conducted through observations and written recording. The design of the tasks cover differentiated content using alternate means of assessment. Results of formal assessments are recorded. Assessments inform future teaching and learning. Reporting to parents is based on these assessments.

### **5.7.4 Strategies used to differentiate assessment:**

The SSRC uses the following nine strategies to adapt assessment:

#### Size

- the quantity of items to be assessed is reduced time;
- more time is allowed to complete assessment activities;
- more time is allowed for learners who need a break between tasks input; and
- the way assessment is delivered is adapted.

#### Difficulty

- Adapt the level of questioning or skill to ensure all participate in the assessment process;

## Participation

- Adapt the extent to which a learner is actively involved in the assessment task; and
- Alternate goals and adapt the goals whilst using the same materials;

## Output

- Adapt how the learner can respond to the assessment task.

## Substitute curriculum:

- Provide different instruction, materials and assessments to meet learners' individual goals;

## Level of support

- Increase the amount of individual assistance on the task.

## **5.8 SUMMARY ON ASSESSMENT**

Educators at the SSRC use multi-level teaching by focusing on one lesson, with varying methods and assessment criteria. The lesson includes a variety of teaching/ facilitation methods aimed at reaching learners at different levels. This is clearly reflected in lesson plans.

This means that educators at the SSRC provide high levels of support by:

- considering the learning style of learners when choosing methods to present the lesson;
- involving all learners in the lesson through different levels of questioning;
- choosing a method that will allow the learner to demonstrate their skills, knowledge and values; and
- assessing learners using alternate means of assessment.

What is vital with regard to assessments that are conducted for learners requiring high levels of support with severe cognitive impairments is that assessments are NOT conducted for promotion purposes. Learners do not write tests and exams at SSRCs that are centres of excellence specializing in “cognitive impairments.” Learners are promoted automatically on age. Assessments are done to monitor progress made in functional skills and the aim is to include all learners at every level of educational practice. The purpose is to promote the learner in becoming an independent member of society.

## **5.9 INCLUDING ALL LEARNERS AT EVERY LEVEL OF EDUCATIONAL PRACTICE**

It was found that in order to successfully “maximize the participation of all learners” and “To provide various levels and kinds of support,” which are the goals in EWP6 (DoE, 2000:16), one of the first questions that educators ask, is, *Can the learner participate in the lesson in the same way as all others?*

Some learners with intrinsic barriers to learning do have the ability to participate in many general classroom activities without any modification or support. Often, it is assumed that disability always means something different must be planned. If the answer is yes, the learner at the SSRC participates in the same manner.

If the answer to the first question is no, then the process continues to the next question.

What supports and/or modifications are necessary for the learner’s full participation in this lesson?

The learner is provided with support, adapted materials and modified expectations. Although SSRCs provide high levels of support to learners it has been observed that support is provided only at times of need. It is easy to get into the habit of providing support all day long, even when

it is not necessary. Support needs change throughout the day and year. The goal is to make learners as independent as possible.

#### **5.10 A THEME THAT EMERGED AGAIN IS THE NEGATIVE ATTITUDES OF SOME EDUCATORS TOWARD THE CHANGES IN THE CURRICULUM FROM NCS TO CAPS**

The theme of negative attitudes has emerged again when the SSRC started to implement CAPS. The problem stemmed from the fact that no assistance was given to the SSRC from the DoE to combat negative attitudes of people who were resistant to receive training in the NCS. Now some staff members were “stumped” as CAPS is based on the NCS. Proof of this is depicted by Erradu.2013 where he states “A *separate curriculum* needs to be designed and implemented specifically for learners who experience severe intellectual barriers to learning. Educators at special schools are frustrated at the constant changes to the curriculum. There are too many changes with very little being done for special schools.”

The challenge of combating these negative attitudes continue to be a persisting problem for SSRCs as some staff who have not done justice to implementing NCS or CAPS insist that the curriculum is “not working” for SSRCs. According to Holsinger and Jacob (2008.161), at National level the NGO, the East London Community and Child development Centre (CCDC) in Eastern Cape started to spread an awareness of the needs of children with disabilities and they too found that “there is a need to focus on negative attitudes and further staff training.” Curriculum problems for SSRCs are the biggest barrier in providing high levels of support as all educators are not on par. A separate curriculum is not an option as it goes against the right of equal access to education for all.

## 5.11 BRIEF SUMMARY OF THE FINDINGS

### 5.11.1 Expertise

- The conclusion drawn by this research is that majority of the professional staff at this SSRC, irrespective of race or gender, are experienced in supporting learners requiring intense levels of support.

### 5.11.2 Training

- Training of educators was not given the effort and respect it deserved from the departments responsible for training, for the transition to very important inclusive processes namely Inclusive Education, SIAS, NCS and CAPS;
- Educators at the SSRC did not receive sufficient curriculum workshops from the KZN Department of Education.
- This SSRC took the initiative to hold internal professional development programme on Inclusive Education, SIAS, NCS and CAPS training.

### 5.11.3 The SIAS process

- There is a change in the way this special school resource centres is assessing learners and addressing their support needs. This SSRC is implementing the national strategy on screening, identification, assessment and support (SIAS);
- The study concludes that the admission policy of the SSRC was adjusted, to include **all** learners requiring intense levels of support that the SSRC is currently able to support;
- This led to changes in other policies and practice to move away from the medical model to an inclusive education model; and
- Specialist educators begin designing lessons, by **extending the profile of learners** compiled during the SIAS process. This process enables educators to put appropriate support packages to accommodate the diverse needs of learners who require high levels of support.

#### 5.11.4 Strengthening education support structures

- This study reaches the conclusion that ILSTs have been formed at the SSRC but are not fully functional nor is it receiving support from the DBST; and
- There is a delay in the DoE with the creation of DBSTs.

#### 5.11.5 Curriculum changes

- The SSRC is struggling with curriculum changes; without any assistance from the DoE and minimal guidance from the acting principal, coupled with resistance at times from the acting principal, who believed that the NCS curriculum is not suitable for SSRCs;
- Important decisions made by the SSRC, in implementing the curriculum from a classic programme to NCS and then to CAPs, has been made in the absence of proper, ongoing training and monitoring by the DoE. “Experts” at the school have made the changes possible through hard work and dedication;
- This SSRC is not yet ready to support neighbouring schools with regard to curriculum;
- Lesson planning and preparation are influenced by both the medical and social models;
- Despite challenges encountered, the CAPS curriculum is currently made accessible through differentiation by most educators at the SSRC; and
- Educators differentiate **teaching and learning methods** and **Learner, teacher support materials** (LTSMs) so that it is accessible to the learner.

#### 5.11.6 Alternate means of assessment

- **The assessment** activities are adapted so that assessments are made accessible to all learners.

### **5.11.7 Negative Attitudes**

- Negative attitudes are not being addressed at this SSRC and result in the provision of inconsistent support.

## **5.12 RECOMMENDATIONS**

Resulting directly from the study a number of recommendations are made to ensure access to quality education for learners requiring intense levels of support as well as supporting neighbouring full service schools.

The following recommendations are made:

### **5.12.1 Recommendations for the Department of Education**

- Re-training on inclusive education and differentiation of the curriculum is an urgent necessity for all educators at the SSRC. Training and retraining on inclusive education is an urgent necessity and workshops on inclusive policies, should be held, to combat negatives attitudes to inclusive education. Training must be compulsory, better organized and allocated more time;
- In light of the serious repercussions for the learner who is incorrectly placed, the learner who awaits placement at home as well as for the SSRC, this study strongly recommends the monitoring of the SIAS process and the functionality of ILSTs at both full service and at ordinary schools;
- Establish support structures: Set up DBSTs and use these to offer initial guidance to SSRCs, full service schools and ordinary schools;
- Offer ongoing curriculum support to the SSRC;
- Recognize the expertise available at the SSRC and utilize this resource to support full service schools or to assist on DBSTs;

- Allocate funding for qualitative improvements of special schools as planned in EWP6 (DoE, 2001) as the SSRC has not received any additional funding, except for the addition of an ECD unit and an autistic unit;
- The DoE has to be more proactive in providing assistive devices. They should ensure that assistive devices can be accessed through the SIAS process as the delay in accessing assistive devices through the health departments are hampering learners' progress;
- More human resources should be allocated as there is a shortage of health professionals at the SSSRC and more staff will be needed as the SSRC broadens its horizons to admit learners with ALL barriers to learning; and
- Select professional development topics that promote teacher understanding of diversity. This exercise should build upon multicultural strategies sometimes used in other environments through departmental workshops.

#### **5.12.2 Recommendations for the ILSTS**

- Studying the report provided by the educator on barriers identified and the individual support plan (ISP) implemented so far and the impact thereof;
- Assessing the support needed and develop a programme for educator and parents;
- Compile formal reports;
- Co-coordinating all learner, educator, curriculum and school development support in the institution. This means linking the ILST to other school based management structures or even integrating them so as to facilitate the coordination of activities and avoid duplication;
- Be more supportive to locum educators;
- Establishing stronger communication with the DBST;
- Including members from the local community who have a particular contribution to make to specific challenges and include skilled parents;
- Where high levels of support cannot be provided for in a practical and cost effective way at ILST level, help should be enlisted from the DBST after providing evidence of support provided;
- Monitoring of the SIAS process; and

- Ensuring that the support structure of the DBST is established and functional.

### **5.10.3 Recommendations for the special school as it becomes an SSRC**

- This study recommends that the SSRC reviews its admission policy annually to broaden the horizons for admitting learners with a wider range of impairments that require high levels of support;
- Furthermore, the admission policy at the SSRC need to be amended by ensuring that criteria do not exclude foreign learners who experience barriers to learning, who have been granted temporary residence.
- Other policies like language policy, discipline safety and security, teacher aide policy, excursion policies and code of conduct policy etcetera need to be revisited to be made inclusive;
- With regard to curriculum change, the SSRC should provide for a pre-vocational programme to be accommodated within CAPS.
- The SSRC should have an ongoing staff development programme aimed to combat negative attitudes of staff to CAPs, inclusive education and the SIAS process; and
- Link the needs of educators on the School Improvement Plan to a successful staff development programme at school level for professional staff as well as support staff. This will ensure that support is provided to staff on an ongoing basis.

### **5.13 LIMITATIONS**

The title of this research study – the role of special schools as resource centres in supporting learners who require high levels of support, in an inclusive education system, a case study, demarcates very clearly the scope of the researcher’s terms of reference. The field of study is exclusively confined to the adaptations that the special school is making to become an SSRC. Unfortunately the results of the study cannot be generalised to be applicable to all other special schools within the general geographic area of Pietermaritzburg for learners requiring **intense** levels of support.

The scope in certain areas of study, like adaptations to the curriculum, is limited to **intense levels of support** to learners at specials schools which are centres of excellence for **cognitive barriers**. Due to the differing nature of support provided, it cannot be expanded to include other special schools. Examples of these include special schools that provide intense levels of support to learners with barriers to learning without **cognitive** barriers and whose learners are “mainstreamed” after grade 7. In other special schools that the results of curriculum adaptations will not be applicable to are those schools that cater for visual impairments, physical challenges and behavioural problems, again, without severe intellectual impairments, within the Pietermaritzburg district.

In the case of the school that provides education for visually impaired learners, physical challenges and behavioural problems, the support offered would be vastly different, because although learners may require support regarding their impairment, they do not have cognitive impairments. This means that they can write tests and examinations and would eventually achieve a GET certificate, whereas learners with cognitive impairments function at a very low academic level. Although they are assessed, it is not for promotion purposes but to assist them to function in society as normal as possible. The sad reality is that many of these learners would only be able to work in protective environments. Therefore, the results cannot be applied to these specials school.

The results of parts of the study like training, the SIAS process and ILSTs most certainly can be applied to ALL special schools that cater for high levels of support, including the above-mentioned schools.

Only one special school school was investigated as the researcher is employed there and had easy access to the site and at the time the researcher considered this convenient as this was an information rich site. Because qualitative research is specific to one setting and is not generalizable, it is difficult or impossible to make broad, sweeping recommendations (such as recommendations for policy change) based on the outcome of the research. It was only after the study was completed that the researcher realised that this in fact was a major limitation of the study because the knowledge produced might not generalize to other people or other settings (i.e., findings might be unique to the relatively few people included in the research study).

Because qualitative research provides in-depth answers about one, very specifically defined individual or group, it does not provide assurance that findings can transfer across individuals or groups.

Another limitation of the study is lack of research on resource centres. Although there is vast amount of literature and research conducted on inclusive education, there was very little literature to consult, specifically in reference to the roles of resource centres.

More general, unavoidable limitations of the study fall under the ambit of self-reported data which could very rarely be independently verified. In other words, the researcher had to take what people say, whether in interviews, or on questionnaires, at face value. This study acknowledges the following limitations of self-reported data:

1. selective memory (remembering or not remembering experiences or events that occurred at some point in the past);
2. telescoping (recalling events that occurred at one time as if they occurred at another time);
3. attribution (the act of attributing positive events and outcomes to one's own agency but attributing negative events and outcomes to external forces); and,
4. exaggeration (the act of representing outcomes or embellishing events as more significant than is actually suggested from other data).

Time was a crucial factor of limitation for this research study. Six years has elapsed from the commencement of the study. Many factors changed whilst the research was still being conducted for example the curriculum being at the commencement of the study utilized was the NCS and the CAPs curriculum into being whilst the study was in progress. The researcher had to include CAPs as part of the study as the curriculum adaption is a vital transition the SSRC was making in providing support. Fortunately Caps does fall under NCS. Furthermore qualitative research and data analysis is time consuming. The reason that the research took an extended time was due to personal factors beyond the researchers control.

Having a very broad scope of investigation was yet another limitation to the study. The SIAS process, the curriculum and assessment are broad areas to show how the SSRC was conducting

its role according to the inclusive education model. The researcher was over ambitious to try and investigate major implementation strategies of like SIAS, the Curriculum and alternate means of assessment in a single research study. Lots of time and hard work was in vain as the researcher had to include limit the scope of her work.

#### **5.14 SUGGESTIONS FOR FURTHER RESEARCH**

As indicated above, there is very little research with regard to special schools and their new roles as resource centres as SSRCs are in the early stages of transformation. There is a gap in this critical area of support provision because SSRCs provide support to learners with different barriers to learning. Research needs to be conducted in this area to supplement the little information available.

SSRCs provide support to learners requiring high levels of support in many ways. This study had the scope to interrogate three of these approaches simultaneously, namely The SIAS process, curriculum differentiation and alternate means of assessment and other sub questions arose at a later stage.

A very important suggestion is for future researchers to investigate one of these above mentioned factors per study. By concentrating on one broad area at a time for example curriculum implementation at the different special schools, important knowledge can be gleaned.

This will also assist the researcher to complete the study in the prescribed time and to ensure that data does not become overwhelming.

Future researchers could determine how support is provided by one or more of the following approaches that was not covered by the study, but is relevant to SSRCs:

- By adapting the environment, adapting assistive devices,
- forming partnerships with the community and
- By making optimal use of the human resources available.

Further research can contribute to the field of inclusive education by investigation of the functionality of the support structures available to SSRCs and how SSRCs are supporting ordinary schools in return. Futures research areas can include investigation into whether the inclusive education social model is benefitting learners who require intense levels of support. Another crucial area of investigation is whether the CAPs curriculum is a barrier to learning for learners with special needs. It would indeed be very valuable to investigate whether SSRCs have changed their policies to become inclusive and aligned their practises according to these policies.

It is vital for all suggested research areas; that the prospective researcher should conduct research at a range of special schools. In this way the results can be generalised to all special schools.

The design that prospective researchers can use is qualitative case studies of different SSRCs that support learners requiring high levels of support including centres where impairments are NOT restricted to cognitive **impairments**.

## **5.15 CONCLUSION**

This study was undertaken to identify and describe, through the analysis of data collected, the role of special schools as resource centres in supporting learners who require high levels of support, in an inclusive education system. This entailed a paradigm shift from the medical model to a social model. Chapter Five concludes this research study. The findings produced seven themes that revealed support offered by SSRCs. The themes which emanate from this study are 1. Expertise at the SSRCs, 2. Training, 3. The SIAS Process, 4. The establishment of Support structures, 5. Curriculum Changes, 6. Alternate means of assessment and 7. Negative attitudes.

Clearly, evident in this study is that the SSRC is totally committed to the paradigm shift. The SSRC is utilizing the “*expertise at the SSRC*” in doing everything in its power to incorporate all the inclusive processes like *SIAS process, The curriculum changes and alternate means of assessment* in trying to include all learners in every level of participation despite *lack of training, the absence of the relevant support structures and negative attitudes encountered*. This

chapter elaborates on the findings of the research study and suggests possible recommendations that emanate from the findings with a view to lessening the challenges for the SSRC. Limitations of the study should assist future researchers. Despite progress made in changing from a medical to an inclusive education model, it should indeed be noted that inclusion is a **process** which cannot be achieved overnight as there are major challenges to be overcome.

## REFERENCES

- Ainscow, M.1999. *Understanding the development of inclusive education*. London: Falmer.
- Apartheid South Africa. 2010. (Online) .**Available at:**  
<http://www.southafrica.to/history/Apartheid/apartheid.php>. (November 2010).
- Baruth, G. Leroy & Manning Lee, M. 2003. *Multicultural education of children & adolescents*. South Africa: Pearson Education.
- Banks, J A & Banks, Mc Gee . 2001 *Multicultural education: Issues & perspectives 4<sup>th</sup> edition*. Liberty of congress cataloging in publication data.
- Booth, T, Swamm, W, Masterton, M, and Potts .2002.*Curricula for Diversity in Education*. London : Routledge Falmer.
- Braun,V. & Clarke, V.2006. *Using thematic analysis in psychology. Qualitative Research in Psychology*. Cape Town: Oxford University Press.
- Consortium, K. 2008. *Supporting learners' who need high levels of support in Kwa Zulu Natal: Skills Development Programme for Educators, support Staff and Office Based Staff*. Pietermaritzburg: Government Printer.
- Consortium, K. 2009. *Assistive Devices in the inclusive classroom*. Pietermaritzburg: Government Printer.
- Dalton, E.M., Mckenzie, J.A., Kahonde, C. 2012, (Online)‘The implementation of inclusive education in South Africa: Reflections arising from a workshop for teachers and therapists to introduce Universal Design for Learning’, *African Journal of Disability* 1(1), Art. #13, 7 pages. **Available at**  
<http://dx.doi.org/10.4102/ajod.v1i1.13>.

De Jure. 2013. (Online). *Legislation and policies: Progress towards the right to inclusive education*. Available at: <http://www.dejure.up.ac.za/index.php/volumes/46-vol-1-2013/150-article-5.html>. (1 October 2013).

Department of Education. 1995. *Education white paper on education and training*. Pretoria: Government printer.

Department of Education. 1996. a9. *National Education Policy Act No 27*. Pretoria: Government Printer.

Department of Education. 1996. b5 *South African schools*. Act No 84. Pretoria: Government Printer.

Department of Education. 1997a. *Quality Education for all: Report of the NCSNET and NCESS*. Pretoria: Government Printer.

Department of Education. 1997b. *Curriculum 2005: Lifelong learning for the twenty first Century*. Pretoria. National Department of education.

Department of Education. 1999. *Consultative paper on 1 on special education: Building an inclusive education and training system, first steps*. Pretoria: Department of Education.

Department of Education. 2001. *Education White paper 6: Special Needs Education: Building an Inclusive Education and Training system*. Pretoria: Department of Education.

Department of Education. 2001(a). Report on National ECD Policies and Conceptual and Operational Guidelines for the Implementation of Inclusive education. Pretoria: Department of Education.

Department of Education. 2001(b). *Report of the National Working Group to the Minister of Education*. Pretoria : Department of Education.

Department of Education. 2002. *Draft conceptual and operational guidelines for the implementation of inclusive education*. Pretoria: Department of Education.

Department of Education. 2002a. *Revised National Curriculum Statement. Grades R -9.(Schools) Policy*. Pretoria: Department of Education.

Department of Education. 2002(b). *Revised National Curriculum Statement. Grades R -9.(Schools ) Policy.Overview*. Pretoria: Department of Education.

Department of Education. 2003. *Revised National Curriculum Statement Grades R-9 (Schools) Policy. Overview: English*. Pretoria: Department of Education.

Department of Education. 2005. *The implementation of Inclusive Education: A Discussion Document*. Pietermaritzburg. KZN Department of Education.

Department of Education. 2005a. *Conceptual and operational guidelines for the implementation of inclusive education: District-based support teams*. Pretoria: Department of Education.

Department of Education. 2005b. *Conceptual and operational guidelines for the implementation of inclusive education: District-based support teams*. Pretoria: Department of Education.

Department of Education Directorate. 2005c. *Inclusive Education. Conceptual and operational guidelines for the implementation of Inclusive Education: Special schools as resource centres*. Pretoria: Department of Education.

Department of Education. 2005d. *A National Framework for Educator Education in South Africa*. Pretoria: Department of Education.

Department of Education. 2007. *Guidelines to Ensure Quality Education and Support in Special Schools and Special School Resource Centres*. Pretoria: Department of Education.

Department of Education, 2008a. *National Strategy on Screening, Identification, Assessment and Support*. School Pack. Pretoria: Department of Education.

Department of Education. 2008b. *Support Needs Assessment: Learner Pack*. Pretoria: Department of Education.

Department of Education. 2008. (Online) *Operational Manual to the National Strategy on Screening, identification and Support*. Available at: <http://www.education.gov.za> (10 October 2013).

Department of Education 2011(a). *National Curriculum statement, Curriculum and Assessment Policy Statement (CAPS): Foundation phase Grades R – 3*.Cape Town: Department of Basic Education.

Department of Education. 2011 (b). *National Curriculum statement, Programme and Promotion Requirements*. Cape Town: Department of Basic Education.

De Vos, A.S., Strydom, H., Fouche, C.D. & Delpont, C.S.L. 1998. *Research at grassroots for the social Sciences and human service professions*. Pretoria: Van Schaik.

De Vos, A.S., Strydom, H., Fouche, C.D. & Delpont, C.S.L. 2001. *Research at grassroots for the social Sciences and human service professions*. Pretoria: Van Schaik.

De Vos, A.S., Strydom, H., Fouche, C.D. & Delpont, C.S.L. 2005. *Research at grassroots for the social Sciences and human service professions*. Pretoria: Van Schaik.

De Vos, A.S., Strydom, H., Fouche, C.D. & Delpont, C.S.L.2006. *Research at grassroots for the social Sciences and human service professions*. Pretoria: Van Schaik.

Donald, D ,Lazarus, S, & Lolwana,P.2002. *Educational psychology in social context*. Cape Town: Oxford University Press.

Du Toit, L, Landsberg, E & Levitz, A.1996. *Introduction to education for all*. Pretoria: UNISA Press.

Du Toit, L, Landsberg, E & Levitz, A. 2005. *Introduction to education for all*.Pretoria: UNISA Press.

Dyson, A. & Millward, A. 2000. Schools and special needs. Issues of innovation and inclusion.London: Paul Chapman Publishing Ltd.

Education in South Africa. 2010. (Online)Available at: <http://www.teacher.org/index> . (July 2011).

Engelbrecht, P & Green, L. 1999. *Inclusive Education in action in South Africa*: Pretoria: Van Schaik.

Engelbrecht, P & Green, L. 2003. *Promoting learner development*. Pretoria: Van Shaik.

Engelbrecht, P & Green, L. 2007. *Responding to the challenges of inclusive education,in South Africa*. Pretoria: van Shaik

Erradu, J. 2013. (Online).The intellectually impaired foundation phase learner- How can the teacher support these learners? *SA-eDUC JOURNAL Volume 10*. Available at: [http://www.nwu.ac.za/webfm\\_send/61909](http://www.nwu.ac.za/webfm_send/61909). (25 August 2013).

Francis, D and Mahlomaholo, S. 2010. *Praxis towards Sustainable Empowering Learning Environments in South Africa*, Stellenbosch: AFRICAN SUN MEDIA.

Goldstein, H. 2006. *Toward Inclusive schools for all children*.United States of America. PRO-ED, INC.

Harry, T. 2010. *Qualitative research methods in education* . London : SAGE Publishers .

Hay, J. & Beyers, C. 2000. *Apartheid's contribution to South African inclusive education*. Paper presented at Inclusive and Supportive Education Congress (ISEC), including the excluded. University of Manchester: University Printers.

Holsinger D. B. & Jacob J. W., 2008. *Inequality in education: Comparative and international perspectives*. University of Hong Kong: Publisher Comparative education research centre.

Hemming, E. 2009. *Painting the soul: A process of empowering special needs educators*. Pietermaritzburg, UKZN.

Henning, H. 2004. *Finding your way in Qualitative Research*. Pretoria: Van Schaik.

*Implementing Inclusive Education in South Africa: True Stories We Can Learn from*.2002 (Online).Available at: [www.thutong.doe.gov.za](http://www.thutong.doe.gov.za) .(October 2008 ).

International Special education Congress: *Transforming the System: The Development of Sustainable Inclusive Education Policy and Practice in South Africa*. 2000. (Online). Available at: <http://www.isec2000.org.uk/abstracts/keynotes/muthukrishna.htm>. ( July 2008).

International Special education Congress: *Apartheid's Contribution to South African Inclusive Education Policy*. 2000. (Online). Available at: <http://www.isec2000.org>. ( July 2008).

Laerd Dissertation: Purposive sampling. 2012. (Online).Available at: <http://dissertation.laerd.com> (November 2012).

Landsberg, E.(ed), Kruger, D & Nel, N. 1996. *Unisa study guide : STUDY GUIDE ORT ALLK 303. Addressing barriers to learning: A South African perspective*. Pretoria: Van Schaik.

- Landsberg, E & Nel, N. 2008. Addressing barriers to learning. University of Michigan: Van Schaik.
- Mayaba, MOM. 2003. *The impact of inclusive Education in special and developed/ mainstream schools as perceived by parents, educators and learners in Soweto schools.* Johannesburg: Vista University.
- Mathopa, M. H. 2007. An Investigation of the management of inclusion in the Free State Primary Schools. Pretoria: UNISA.
- Mayuba, P. 2008. *The educators perceptions and experiences of inclusive education in selected Pietermaritzburg schools.* Pietermaritzburg: UKZN.
- Mouton, J. 1996. *Understanding social research.* Pretoria: Van Schaik.
- Mouton, J. 2006. *How to succeed in your Master's & Doctoral Studies: A South African Guide and Resource Book.* Pretoria: Van Schaik Publishers.
- Mweli, P. 2012. *Exploring the implementation of inclusive education in the Pinetown District School.* Germany: Grin publishers Munich.
- Naicker, S. 1999. *Curriculum 2005. A Space for All: An introduction to inclusive education.* Cape Town : Tafelberg Publishers Ltd.
- Naicker, S. 2001. (online). *A brief description of the changes taking place in South Africa relating to the shift from a Special education system to an Inclusive system.* *International journal on whole schooling*, volume 3 no. Available at: [smnaicker@pgwc.gov.za](mailto:smnaicker@pgwc.gov.za) (5 July, 2008).

- Naicker, S. 2006 (Online). A brief description of the changes taking place in South Africa relating to the shift from a Special education system to an Inclusive system. *International journal on whole schooling*, volume 3 no 1. Available on [smnaicker@pgwc.gov.za](mailto:smnaicker@pgwc.gov.za) ( 5 July , 2008).
- National Education Policy Investigation (NEPI). (1992). *Support Services*. Cape Town: Oxford University Press.
- National Department of Education (2000). *Education White Paper 5: Special Needs Education*. Pretoria : Government Printer.
- Ntombela, S. 2010. (Online). *The progress of inclusive education in South Africa: Teachers' experiences in a selected district, KwaZulu-Natal*. Available at: <http://imp.sagepub.com>(1 October 2013).
- Quality Education for All: Overcoming Barriers to learning*.1997 .(Online). Available at [www.thutong.doe.gov.za](http://www.thutong.doe.gov.za). (accessed on January 2009).
- Republic of South Africa.1996. *Constitution of the Republic of South Africa*.(Act103 of 1996). Pretoria :Government printer.
- Stephens Brent, D. 2010 . *Improving struggling schools. A developmental approach to intervention*. Cambridge: Harvard Education Press.
- Supports, Modifications, and Accommodations for Students: Adapting the learning environment* 2010 (Online). Available at <http://curriculum.wcape.school.za/site/20/page/view/284> (January 2011).
- The FET is launched.2006. (Online). Available at:<http://curriculum.wcape.school.za>. (April 2008)

The Implementation and Challenges to Inclusive Education Policy and Practice in Africa.2006.  
(Online) Available at [www.sancb.org.za/Images/paper1.doc](http://www.sancb.org.za/Images/paper1.doc) (November 2010).

The social model and medical model of disabilities. 2005.(Online). Available at:  
<http://www.selfdirection.org>. ( November 2008).

The “Social Model of Disability.” 2006. (Online). Available at  
<http://www.brainhe.com/TheSocialModelofDisabilityText.html>. (October 2009).

United Nations Educational, Scientific and Cultural Organisation (UNESCO. 1994). *The Salamanca Statement and framework on special needs education*. Paris: UNESCO.

University of Kwa Zulu- Natal, 2010. *Understanding Research: Learning guide and reader*, South Africa: University of Kwa Zulu Natal, Faculty of Education.: university printers

University of West England: *Inclusion*. updated 2013.(online) Available at *Inclusion*.  
<http://inclusion.uwe.ac.uk>).

*Visions on Mainstreaming Disability in development: Strengths, weaknesses, opportunities, constraints* .2009. (online).Available at :(<http://uk.ettad.eu/understanding-disability/models-of-disability>). (July 2010).

*What is the difference between social and medical model of disability?* (Online). Available at:  
[http://www. answers.yahoo.com](http://www.answers.yahoo.com). (July 2008)

*What is "Inclusive Education?"* 2008. (Online).Available at: <http://education.pwv.gov.za>

Zwaagstra, M, Clifton, R.A and Long, J.C. 2010.*What’s wrong with our schools and how we can fix them*. United Kingdom: Rowman & Littlefield Education Publishers, INC.

**ANNEXURE A**

The Principal

**RE: REQUEST TO UTILISE OPEN GATE AS A RESEARCH SITE FOR A PROJECT  
TOWARDS A MASTER’S DEGREE**

I am a graduate student enrolled at the University of South Africa. I am expected to conduct a research study as part of the programme. I hereby request permission to utilize your facility and enlist the co-operation of the educators during the data collection process of this project. My study deals with the role of special schools as resource centres in providing support for learners requiring high levels of support.

Questionnaire, Interviews and observations will be utilized to collect data. Each interview is anticipated to take forty-five minutes, with mutually convenient dates arranged. A timetable for structured classroom observation will be drawn up.

It is understood that no educator will be coerced into participation and that the participating educators may withdraw at any time. Educators’ responses will be totally anonymous and the school will not be identified in any way. Copies of the final product will be made available to the school upon request.

Thanking You

Consent of school to participate

Yours sincerely

-----

-----

A.Asaram (Mrs)

-----

DATE.....

Consent by SGB Chairperson

.....

## ANNEXURE B

Consent/ Confidentiality document signed by the participants.

### **Research on**

The role of resource centres in supporting learners requiring high levels of support, in the Pietermaritzburg district.

Conducted by Anusha Asaram

Faculty of human sciences/ education

University of South Africa

Consent/ Confidentiality document

I ..... (Name), hereby consent to voluntarily participate in the above research programme as a professional specialist educator.

I confirm that I have been informed :-

- Of the nature and purpose of the research
- That my participation is voluntary.
- That the response will be treated in a confidential manner.
- That anonymity will be ensured.
- Of the fact as a participant, I am free to withdraw from the research at any time without negative or undesirable consequences to myself.

Signed:..... At Pietermaritzburg.

DATE .....

**ANNEXURE C**

**Questionnaire for Special Educators on the training that they received on skills development programmes to support learners requiring high levels of support.**

This questionnaire is part of a research study to determine the training that special schools received, how special school resource centres assess and identify barriers to learning and how the SSRC makes the curriculum accessible to all learners.

It attempts to investigate how SSRCs provide high levels of support?

By answering these questions, you will be making an important contribution to research studies.

PLEASE RELAX and answer as honestly as possible

**SECTION A:**

Position:.....

Gender: .....

Race group: .....

Number of years of teaching experience at a special school: .....

Number of years of teaching experience at a mainstream school: .....

Number of learners in the classroom: .....

**SECTION B: Training**

**Question 1: What Type of training did special educators receive in providing high levels of support? Did u attend? If so, did u benefit / if you did not attend, briefly furnish reasons.**

.....  
.....  
.....  
.....

**Question 2: What Type of training did special educators receive in providing high levels of support in module 2? Did you attend? If not, briefly furnish reasons.**

.....  
.....  
.....

**Question 3: What Type of training did special educators receive in providing high levels of support in module 3? Did you attend? If not, briefly furnish reasons.**

.....  
.....  
.....

**Question 4: Was there any other training in supporting learners requiring intense levels of support, offered to specialist educators, prior to these modules in 2008 or after the third module in 2009?**

.....  
.....

**SECTION C: The Strategy of Identification, Assessment and Support. (SIAS)**

**Question 5: How are learners currently being assessed?**

.....

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.....

**Question 6: Who is involved in the assessment process?**

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.....

**Question 7: How do you identify barriers to learning and development?**

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**Question 8: Does the SSRC have an ILST and if so who forms part of the ILST?**

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.....

.....

**Question 9: What were the criteria, to admit learners to this special school, in the past?**

.....

.....

**Thank you for your time.**

## ANNEXURE D

### **Interview schedule for special educators on the training that they received on skills development programmes to support learners requiring high levels of support.**

This interview is part of a research study to determine the training that special schools received, how special school resource centres assess and identify barriers to learning and how the SSRC makes the curriculum accessible to all learners.

It attempts to investigate how SSRCs provide high levels of support?

By answering these questions, you will be making an important contribution to research studies.

PLEASE RELAX and answer as honestly as possible

#### **SECTION A:**

Position: .....

Gender: .....

Race group: .....

Number of years of teaching experience at a special school: .....

Number of years of teaching experience at a mainstream school: .....

Number of learners in the classroom: .....

Qualifications obtained:

**SECTION B: Questions on training**

1.1. Did you attend the training session that was offered during the Easter holiday in 2008?

Can you list important topics that you learnt from the first module?

If you did not attend, can you indicate why you didn't attend?

1.2 What activities were undertaken at this workshop?

2. Please mention topics that you have benefited from, in attending this module 2. If you did not attend, please furnish reasons.

3. Please list topics that you have benefited from in attending this module 3, on Assistive devices. Did you attend? If not, briefly furnish reasons. Were there any other training sessions that were offered prior to these training sessions or after these sessions?

4. What is your opinion on how the training sessions were carried out?

**SECTION C: The Strategy of Identification, Assessment and Support. (SIAS)**

5. How were learners assessed prior to using SIAS? Elaborate

6. Who is involved in the assessment process?

7. Are the different barriers to learning being identified?

8. What is the ILST currently doing?

9. How has the admission policy changed, to become more 'inclusive'?

## **ANNEXURE E**

### **Observation Schedule**

**The focus of observations will be the following sub questions:**

**1. Changes in the process of assessing/ admitting learners**

- Does the SSRC implements the SIAS process and if so how is it being implemented?
- The researcher will observe whether there are any amendments to the school's admission policy being made and whether the changes are being practised.
- Have changes in other policies resulted?

**2. Curriculum changes**

- Observe how the national curriculum is being differentiated in terms of Content, Methodology and LTSMs, to accommodate diversity.
- Teaching strategies: The researcher will observe teaching and learning in their natural context to determine the implementation of the lesson plans and accommodations made.
- What alternate means of assessment is used,

**3. Accessibility to learners in terms of how education is made accessible to the learner requiring high levels of support:**

- How the environment will be adapted to make it more supportive for learners experiencing barriers to learning.
- Transport
- Instruction

**4. The researcher will observe the types of assistive devices/ technology available as well as how new assistive devices can be acquired.**

**5. Observe any other processes that assist the SSRC in providing intense levels of support.**