

**EMPOWERMENT OF PARENTS IN EARLY INTERVENTION OF
DEVELOPMENTAL CHALLENGES OF PRE-SCHOOL CHILDREN IN THE
EASTERN CAPE, SOUTH AFRICA**

by

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DECLARATION

I declare that **EMPOWERMENT OF PARENTS IN EARLY IDENTIFICATION OF DEVELOPMENTAL CHALLENGES OF PRE-SCHOOL CHILDREN IN THE EASTERN CAPE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

NATHAN FERREIRA

DATE

Student number: **49047582**

DEDICATION

I dedicate this work to Sage Taylor Troskie.
(My autistic buddy)

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“To God be the glory! Great things He hath done.”

ABSTRACT

Through document analysis, one-on-one interviews with parents, and observations the researcher aimed to explore early intervention in pre-school children with learning difficulties in Grahamstown, Eastern Cape. The researcher set out to determine whether parents were aware of the importance of early intervention in addressing learning difficulties in their children, what support existed to help parents give support to children with learning difficulties, and how support could be improved to enable parents to help their children.

This study found that parents in Grahamstown, Eastern Cape needed support that would enable them to provide early intervention for their children with learning difficulties. The study also showed that parents were aware of the importance of early intervention to help their children with learning difficulties. Most parents were receiving support, but there was room for improvement in the support that they were receiving. Flowing from this, the study also found that parents needed different forms of support, e.g. emotional and financial support. Based on the findings, recommendations were made. Recommendations were aimed at improving support for parents, so they can provide successful early intervention for their pre-school children, e. g. through the creation of open channels of communication between parents and other role players, like government departments and service providers. Recommendations were also made for future research, e. g. research into ways to create open channels of communication.

KEY TERMS

Early childhood

Intervention

Early childhood intervention

Learning difficulties

Developmental difficulties

Theories of childhood development

Parents

Pre-school children

Support

Grahamstown

Eastern Cape

South Africa

TABLE OF CONTENTS

	PAGE
CHAPTER 1: INTRODUCTION TO THE STUDY	1
1.1 BACKGROUND OF THE STUDY	1
1.2 MOTIVATION TO EMBARK ON THE STUDY	5
1.3 STATEMENT OF THE PROBLEM	5
1.4 THE RESEARCH QUESTION	6
1.5 AIMS OF THE STUDY	6
1.6 SIGNIFICANCE OF THE STUDY	7
1.7 METHODOLOGY	7
1.8 LIMITATIONS OF THE STUDY	13
1.9 TRUSTWORTHINESS OF RESEARCH	13
1.10 ETHICAL CONSIDERATIONS	14
1.11 DEFINITION OF TERMS	14
1.11.1 Early childhood	15
1.11.2 Intervention	15
1.11.3 Early childhood intervention	15
1.11.4 Inclusive education	16
1.11.5 Learning difficulties	17
1.11.6 Support	17
1.12 DIVISION OF CHAPTERS	18
1.13 SUMMARY	18
CHAPTER 2: LITERATURE REVIEW	20
2.1 INTRODUCTION	20
2.2 THEORIES OF CHILDHOOD DEVELOPMENT	20
2.2.1 Theoretical framework	25
2.3 INTERNATIONAL DEVELOPMENT	29
2.3.1 The 1990 World Conference on Education for All and the 2000 World Education Forum	29
2.3.2 The 1994 Salamanca Conference	30
2.3.3 The UNESCO Policy Brief on Early Childhood	31

2.3.4	The 2014 Global Meeting on Education for All	33
2.3.5	General overview of progress in different countries	34
2.4	THE SITUATION IN SOUTH AFRICA	36
2.4.1	The South African Constitution	37
2.4.2	The South African Children’s Act (Act 38 of 2005)	37
2.4.3	The Policy on Disability	37
2.4.4	Education White Paper 5	38
2.4.5	Education White Paper 6	38
2.4.6	The Guidelines for the Implementation of the National Integrated Plan for Early Childhood Development	39
2.4.7	Keynote Address at the 11 th World Down Syndrome Congress on 17 August 2012	40
2.4.8	The 2012 Report on Actions taken by the Department of Basic Education	40
2.4.9	Education For All (EFA): 2013 Country Progress Report: South Africa	41
2.4.10	National Development Plan 2030: Our Future – Make it Work	41
2.5	THE SITUATION IN THE EASTERN CAPE	42
2.5.1	Annual Report 2011 – 2012	42
2.5.2	Education For All (EFA): 2013 Country Progress Report: South Africa	42
2.5.3	General Household Survey: Statistical Release PO318 2013	44
2.6	THE SITUATION IN GRAHAMSTOWN	44
2.7	SUMMARY	45
 CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY		47
3.1	INTRODUCTION	47
3.2	RESEARCH METHODOLOGY/RESEARCH DESIGN	47
3.2.1	Qualitative approach	47
3.2.2	Phenomenological design	49
3.3	POPULATION AND SAMPLING	50
3.3.1	Population	50
3.3.2	Sampling	50
3.4	DATA COLLECTION TECHNIQUES	51
3.4.1	Document analysis	51

3.4.2	Interviews	52
3.4.3	Observations	53
3.5	DATA ANALYSIS AND INTERPRETATION	54
3.6	TRUSTWORTHINESS OF RESEARCH	57
3.7	ETHICAL CONSIDERATIONS	58
3.8	SUMMARY	59
 CHAPTER 4: DATA ANALYSIS AND INTERPRETATION		60
4.1	INTRODUCTION	60
4.2	METHODS OF DATA ANALYSIS	61
4.2.1	Document analysis	61
4.2.1.1	The South African Constitution	62
4.2.1.2	The Policy on Disability	62
4.2.1.3	The South African Children's Act (Act 38 of 2005)	62
4.2.1.4	Education White Paper 5 on Early Childhood Education	63
4.2.1.5	Education White Paper 6: Special Needs Education	64
4.2.1.6	The National Development Plan 2030 (NDP)	65
4.2.1.7	Findings from the document analysis	67
4.2.2	Interviews	68
4.2.2.1	Process of data analysis for interviews	69
4.2.2.2	Interview questions and parent responses	70
4.2.2.3	Relating the data to the preset themes of the study	79
4.2.3	Observations	84
4.2.3.1	Analysis and interpretation of observations	84
4.2.3.2	Findings of the observations	86
4.3	CONCLUSION	87
 CHAPTER 5: FINDINGS, RECOMMENDATIONS AND LIMITATIONS		89
5.1	INTRODUCTION	89
5.2	OUTLINE OF THE CHAPTERS OF THE DISSERTATION	90
5.3	DISCUSSION OF FINDINGS FROM THE LITERATURE REVIEW	91
5.4	DISCUSSION OF FINDINGS FROM THE EMPIRICAL STUDY	92

5.4.1	The importance of early intervention in addressing learning difficulties in children	93
5.4.2	Collaboration between government and other organisations to help parents give support to children with learning difficulties	94
5.4.3	Improvement of support to enable parents to help their children	94
5.5	RECOMMENDATIONS	95
5.5.1	Recommendations aimed at improving support for parents, so they can provide successful early intervention for their pre-school children	95
5.5.2	Recommendations for future research	99
	BIBLIOGRAPHY	101
	APPENDIX 1: MAP OF THE EASTERN CAPE	109
	APPENDIX 2: PARENTS' CONSENT FORM	110
	APPENDIX 3: INTERVIEW SCHEDULE	112
	APPENDIX 4: INTERVIEW DATA	114
	APPENDIX 5: OBSERVATION TEMPLATE	119
	APPENDIX 6: OBSERVATION SCHEDULE	120
	APPENDIX 7: CERTIFICATE FOR LANGUAGE EDITING	123
	APPENDIX 8: CERTIFICATE FOR FORMATTING	124

LIST OF FIGURES

FIGURE 2.1: Theory groups	22
FIGURE 2.2 Bronfenbrenner's bio-ecological model	26
FIGURE 3.1 Key characteristics of a qualitative study	48

LIST OF TABLES

TABLE 2.1: 0- to 4- year olds attending educational institutions	43
TABLE 2.2: 5- year old children attending educational institutions	43
TABLE 2.3: Early childhood care activities of children aged 0 to 4 years	44

CHAPTER 1

INTRODUCTION TO THE STUDY

“What lies behind us and what lies before us are tiny matters compared to what lies within us.”

Ralph Waldo Emerson

1.1 BACKGROUND OF THE STUDY

Chapter 1 serves as an introductory chapter and focuses mainly on explaining the problem statement and the aims of the study. The above quote by American writer Ralph Waldo Emerson points to the inherent, often shrouded potential for success and greatness that each person has inside him or her. The quote suggests that a person’s success and greatness could be released and elevated to a higher level if there was a way to tap into that inherent potential. In the context of this study, the quote could refer to the potential and abilities that exist inside children who have learning and developmental difficulties. Their potential and abilities are often overlooked; but if early intervention strategies could be in place to help them, their full potential may be discovered and released.

Early intervention is "the broad term that refers to the processes orientated towards facilitating optimal early childhood development" (Alant & Harty 2005: 80). The intervention should ideally begin before a child starts school. The South African Schools Act No 84 of 1996 states that a child must start school at the beginning of the year in which the child turns seven (Department of Education 1996: 3). In South Africa, this means that early intervention should ideally begin before a child with learning and developmental difficulties turns seven and starts attending school.

Alant and Harty (2005: 83) emphasize the importance of early intervention for inclusive education by stating that a child should grow up in an environment that promotes learning and participation. The Department of Education states the following: "In collaboration with the provincial departments of education and the Ministries of Health and Welfare, the Ministry will investigate how learners who experience severe barriers to learning during the

pre-school years can be identified and supported. Mechanisms and measures to be investigated will include the role of community-based clinics and early admission of such learners to special schools/resource centres and full-service and other schools" (Department of Education White Paper 6, 2001: 49). It is clear that different role players in education all agree that early intervention, i.e. before the child starts school, is important to help children who have learning and developmental difficulties.

There are other reasons that justify early intervention. Bruder (2010: 339-355) makes the following points in favour of early intervention:

- The earlier the intervention takes place, the more the child will benefit from the intervention strategies aimed at compensating for the child's needs.
- The child's family will also gain benefits from the support that is incorporated in the intervention strategies.
- Schools and communities save on costs, because there are fewer expenses when the child is ready to learn when he or she arrives at school.

Obviously, a child with a learning and/or developmental difficulty is at a disadvantage if he or she does not receive early intervention. Although most people agree that early intervention is beneficial for such a child, it appears that little intervention is taking place in our communities and in schools.

The Constitution of South Africa emphasizes that the rights of all people, including children and people with disabilities, are important and should be respected (Republic of South Africa 1996a: 7-39). This new Constitution led to changes in South African education: education became the right of all people, even those with disabilities. The South African Schools Act 84 of 1996 was established to promote the ideals of the Constitution (Department of Education 1996b).

The changes in South African politics and education led the way for research into ways to deliver free, fair and inclusive education. Education White Paper No. 6 (2001: 16) states that inclusive education and training:

- "Are about acknowledging that all children and youth can learn and that all children and youth need support.

- Are accepting and respecting the fact that all learners are different in some way and have different learning needs which are equally valued and an ordinary part of our human experience.
- Are about enabling education structures, systems and learning methodologies to meet the needs of all learners.
- Acknowledge and respect differences in learners, whether due to age, gender, ethnicity, language, class, disability or HIV status.
- Are broader than formal schooling and acknowledge that learning also occurs in the home and community, and within formal and informal modes and structures.
- Are about changing attitudes, behaviour, teaching methodologies, curricula and the environment to meet the needs of all learners.
- Are about maximising the participation of all learners in the culture and the curricula of educational institutions and uncovering and minimising barriers to learning.
- Are about empowering learners by developing their individual strengths and enabling them to participate critically in the process of learning.”

Inclusive education is generally a new field of research, but researchers have already made valuable contributions that could be used for new or further research in this field.

Alant and Harty (2011: 78) focus on early childhood intervention in the South African context, and include a case study of a local learner with learning disabilities. This makes it easy to relate their research to the South African context. They are in favour of Bronfenbrenner's bio-ecological approach to early childhood intervention, because "it emphasizes that situations and actions of people in the child's environment significantly impact on child development - irrespective of whether the child has direct contact with the environment or not" (Alant & Harty 2011: 80).

Research generally shows that South Africa lags behind the rest of the world in terms of research in early intervention in inclusive education (Walton, Hugo & Muller 2009: 105). Still, we can learn from global research findings as we seek to address our unique South African challenges (Stofile & Green 2007: 61). Alant & Harty (2011:79) and McKenzie & Loebenstein (2007: 200) state that we are moving in the right direction and that our post-apartheid policies promote early childhood education.

Parents should provide safe and secure surroundings where children can experience love, and where there is provision for most of their needs in order for them to fulfil their learning task as best they can (Prinsloo 2011: 42; Bornman & Rose 2010: 16). This statement emphasizes that any study in this field should not overlook the socio-economic factors that influence the learning experiences of parents and children. Prinsloo (2011: 33) also refers to a "general disintegration of family life" in the modern South African context. All these influential factors should be considered when one undertakes a study to explore the role of parents in the early intervention of pre-school children with learning and developmental difficulties.

"Many earlier psychologists, particularly those influenced by Freud, believed that early childhood experiences were critical, especially for emotional/social and cognitive development" (Woolfolk 2010: 27). This statement is based on the fact that brain development is most favourable in the early years of a child's life. "By the time the child is born, they have all the neurons they will ever have, about 100 to 200 billion, and each neuron has 2,500 synapses. By age 2 to 3, each neuron has around 15,000 synapses; children this age have many more synapses than they will have as adults" (Woolfolk 2010: 29). Firstly, this suggests that a child is ready to receive early intervention in the pre-school years, even if he or she has a learning or developmental difficulty. Secondly, this statement emphasizes that educational psychology should be seen as an important factor when doing research on early intervention in inclusive education.

Stivers, Francis-Cropper and Straus (2008:10) also acknowledge the importance of early intervention in inclusive education and the important role that parents should play in this regard. They offer practical, step-by-step "strategies teachers can use throughout the year to help families of children with and without disabilities, and by extension the broader community, understand and appreciate inclusive education and their roles in ensuring its success". Their approach suggests that teachers should become facilitators in forming partnerships between themselves, families and the broader community.

Pang (2010: 183) states that teachers should strive to understand the needs and priorities of families. She emphasizes the benefits of family-orientated activities, and the usefulness of family resources in the design of early intervention processes.

Pretis (2012: 7) describes early intervention as "any kind of support for children and parents

in the early years". He points out that early intervention is successful when support is given to both children and parents. His demographic data help one to understand why early intervention appears to be a successful and "well established preventive service in Europe" (Pretis 2012: 7).

This preliminary literature review emphasizes the importance of early intervention in inclusive education and gives insight into international, as well as South African research on early intervention in inclusive education. Parents are identified as the primary role players in the process of early intervention

1.2 MOTIVATION TO EMBARK ON THE STUDY

The researcher teaches at Kuyasa Special School in Grahamstown, Eastern Cape. All the learners at the school have been diagnosed with learning and developmental difficulties. Through his interaction with the learners and their parents, he has often wondered to what extent the children's learning and developmental difficulties could have been alleviated if early identification and early intervention strategies were in place to support them before they started school. He especially wonders about the role that parents, as primary care-givers, could play in this process of identification of learning and developmental difficulties and provision of early intervention. He hopes that this study will shed some light on this perplexing issue.

1.3 STATEMENT OF THE PROBLEM

Different theories of childhood development, e.g. Bronfenbrenner's bioecological systems theory, point out the important influence of parents and the home environment on the development of a child (Woolfolk 2010: 18). As a teacher at Kuyasa Special School, the researcher has observed that parents appear to be unaware of the importance of early intervention to give support to a child with learning and developmental difficulties. It also appears that many parents do not even realize that intervention strategies exist for the pre-school child. This appears to be especially true in low-income families, where literacy levels are low. These assumptions are based on the fact that parents generally appear de-motivated and unable to provide support for their children, and they rely on the school to guide them in this regard. The problem is that parents appear to be unaware of the importance of early

intervention in addressing learning difficulties in their children, and they appear to be unaware of intervention strategies that are available to help them support their children.

According to Fouché and De Vos (2013: 108) a problem statement must “provide the reader with an overview of the area of inquiry to be developed” The problem statement also “captures the essential focus of the study” (Fouché and De Vos 2013: 108). The focus of this research is to explore possible reasons for the above-mentioned situation in Grahamstown, with a view to providing parents with knowledge that could help them to identify learning and developmental difficulties and provide early intervention for their children.

1.4 THE RESEARCH QUESTION

According to Jansen (2007: 7) a research question is “the broad, overall question to which you seek answers.” He adds that a research question formulates the study, and helps to focus the study (Jansen 2007: 13).

This study is guided by the following research question:

How can parents in Grahamstown, Eastern Cape, be supported to provide successful early intervention for pre-school children with learning and developmental difficulties?

The following sub-questions are also relevant to the study:

1. How aware are parents of the importance of early intervention in addressing learning and developmental difficulties in their children?
2. What support currently exists to help parents support children with learning and developmental difficulties?
3. What strategies could be used to enhance early intervention for pre-school children?

1.5 AIMS OF THE STUDY

Fouché and De Vos (2011: 94) define ‘aim’ as “something which you plan to do or achieve” through you study. The aim of this study is to explore early intervention in pre-school children with learning and developmental difficulties in Grahamstown, Eastern Cape.

Flowing from this aim, the study will pursue the following objectives:

- To determine what awareness parents have of the importance of early intervention in addressing learning and developmental difficulties in their children.
- To determine what support currently exists to help parents support children with learning and developmental difficulties.
- To determine how support can be improved to enable parents to help their children in this regard.

1.6 SIGNIFICANCE OF THE STUDY

Data could be generated in this study that could add to existing knowledge on the importance of early intervention in inclusive education and the role of parents. The research findings could be a source of knowledge and guidance for parents, and help them become aware of the important role they play in providing early intervention in inclusive education. The findings could also be made available to the Department of Education, and could prove useful for policy makers as they strive to formulate policies on ways to provide support for parents of children with learning and developmental difficulties.

1.7 METHODOLOGY

Methodology refers to “the procedures used to collect and analyze data” (McMillan and Schumacher 2010: 490). Kumar (1999: 195) emphasizes that the researcher should ensure that the methodology he or she selects is appropriate, because it is unethical of him or her to select a methodology that is inappropriate. Examples of inappropriate methodology include the selection of a biased sample or the use of an invalid instrument (Kumar 1996: 195).

Research can be quantitative, qualitative or mixed. According to Fouché and Delport (2013: 62) these methods differ in terms of:

- Purpose
- Methods of conducting the inquiry
- Strategies for collecting and analyzing data
- Criteria for judging quality.

This study follows a qualitative, phenomenological approach. This exploratory approach

helps one to understand and interpret the essence of the meanings that subjects give to their daily lives and experiences. Data collection aims to obtain the perspectives and experiences of parents of children with learning and developmental difficulties. The “stories, experiences and voices” of the parents give insight into their “reality” (Nieuwenhuis 2007a: 55). This research could also be described as applied research because it aims to improve the support that parents are receiving, so that they could support their children better (See the third point under 1.5 of this chapter). Jansen (2007: 9) states that applied research enables a researcher to ask questions that are designed to provide data that he or she could use to improve a situation or solve a problem. Data collection is done through document analysis, interviewing, and participant observation. Interviewing is used as the central method of data collection. This multi-method approach enhances the validity of the data through triangulation. McMillan and Schumacher (2010: 331) define ‘triangulation’ as a technique that is used to obtain “convergent data using cross-validation.”

McMillan and Schumacher (2010: 129) define ‘population’ as “a group of elements or cases, whether individuals, objects, or events, that conform to specific criteria and to which we intend to generalize the results of the research.” The population of this study is the parents of Grahamstown with children who have learning and developmental difficulties. The research findings will be generalized to those parents (See section 1.5 of this chapter).

McMillan and Schumacher (2010: 129) define a ‘sample’ as the group of individuals from whom data are collected. Sampling is the process that the researcher employs to select a portion of the population for a study (Nieuwenhuis 2007b: 79). Purposeful sampling was employed for this study. Purposeful (‘non-random’) sampling is used to select only the subjects that meet the specific requirements of the study (Kumar 1999: 162). Ten parents were selected for this study based on their availability for the study, and, secondly, based on the fact that they have children with learning and developmental disabilities, and are able to contribute their information-rich, lived experiences to the study. Care was also given to the fact that the sample group should be representative of the population in terms of socio-economic factors, such as race. Sufficient data were obtained from the sample group of ten parents to be generalized to the population of the study.

This study follows a qualitative approach for data gathering, because this approach allows for a better understanding of the individual perspectives and challenges that are faced by the

subjects, i.e. the parents of children with learning and developmental difficulties. This means that the research findings can be used effectively to suggest guidelines to improve the situation or solve the unique problems that individual parents may be experiencing. Document analysis, interviewing, and participant observation are used to collect data, with interviewing as the central method of data collection. This multi-method approach allows for triangulation and cross-validation of data (McMillan and Schumacher 2010: 331). This multi-method also allows for data collection from both primary and secondary sources (Kumar 1999: 123). Document analysis is the secondary source; interviewing and participant observation are the primary sources.

Nieuwenhuis (2007b: 83) describes document analysis as a data collection technique that examines written communications to help explain the phenomenon that is being investigated. Strydom and Delpont (2013: 377) differentiate between primary and secondary sources of documents. They identify primary sources as original experiences and observations that a person writes about. Secondary sources are the experiences and observations of a person that another person writes about (Strydom and Delpont 2013: 377). They also differentiate between personal documents, official documents, mass media and archival material (Strydom and Delpont 2013: 378, 379). Creswell (2003: 188) differentiates between private and public documents. Government publications are examples of public documents. The researcher analyzed public documents in the form of government publications to determine what role the South African government plays to support the parents of children with learning and developmental difficulties in terms of policies and legislation.

Nieuwenhuis (2007b: 87) describes the interview as a conversation in which the interviewer asks questions of the respondent to collect data and learn about the “ideas, beliefs, views, opinions and behaviours” of the respondent. Data collection for this study included one-on-one interviews with parents of pre-school children that need early intervention. The interview guide approach was followed to collect data. In this approach, the interviewer selects the topics in advance, but decides the wording and the sequence of the questions during the interview (McMillan and Schumacher 2010: 355). This allows the interview to flow because the format is guided, yet natural. Interviews were conducted in natural environments to ensure that informants would be comfortable and at ease, i.e. the homes of informants (Greeff 2013: 350). An interview schedule was used to obtain relevant data to answer the research problem and research questions (McMillan and Schumacher 2010: 205). Interviews were kept

short, around half an hour, to ensure that informants did not become tired or bored. Follow-up interviews were scheduled to obtain sufficient data. The informants were asked to sign consent forms and they were guaranteed that their identities would be protected. Permission was obtained from the informants to make audio recordings of interviews to ensure that a fuller record of the interview was available (Greeff 2013: 359). Field notes were written during and immediately after the interview to ensure that complete notes were available for analysis (Greeff 2013: 359). Data were stored in computer files (Microsoft Word).

Strydom (2013c: 329) states that the real world of participants can be understood by observing the words and expressions they use in specific situations. Nieuwenhuis (2007b: 83) defines observation as the recording of the patterns of behaviour of participants without necessarily communicating with them. McMillan and Schumacher (2010: 209) state the following advantages of observations:

- Behaviour is recorded as it occurs.
- Behaviour is studied in a real-life scenario, and not an artificial setting.

Observation was used as a third data collection technique for this study, because participants are often not able to detach themselves from the phenomenon that is being investigated, and often find it difficult to respond objectively during interviewing (Kumar 1999: 105). Through observations done at the homes of participants, the researcher was able to gain first-hand information on their lived experiences. The role of the researcher was that of “observer as participant”, which means the researcher was a passive observer and did not influence the social dynamics of the setting (Nieuwenhuis 2007b: 85). Short, anecdotal notes were used to record the observations in an unobtrusive manner (Nieuwenhuis 2007b: 85). The observations were structured to gain insight into the support that children with learning and developmental difficulties were receiving in the home environment (Nieuwenhuis 2007b: 85).

McMillan and Schumacher (2010: 367) describe qualitative data analysis as an inductive process where the researcher organizes data into categories, and identifies patterns and relationships among the categories. Inductive analysis means the researcher starts with specific data and moves from there to general categories and patterns (McMillan and Schumacher 2010: 367). Nieuwenhuis (2007c: 99) states that a qualitative data analysis is an inductive process that aims to determine how participants make meaning of a specific phenomenon. He points out that the researcher should ensure that this process is credible and

trustworthy, so that the reader would agree with the emerging reality that is described in the study (Nieuwenhuis 2007c: 117).

This study follows the process of qualitative data analysis recommended by de Vos (2010: 334-339):

(i) Planning for recording of data

The planning started before data collection was commenced. Planning was done in advance so that data recording could be appropriate for the setting and did not intrude on the informants. Planning included different strategies, e. g. the use of a tape recorder during interviews if note-taking was inappropriate and colour coding of notes to keep track of dates of names of participants.

(ii) Data collection and preliminary analyses

Data analysis takes place continuously during data collection, i.e. during document analysis, interviews, and observations. Data analysis also takes place after data collection has been completed. The researcher returned to the research settings when more data were needed, or clarification of data was needed.

(iii) Organizing data

This was done away from the research site. In the case of interviews and observations, data were arranged according to the names of the informants in computer files using Microsoft Word. A backup copy was made and stored away for safekeeping, while a working copy was used for analysis.

(iv) Reading and writing memos

Frequent reading of the data was done to get a sense of the whole, and to break the data into relevant parts. This was done in an attempt to answer the research question and sub-questions. Memo writing was used as a means of identifying relevant data during this sifting process. Memos are short notes that researchers write to themselves (Schurink et al 2013:

409).

(v) Generating categories, themes and patterns

The research question and sub-questions were used to identify salient themes and recurring ideas in the data. The analysis focused on the following themes:

- How aware are parents of the importance of early intervention in addressing learning and developmental difficulties in their children?
- What support exists presently to help parents give support to children with learning and developmental difficulties?
- How can support be improved to enable parents to help their children?

The researcher searched for these themes in the data.

(vi) Coding the data

Open coding was used to find categories, themes and patterns in the data. During open coding data are broken down into parts, examined and compared to find similarities and differences (Schurink et al 2013: 412). A number system identical to the one used in the sub-questions was used to identify themes in the data. The perspectives and ideas that were obtained from parents during interviews were compared to identify duplication and overlapping, and similar codes were grouped together using similar colour coding.

(vii) Testing emergent understandings

The researcher searched through the data to find contradictions and negative instances of the categories, themes or patterns that have been identified earlier. The aim was to determine how useful the data were in answering the research question and the sub-questions.

(viii) Searching for alternative explanations

The researcher searched the data for other, plausible explanations for the categories, themes and patterns. This part of the analysis seeks to explain the plausibility of the researcher's explanation (Schurink et al 2013: 416)

(ix) Writing the report

Comments by informants are quoted *verbatim* in the report to give credibility. These include quotes from the document analysis, the interviews, and the observations. The data are presented in tabular form. Appendices include letters of communication with parents, consent forms completed by parents, the interview guide and interview schedule that were used, and the field notes of the observations.

1.8 LIMITATIONS OF THE STUDY

The field of this study is the geographical area of Grahamstown, Eastern Cape, and the population studied is the parents of children with learning and developmental difficulties in Grahamstown. This could be a limitation, because it would be problematic to generalize the findings of the study to other geographical areas. It is, however, not the purpose of this study to generalize the findings.

A small sample size of 10 parents was used. This could also be a limitation, because it would be difficult to generalize the findings of the study to larger populations of parents. Again, it is not the purpose of this study to generalize the findings.

1.9. TRUSTWORTHINESS OF RESEARCH

The trustworthiness of the research was measured against the following questions posed by Marshall and Rossman (in De Vos 2010: 345): How credible are the findings of the study? By what criteria can the findings be judged? Can the findings be transferred to the population of the study? Can the findings be replicated if the study were conducted with the same participants in the same context? Are the findings reflective of the subjects and the inquiry itself, or a creation of the researcher's biases or prejudices?

The following measures were put in place to ensure that the research was trustworthy:

- Prolonged and persistent fieldwork was done to ensure that sufficient data were collected, and that the interviews yielded sufficient data from the informants' natural setting.

- Multiple data collection techniques, e.g. document analysis, interviewing and observation were used to corroborate data. This approach allows for triangulation and cross-validation of data (McMillan and Schumacher 2010: 331).
- A tape recorder was also used to ensure that accurate data were obtained.
- Member checking and participant reviews were done during and after the interviews to confirm observations and meaning with informants.

1.10 ETHICAL CONSIDERATIONS

Strydom (2013b: 114) defines ethics as the moral principles which are suggested and accepted by an individual or group, and which offer rules and behavioural expectations about the correct conduct towards experimental subjects and respondents, other researchers, assistants and students. McMillan and Schumacher (2010: 338) state that qualitative research could be personally intrusive, and should, therefore, follow guidelines to adhere to research ethics.

This study was conducted with compliance to the rules and ethical requirements of the University of South Africa, and was also guided by the following ethical considerations:

- The researcher's own biases and judgments were set aside, so the factual data could speak for itself.
- The rights of the participants were respected, and their interests were protected.
- The participants remained anonymous and their names were replaced with numbers, i.e. Parent 1 up to Parent 10.
- Written consent was obtained from participants for their voluntary participation in the research, and their information was not to be shared without their consent.
- The research findings would be released to the participants on completion of the study.

1.11 DEFINITION OF TERMS

The following terms are used throughout the study. They are briefly explained to ensure clarity and aid understanding.

1.11.1 Early Childhood

This can be seen as the period from birth to nine years (Department of Education White Paper No. 5 2001: 9). “Through childhood development research, the influences of the first three years on the rest of a child’s life are now well documented. Local and international research provides a wealth of evidence to show that the early years are critical for the development of the potential of human beings. This research has demonstrated that the period of gestation and the first seven years after birth are characterised by rapid physical, intellectual, emotional, social and moral development. For example, by the age of 2½ years, a child’s brain has achieved 50% of its adult weight, and by the age of 5, the brain has grown to 90% of its adult weight. In addition, many of the brain's structures and biochemical routes are developed in the first two years of life” (Department of Education White Paper No. 5 2001: 8).

Early childhood can be defined as the period from birth to eight years old. This is a time of remarkable brain growth, and during these years the foundations for subsequent learning and development are laid (UNESCO 2009).

Different definitions can be used to cover the term ‘early childhood’, but for the purpose of this study the term refers to pre-school children, ranging in age from birth to seven years. The focus is on pre-school aged children, irrespective of whether they attend pre-schools.

1.11.2 Intervention

Intervention involves interfering “with the outcome or course especially of a condition or process as to prevent harm or improve functioning” (Merriam-Webster). For the purpose of this study “intervention” refers to the measures that are taken to address the learning and developmental difficulties of pre-school children.

1.11.3 Early Childhood Intervention

Alant and Harty (2011: 80) describe early childhood intervention as the processes orientated towards facilitating optimal early childhood development. These processes have a twofold purpose: firstly, to prevent developmental problems in young children; and, secondly, to

minimize the impact of the problems that are identified in young children (Alant & Harty 2011: 80). Alant and Harty also point out that early childhood intervention should focus on addressing problems in the child's environment, so that the child can grow up in a context that is congenial for child development (2011: 80).

Bruder (2010: 339-355) defines early childhood intervention as the experiences and opportunities that parents and other primary caregivers and service providers give to infants and toddlers with disabilities.

Early childhood intervention “refers to a comprehensive approach to policies and programmes for children from birth to nine years of age with the active participation of their parents and caregivers. Its purpose is to protect the child's rights to develop his or her full cognitive, emotional, social and physical potential” (Department of Education White Paper No. 5 2001: 9).

In the context of this study “early childhood intervention” refers to the measures that are taken by parents, caregivers and other role players, like welfare and education organisations to address the learning and developmental challenges of pre-school children so they can develop their full potential.

1.11.4 Inclusive Education

The Disability Policy states that an inclusive society is a society where changes are made to accommodate or include all people (Department of Social Development 1997: 25).

The purpose of inclusion is to develop community and education systems that include all members of the community (Swart & Pettipher 2011: 4).

In terms of education, inclusivity is the integration of all students, including those with severe disabilities, into regular education systems (Woolfolk 2010: 557).

Inclusive education and training are not only about formal schooling, but also acknowledge that learning can occur in communities, and homes, using formal as well as informal methods and structures (Department of Education White Paper No. 6: 2001: 16).

In the context of this study, “inclusive education” refers to learning processes that emphasize the inclusion of children with learning difficulties and mostly take place in the informal setting of the home or the community.

1.11.5 Learning Difficulties

This study uses the terms learning difficulties, learning impairments, learning disabilities and learning barriers synonymously.

Dednam (2011: 364) states that the term ‘learning impairment’ can refer to a group of disorders that result in problems in acquiring and using listening, reasoning and verbal skills, as well as in reading and writing. She further states that learning-impaired children find it difficult to regulate their behaviour, and often display behaviour problems, such as attention deficit hyperactivity disorder (ADHD).

Prinsloo (2011: 27) describes barriers as “obstacles” that “prevent communication and bar advancement.” For this study “learning difficulties” refers to the disorders that hinder the educational advancement of children. These could include behavioural disorders, like attention deficit hyperactivity disorder (ADHD).

1.11.6 Support

The South African Children's Act (Act 38 of 2005) states that a child with a disability should have parental, family or special care, and that the care-giver should be provided with support services. These services should help to develop the child so that he or she can take part in social, cultural, religious and educational activities. (Republic of South Africa 2005: 22).

In the context of this study “support” refers to the help that should be given to parents of children with learning and developmental difficulties, so that they can support their children. Emphasis is placed on the learning support that such children should receive.

The terms ‘support’ and ‘early childhood intervention’ are closely related in meaning and are used synonymously in the context of this study.

1.12 DIVISION OF CHAPTERS

This dissertation has the following basic outline:

Chapter 1: Introduction to the study.

Outline of the problem statement and aims of the study.

Chapter 2: Literature review.

Chapter 3: Outline of the research design and methodology used in the study.

Chapter 4: Data analysis and interpretation.

Chapter 5: Summary of chapters and summary of research results.

Recommendations for the future, including subsequent research.

1.13 SUMMARY

This study sets out to explore early intervention in pre-school children with learning and developmental difficulties in Grahamstown. The following themes are addressed:

- The importance of early intervention in addressing learning and developmental difficulties in children
- Collaboration between government and other organisations to help parents give support to children with learning and developmental difficulties
- Improvement of support to enable parents to help their children

Chapter 1 served as an introductory chapter to the dissertation, and focused mainly on explaining the problem statement and the aims of the study.

Chapter 2 will provide the literature review. The literature review will: firstly, give an overview of different theories of childhood development that are relevant to this study; secondly, give an overview of progress that has been made internationally in the field of early intervention; and, thirdly, examine policies on Inclusive Education that are used in South Africa and in the Eastern Cape. The literature review helps to put the situation in

Grahamstown in national and international contexts.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

"There is strong evidence that a substantial portion of students who are now in the special-education system could have been kept out of it if they had effective early intervention"

R. Slavin

Based on the experiences of the researcher as a teacher at a special school, he supports the statement given above. The statement points out that young children learn new things quickly, especially if early intervention strategies are in place to support them and their parents.

This chapter gives a brief discussion of theories of childhood development that have an effect on pre-school development. Bronfenbrenner's ecological systems theory is discussed in detail, because it underpins the present study. This theory is used because it points out the importance of a child's socio-cultural influences on his or her learning and development. These socio-cultural influences include the influence of immediate family, especially that of parents, on the development of a child. This chapter also gives a brief overview of progress that has been made internationally in the field of early intervention. This is followed by an overview of policies that influence early intervention and inclusive education in South Africa, in the Eastern Cape, and in Grahamstown. The literature review is not exhaustive, but it helps to put the situation in Grahamstown in national and international contexts.

2.2 THEORIES OF CHILDHOOD DEVELOPMENT

There are various theories of childhood development. The following definitions and theories give a general understanding of the views theorists have of childhood development. Within this context, the researcher aims to show why Bronfenbrenner's ecological systems theory is used as a foundation for the present study.

Morgan (2007: 49) defines a theory as the systematic principle(s) that are used to explain phenomena and can be verified by empirical investigations. Theory can also be defined as "a

conceptual framework or system of ideas that explains, but goes beyond, facts" (Donald, Lazarus & Lolwana 2010: 60). Beckley (2012: 21) emphasises the psychological influences on childhood development, and defines developmental theory as a body of psychological theories concerned with the development of children from birth to maturity. Development is "the series of continuous changes an organism undergoes from the moment of conception until death. Both maturation and growth are involved and these are influenced by the genetic composition of the organism, external physical factors (e.g. nutrition), cultural factors, and economic and social factors" (de Witt 2009: 4). This definition attaches importance to both behavioural and constructivist theories, and views them as complementary. This definition is in line with this study, because it points to the important influence of a child's immediate family on his or her learning and development.

Woolfolk (2010:14) writes that relevant theory helps a person to gain a better understanding of the teaching and learning processes of a child. She also adds that one theory does not answer all the questions related to learning, so it makes sense to consider the positive contributions of several relevant theories. Woolfolk (2010: 16) organises eight major theories of development into the following three major groups: stage theories, learning theories and contextual theories.

STAGE THEORIES

Piaget	Freud	Erikson
Cognitive Development Qualitative changes in thinking through 4 stages	Psychosexual Development Changes through 5 stages of personality development	Psychosocial Development Successful resolution of conflicts through 8 stages of development
Concrete operations, formal operations	Unconscious, dream analysis	Developmental crisis, identity crisis

LEARNING THEORIES

Behaviourism	Information Processing	Social Cognitive
Systematic analysis of Antecedents and consequences of behaviour	Explaining how attention, perception, representation, and knowledge affect memory and problem solving	The interactive effects of behaviour, environment, and personal characteristics in learning and motivation

Reinforcement, punishment, conditioning	Perception, working memory, long-term memory	Triadic reciprocal interactions, self-efficacy
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CONTEXTUAL THEORIES

Vygotsky	Bronfenbrenner
The role of more knowledgeable others, culture, and history in learning and development	Bioecological system The individual influence by nested and interacting social and cultural systems
Cultural tools, zone of proximal development	Nested, interacting social systems

Figure 2.1 Theory groups (adopted from Woolfolk 2010: 18)

The theories of Piaget, Freud and Erikson are grouped together as Stage Theories because they explain development in terms of the stages a person passes through. Behaviourism, Information Processing, and Social Cognitive Theory are grouped under the heading Learning and Motivation Theories because they describe development as the product of learning. Vygotsky and Bronfenbrenner’s theories are grouped together as Contextual Theories because they take into account the role of culture and social context.

Slavin (2012: 9) defines a theory as the set of related principles that explain and unify certain phenomena. He emphasizes the important purpose of theories to tie together facts and principles to promote an understanding of phenomena, and differentiates between continuous and discontinuous theories of development (Slavin 2012: 30). The former type is relevant to the context of this study, because it assumes that a child’s development takes place as skills develop and experiences are gained from caregivers and the environment. The behavioural learning theories of Pavlov and Skinner are examples of continuous theories. Discontinuous theories of development assume that development is the product of hereditary or inborn factors. The cognitive theories of Piaget and Vygotsky are examples of discontinuous theories of development. Slavin concludes that behavioural and cognitive theories are complementary in explaining the development of a child (Slavin 2012: 137).

The following theorists had a major influence on studies related to childhood learning and development:

Jean Piaget (1896 - 1980)

Piaget was a Swiss psychologist. His theory of cognitive development is based on the idea that a child's cognitive ability progresses through four stages: sensory motor stage (birth to 2 years); preoperational stage (2 to 7 years); concrete operational stage (7 to 11 years); and formal operational stage (11 years to adulthood) (Woolfolk 2010: 16). He believed that all children pass through these stages in this order and that children develop new intellectual abilities at each stage (Slavin 2012: 33). A strong criticism of Piaget's theory is that the developmental stages are not fixed, as Piaget believed. Slavin (2012: 39) states that research has shown in many cases that Piagetian tasks can be taught to children at earlier developmental stages. This means that children's skills develop differently, and that children can learn new skills associated with a specific stage during the preceding stage.

Lev Vygotsky (1896 - 1934)

This Russian psychologist developed a sociocultural theory of child growth and development, and is known for his "zone of proximal development" concept (Morgan 2007: 67). Vygotsky believed that a child's cognitive development is a social process that is influenced by interactions with peers or adults in his or her cultural or social environment (Beckley 2012: 27). This means that a child's early development depends heavily on the home or parental influences (Slavin 2012: 49). Vygotsky's theory does not provide concrete explanations for child development, because consists mostly of "general ideas" (Woolfolk 2010: 48). He was unable to expand on his theories, because he died at the early age of 38 years.

Erik Erikson (1902 - 1994)

Erikson was a German-born American psychologist. His psychosocial theory viewed development "as a passage through a series of stages, each with its particular goals, concerns, accomplishments, and dangers" (Woolfolk 2010: 17). He identified 8 interdependent stages from birth to death. (Slavin 2012: 54). Parents and family members have a great influence on the child's development during the first three stages of the child's life. The school influence is strong in stages 3 and 4.

According to Erikson a person faces a developmental crisis or conflict between "positive"

alternatives and "potentially unhealthy" alternatives during his or her development (Woolfolk 2010: 17). The way in which he or she resolves a crisis or conflict determines their development in future stages: "successful resolutions lead to healthier developmental outcomes" (Beckley 2012: 28). Some scholars are critical of Erikson's theory. They state that people do not experience crises to the same degree or at the same time, and his theory does not explain how or why a person progresses from one stage to the other (Slavin 2012: 56).

Lawrence Kohlberg (1927 - 1987)

This American psychologist is known for his theory of stages of moral development (Beckley 2012: 30). He believed that a person progresses through a set sequence of six stages as he or she develops moral reasoning abilities (Slavin 2012: 59). The stages become more complex as a person progresses; and he or she relies on the abilities or skills learnt in the preceding stages to cope. Woolfolk's criticism (2010: 98) of this theory is that the stages of a person's development are not as sequenced and consistent as the theory suggests. Beckley (2012: 31) agrees with Woolfolk and states that children learn and develop in different ways.

Ivan Pavlov (1849 - 1936)

Pavlov was a Russian psychologist well known for his theory of classical conditioning. Classical conditioning is a process whereby humans and animals can be trained to react involuntarily to a stimulus. The stimulus elicits an automatic response in the subject (Woolfolk 2010: 200). Classical conditioning is a form of associative learning. This behavioural learning theory suggests that developmental actions could be induced by appropriate stimuli (Morgan 2007: 51). A strong criticism of Pavlov's theories, as well as other behavioural theories, is that they are based largely on animals; and, therefore, not really relevant to human behaviour (Morgan 2007: 51).

B. F. Skinner (1904 - 1990)

Skinner was an American psychologist who developed the concept of operant conditioning (Woolfolk 2010: 201). Operant conditioning is the use of pleasant and unpleasant consequences to change behaviour (Slavin 2012:118). This behavioural learning theory suggests that pleasurable consequences (reinforcers) strengthen behaviour, while unpleasant

consequences (punishers) weaken behaviour (Morgan 2007: 53). This theory is criticised because "the suppression of certain behaviours could be interpreted as punishment by some observers and not by others" (Morgan 2007:53).

John Bowlby (1907 - 1990)

This British psychologist developed an "Attachment Theory" that highlights the importance of a warm, caring bond between a mother and a child at the start of a child's life (Beckley 2012: 23). He suggested that this bond between mother and child is essential for the child's social and cognitive development (Beckley 2012: 227). Maselko et al. (2010, in Beckley 2012: 226) state that research has identified the long-term positive benefits of the maternal affection that a person receives during childhood.

2.2.1 Theoretical framework

Urie Bronfenbrenner (1917 - 2005)

Bronfenbrenner was a Russian-American psychologist who developed a bio-ecological systems theory (Beckley 2012: 198). His theory forms the theoretical framework for my study, because it points out the important role of immediate family, especially parents, in giving children environments that are filled with opportunities for learning and participation (Alant & Harty 2011: 82). His bio-ecological model helps explain the influence of a child's socio-cultural context on his or her learning and development (Bronfenbrenner and Morris 1998). The 'bio-' aspect of the theory refers to the biological selves that the child brings to the developmental process; and the ecological aspect refers to the social contexts in which development takes place (Woolfolk 2010: 19). These aspects have a reciprocal influence on each other.

Bronfenbrenner's model has four dimensions that influence child development (Donald et al. 2010: 40):

- Person factors, e.g. the temperamental characteristics of the child or the parent. These characteristics are regarded as biological, as indicated by the name "bio-ecological theory" (Swart & Pettipher 2011: 114). The temperamental characteristics of the child or parent could have a positive or negative effect on proximal development (i.e. face-

to-face, close communication) between them. For example, feelings of insecurity could have a negative influence, while feelings of love could have a positive influence.

- Process factors (e.g. the forms of interaction that take place in the family) form the second dimension that influences child development. Process factors include feeding a child or teaching it to write. These proximal processes operate regularly over time, and “need to involve progressively more complex reciprocal interactions between an active human and the persons, objects and symbols in his immediate environment” (Swart & Pettipher 2011: 13).
- Contexts (e.g. families, schools and local communities) form the third dimension of the social context, and change as the child matures. For example, when he or she starts school, or when he or she forms new friendships.
- Time is the fourth dimension. This refers to changes over time due to maturation that takes place in the child or in the environment (Swart & Pettipher 2011: 10).

Bronfenbrenner’s model of child development further states that child development happens in four systems or structures: the microsystem, the mesosystem, the exosystem, and the macrosystem (Bronfenbrenner and Morris 1998). These systems all interact with the chronosystem:

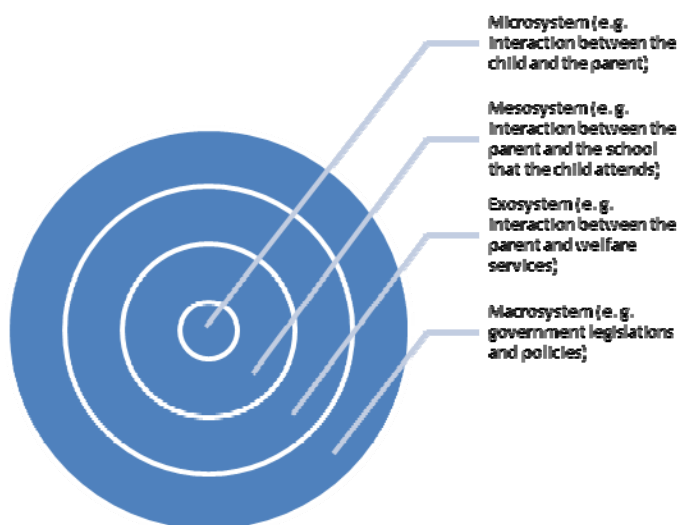


Figure 2.2 Bronfenbrenner’s bio-ecological model

Microsystem

This system is the immediate environment of the child, i.e. where proximal interactions take place (Donald et al. 201: 40). In this system the child interacts with people close to him or her, e.g. immediate family, caregivers, peers. Teachers can be included if the child is attending school. Interactions are continual and face-to-face, which means that interactions in this system have a strong influence on the child. “Microsystems involve roles, relationships, and patterns of daily activity that shape many aspects of cognitive, social, emotional, moral, and spiritual development” (Donald et al. 2010: 40). Parents and caregivers interact very closely with children in the microsystem, especially before children start attending formal school. This puts them in a favourable position to identify learning and developmental difficulties their children may have. The early identification of challenges makes it possible for parents to put early intervention strategies in place to support their children. The children benefit from early intervention, for example helping them prepare for formal schooling.

Mesosystem

The mesosystem is a system of interacting microsystems (Swart & Pettipher 2011: 11). With regard to a child that attends school, this would be the partnership that exists between the family of the child and the school that the child attends. The family and the school are two microsystems that interact continuously, thereby influencing each other, and the development of the child. In Grahamstown, where the researcher lives and teaches, there generally appear to be no strong partnerships between families and schools. One of the reasons for this could be that most families live in areas ravaged by socio-economic problems. Problems include high levels of illiteracy, high levels of unemployment, alcohol abuse, excessively large families, and a general lack of strong family values. Teenage pregnancy is another serious problem, and it leads to many children growing up in single-parent homes. All these factors appear to leave parents feeling powerless to support their children; and they allow schools to take the lead in matters pertaining to their children’s education. The school is a very important part of a child’s life, because “the experience in the microsystem of the school can protect (the child) from the psychological effects of an unsupportive environment at home” (Swart & Pettipher 2011:11).

Exosystem

The child is not directly involved in interactions that take place on this level. Things that happen on this level influence people that have proximal relationships with the child, which in turn influence the child indirectly (Donald et al. 2010: 41). In the context of this study, the support that poor parents get from welfare or education services has an exosystemic influence on the family microsystem and on the learning and development of the child. This study sets out to show that there can be disastrous consequences for children if parents are not given proper support in the exosystem. If parents do not receive support, they are not able to give support to their children in the microsystem. The exosystem includes the local community, and could also include interactions between parents that have similar challenges. These interactions could lead to the formation of parent support groups and other supportive community organisations.

Macrosystem

Donald et al. (2010: 41) state that the “macrosystem involves dominant social and economic structures, as well as values, beliefs, and practices that influence all other social systems.” Swart and Pettipher (2011: 12) define the macrosystem as “attitudes, beliefs, values and ideologies inherent in the systems of a particular society and culture which may have an impact or be influenced by any of the above systems.” National government functions on the level of the macrosystem. This study refers to government legislations and policies to understand to what extent government gives support to children with developmental or learning disabilities, as well as their parents. Policies, like White Paper 6 (Department of Education 2001), are in place in South Africa, but there appear to be no clear guidelines for the implementation of these policies.

Chronosystem

Chronosystem refers to “the developmental timeframes which cross through the interactions between these systems and their influences on individual development” (Swart & Pettipher 2011: 12). This means that the systems in which children develop, change over time; and as the system changes, so does the child’s development change. This study aims to show how important the pre-school stage is for the development of a child with learning and

developmental difficulties. During this stage a child experiences significant brain development, which makes this the ideal time to identify learning and developmental challenges. It would be ideal if intervention strategies could also be implemented during this time to help the child.

In summary, in the context of this study, the microsystem of the child is the child's immediate family, especially the parents and caregivers. They are close to the child and form the child's first line of support. They, however, need support in the mesosystem to support their children. Parents generally appear to feel powerless to help their children; and they wait for their children to start school, so that the school could take the lead in giving support to their children. The exosystem includes the systems of support that the child is not directly involved in. These systems are found in the local community and include local governments, i.e. education, social development, and health. Government policies state that government departments should work together in the exosystem to support parents and children. They, however, find it difficult to do so, because national government, in the macrosystem, fail to provide guidelines for implementing legislations and policies. The chronosystem refers to the time frames in which the systems function. In the context of this study, it could refer to the valuable intervention time that is lost if a child does not receive support during the pre-school years. All the systems that have been named are supposed to function together to provide support for the child with learning and developmental difficulties.

2.3 INTERNATIONAL DEVELOPMENT

2.3.1 The 1990 World Conference on Education for All and the 2000 World Education Forum

Delegates from several countries met at the 1990 World Conference for All in Jomtien, Thailand in 1990 and adopted a *World Declaration on Education for All* and *The Framework for Action to Meet the Basic Learning Needs* (Department of Basic Education 2002: 1). The goals set at the 1990 conference were not achieved and the countries met again 10 years later at the World Education Forum in Dakar, Senegal in 2000, where they renewed their commitment to the goals set out in 1990 (Department of Basic Education 2002: 1) . This time six specific education goals were set for 2015:

- Goal 1: Expand early childhood care and education
- Goal 2: Provide free and compulsory education for all
- Goal 3: Promote learning and life skills for young people and adults
- Goal 4: Increase adult literacy by 50 percent
- Goal 5: Achieve gender parity by 2005, gender equality by 2015
- Goal 6: Improve the quality of education

The first of the six goals is relevant to this study because it shows the commitment of the international community to address problems related to early childhood care and education, especially for vulnerable and disadvantaged children (Department of Basic Education 2002: 1).

2.3.2 The 1994 Salamanca Conference

Representatives from many different countries and international organisations met in Salamanca, Spain under the auspices of UNESCO and the Spanish government in June, 1994 to discuss and promote education for all people (UNESCO 1994:5). *The Salamanca Statement on Principles, Policy and Practice in Special Needs Education* was adopted at this gathering. *The Salamanca Statement* is relevant to this study because it points out that our government legislations and policies give a high priority to the development of early childhood and place a lot of focus on inclusive education. The expectations of *The Salamanca Statement* can be summed by the following extracts:

"Parallel and complementary legislative measures should be adopted in the fields of health, social work, vocational training and employment in order to support and give effect to educational legislation" (UNESCO 1994: 17).

"The success of the inclusive school depends considerably on early identification, assessment and stimulation of the very young child with special educational needs" (UNESCO 1994: 33).

"Early childhood care and education programmes for children aged up to 6 years ought to be developed and/or reorientated to promote physical, intellectual and social development and school readiness" (UNESCO 1994: 33).

"Many countries have adopted policies in favour of early childhood education, either by supporting the development of kindergartens and day nurseries or by organizing family information and awareness activities in conjunction with community services (health, maternal and infant care), schools and local family or women's associations" (UNESCO 1994: 33, 34).

"Parents need support in order to assume the role of a parent of a child with special needs. The role of families and parents could be enhanced by the provision of necessary information in simple and clear language; addressing the needs for information and training in parenting skills is a particularly important task in cultural environments where there is little tradition of schooling" (UNESCO 1994: 37).

The development of parents' associations should be promoted and their representatives involved in the design and implementation of programmes intended to enhance the education of their children" (UNESCO 1994: 38).

"Mass media can play a powerful role in promoting positive attitudes towards the integration of disabled persons in society" (UNESCO 1994: 40).

2.3.3 The UNESCO Policy Brief on Early Childhood

The UNESCO Policy Brief on Early Childhood (UNESCO 2009) gives an understanding of how international progress has been made in early childhood development since *The Salamanca Statement* of 1994. The policy brief is a two-page document that provides valuable information and guidelines to countries on early intervention and early childhood development. This information is relevant, because it helps us understand how South Africa compares with the rest of the world in terms of progress in early childhood development since *The Salamanca Statement* of 1994. Parts of the document have been included here to emphasize certain important points:

"Worldwide there are about 650 million persons with disabilities. This accounts for 10% of the global population, and constitutes more than 20% of the world's poorest people.

Children with disabilities experience stigma from birth and are more prone to exclusion, concealment, abandonment, institutionalization and abuse. Mortality rates among children

with disabilities are 80% even in countries where under-five mortality has declined below 20%. Strikingly, 98% of children with disabilities in developing countries do not attend school" (UNESCO 2009: 1).

"A remarkable step towards recognizing people with disabilities as equal and active members of society has been made through the UN Convention on the Rights of Persons with Disabilities (CRPD), which came into force in May 2008. The CRPD calls for enjoyment of all human rights and fundamental freedoms by children and adults with disabilities, and points to the importance of early intervention as well as inclusion in the education system from an early age. This policy brief argues that early childhood care and education (ECCE) is a powerful means of nurturing diverse abilities and overcoming disadvantages and inequalities, and discusses main approaches to responding to developmental needs of young children with disabilities" (UNESCO 2009: 1).

"The early years offer a special opportunity to foster developmental gains in children as 80% of the brain's capacity develops before the age of three. The gains are shown to be highest for those with maximum disadvantage. Equally, early neglect has lasting disabling effects. Poor nutrition leads to early childhood stunting, and coupled with low stimulation, it contributes to the poor cognitive and educational performance of over 200 million under-five children who are 'not fulfilling their developmental potential'" (UNESCO 2009: 1).

"Comprehensive ECCE providing care, stimulation, parental support and access to relevant services enhances the effects of interventions for children with disabilities. Positive transition from home to pre-school is encouraged when the early childhood programme allows for child-centred pedagogy and necessary individualised support to effectively address the diverse learning needs and abilities of children with disabilities. Indeed, early childhood programmes that are responsive to individual needs and respectful of diversity benefit all children and contribute to building the foundations of an inclusive society" (UNESCO 2009: 1).

"For ECCE to deliver these benefits and 'be effective, accessible and equitable, a society must invest in it'. Key policy measures include investment in early assessment and intervention, universalizing access to early education and promoting inclusive, community based educational provision with reliable specialist support" (UNESCO 2009: 1).

"Initiated well before children become eligible for preschools and schools, early assessment and intervention should be made available to identify young children at risk. It is most effective when families are closely involved in the process, enabling them to seek appropriate diagnostic and therapeutic services to support their child's well-being and development. Through early assessment coupled with intervention, families gain relevant information, especially about what their child can do and about interventions that will optimize his/her learning potential. This also increases the chances that children with disabilities can participate and flourish in inclusive mainstream educational settings. Evidence suggests that one in three infants and toddlers who receive early intervention services do not present later with a disability or require special education in a preschool" (UNESCO 2009: 1).

"The 2008 UNESCO International Conference on Education sent a strong message to the international community, calling for greater investment in early assessment and intervention, inclusive ECCE programmes, and for equipping teachers with appropriate skills and materials to teach diverse student populations. In essence, promotion of comprehensive, inclusive ECCE must become a priority for global development" (UNESCO 2009: 2).

2.3.4 The 2014 Global Meeting on Education for All

The Muscat Agreement was adopted by more than 250 delegates from various countries that attended the Global Meeting on Education for All that was held in Muscat, Oman, in May 2014 (UNESCO 2014). This Agreement sets out to "ensure equitable and inclusive quality education and lifelong learning for all by 2030." The Agreement outlines 7 targets for global education beyond 2015. The 7 targets are relevant to this study on early intervention, e.g. target 1 focuses on the provision of quality early childhood care and education. South Africa has committed itself to attaining these goals:

Target 1: By 2030, at least x% of girls and boys are ready for primary school through participation in quality early childhood care and education, including at least one year of free and compulsory pre-primary education, with particular attention to gender equality and the most marginalized.

Target 2: By 2030, all girls and boys complete free and compulsory quality basic education of at least 9 years and achieve relevant learning outcomes, with particular attention to gender

equality and the most marginalized.

Target 3: By 2030, all youth and at least x% of adults reach a proficiency level in literacy and numeracy sufficient to fully participate in society, with particular attention to girls and women and the most marginalized.

Target 4: By 2030, at least x% of youth and y% of adults have the knowledge and skills for decent work and life through technical and vocational, upper secondary and tertiary education and training, with particular attention to gender equality and the most marginalized.

Target 5: By 2030, all learners acquire knowledge, skills, values and attitudes to establish sustainable and peaceful societies, including through global citizenship education and education for sustainable development.

Target 6: By 2030, all governments ensure that all learners are taught by qualified, professionally-trained, motivated and well-supported teachers.

Target 7: By 2030, all countries allocate at least 4-6% of their Gross Domestic Product (GDP) or at least 15-20% of their public expenditure to education, prioritizing groups most in need; and strengthen financial cooperation for education, prioritizing countries most in need.

2.3.5 General overview of Progress in Different Countries

The following studies from different countries that represent different geographical areas provide a general overview of progress that is being made internationally. This helps the reader to establish if South Africa is on a par with the rest of the world, and helps the reader to identify possible areas for improvement in South Africa.

United States of America

The Individuals With Disabilities Education Improvement Act (IDEA) was established in the United States of America (USA) to provide support for children with learning and developmental disabilities (Bruder 2010: 340). Part C and Part B of IDEA allow for an individualized family services plan (IFSP) to be developed to provide early intervention

services, like family training, counselling, home visits, etc. (Bruder 2010:341). The formation and application of family-centred practices in the USA is based on Bronfenbrenner's bioecological theory (Pang 2010: 190). Although the USA is making positive strides in the provision of early intervention, certain challenges exist, e.g. inadequate funding (Bruder 2010:351).

European Union

In most European Union countries early childhood intervention exists in the form of support for children in the pre-school years, as well as for their parents. This support includes medical, therapeutic, pedagogical, psychological and special education services (Pretis 2012: 9). In Sweden, early childhood education is available to children from age one, and most one to five-year olds attend pre-schools daily (Sandberg & Ottosson 2010: 742). The municipalities are responsible for placing children with special needs in pre-schools and to meet the children's needs (Sandberg & Ottosson 2010: 742). The pre-school and the parents work together as the child's support group, with the pre-school providing the parents with activities that children can do at home (Sandberg & Ottosson 2010: 743). In terms of policy in England, *Aiming High for Disabled Children: Better Support for Families* provides a Parents' Charter and the establishment of Parents' Forums to give parents a voice in the provision of services for their children (Goodley & Runswick-Cole 2011: 80).

India

The Rehabilitation Council of India (RCI) Act of 1992, the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act of 1995, and the National Trust (for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities) Act of 1999 were established in India to provide services for children with disabilities (Kalyanpur 2008: 246). India is, however, a developing country, and the government is facing financial challenges in terms of making adequate resources available to provide services for children with disabilities (Kalyanpur 2008:257).

Turkey

The Turkish Constitution and Turkish Civil Law (No. 743) stress the importance of special

education, and place special emphasis on the responsibilities of parents (Melekoglu, Cakioglu & Malmgren 2009: 290). Special education is improving steadily in Turkey for various reasons, e.g. by adopting the successful strategies that are being implemented in European Union countries (Melekoglu et al. 2009: 296).

Mexico

Inclusive policies are in place in Mexico, but the country's social, cultural and political changes, together with serious economic problems have led to instability and difficulties in implementing these policies (Forlin, Garcia Cedillo, Romero-Contreras, Fletcher & Hernandez 2010: 724).

2.4 THE SITUATION IN SOUTH AFRICA

This section gives a brief overview of the state of inclusive education and early intervention in South Africa. The South African government has been making steady progress since 1994 in realising the rights of children, and various plans and policies have been designed to ensure that children's rights are protected (Proudlock 2014: 1). South African laws have also been revisited to bring them in line with the Constitution and with international human rights laws (Proudlock 2014: 1). Proudlock (2014: 2) states that a lot of progress has been made in this regard, and identifies areas for improvement, e. g. with the large numbers of children with disabilities that are not receiving education and not attending school. Giese et al. (2011: 2) reported that 70 % of young children were not attending preschool or participating in other early childhood development programmes. They also found that most of these children came from poorer families and would benefit if government reviewed its funding strategy, e.g. by putting systems in place for better tracking of fund allocations (Giese et al. 2011: 71). "There is little national evidence available on access to early learning for pre-school children with disabilities. A 2006 study found that only a quarter of children aged 0-6 years, who were recipients of the Care Dependency Grant (CDG), attended a crèche or child-minding group. Where children with disabilities do have access to early learning, it often takes place within informal community settings, with individuals (such as mothers of disabled children) running stimulation programmes" (DSD, DWCPD & UNICEF 2012: 11).

The following discussion offers a brief overview of policies and documents that guide

decision-makers in South Africa. These documents were re-visited in the document analysis of this study, and were discussed in more detail in chapters 3 and 4.

2.4.1 The South African Constitution

The South African Constitution emphasizes that the rights of all citizens, including children with disabilities, are important and should be respected (Republic of South Africa 1996: 7-36). Basic education is identified as one of the rights of all citizens. In the context of this study, this means that children with learning and developmental difficulties have a right to basic education.

2.4.2 The South African Children's Act (Act 38 of 2005)

The South African Children's Act (Act 38 of 2005) states that a child with a disability should have parental, family and special care (Republic of South Africa 2005: 22). This act further states that the care-giver should be provided with support services; and that these services should make it possible for the child to take part in social, cultural, religious and educational activities. While the South African Constitution emphasizes that basic education is the right of children with disabilities, the South African Children's Act (Act 38 of 2005) points out that parents or care-givers play an important part in the provision of education for their children with learning and developmental difficulties. The South African Children's Act (Act 38 of 2005) also points out clearly that parents or care-givers should be given support so that they can support their children.

2.4.3 The Policy on Disability

The Policy on Disability encourages the provision of early development programmes for children with learning and developmental difficulties, and the development of parenting skills for parents of such children, as well as the development and strengthening of support groups for these parents (Department of Social Development 1997: 34). This policy states that the Department of Social Development has the important function of helping people with disabilities to access the services that government offers (Department of Social Development 1997:25).

2.4.4 Department of Education White Paper No. 5

Education White Paper No. 5 points out that a child needs to develop skills during early care so that he or she can have a strong foundation for lifelong learning (Department of Education White Paper No. 5 2001: 6). Early intervention could also reverse the effects of early deprivation and maximise the development of the child's potential (Department of Education White Paper No. 5 2001: 5). It further states that early development for the child should be achieved through collaboration between several departments and levels of government, non-governmental organisations, community-based organisations, families, parents and children (Department of Education White Paper No. 5 2001: 37). The Department of Education is responsible for putting an action plan in place to provide early learning opportunities. The Department of Social Development functions to support needy families, and the Department of Health should provide free primary health care and nutrition programmes (Department of Education White Paper No. 5 2001: 38). Childcare facilities, as well as grants for non-governmental organisations, are the responsibility of local government (Department of Education White Paper No. 5 2001: 38). The Office of the Presidency is responsible for co-ordinating government programmes and monitoring the achievement of national objectives (Department of Education White Paper No. 5 2001: 38). Parents and caregivers should be educated and empowered; and services should be delivered through "home visits, home day care, integrated child development centres and formal and informal learning activities" (Department of Education White Paper No. 5 2001: 37).

2.4.5 Department of Education White Paper No. 6

Education White Paper No. 6 is another important document that helps us understand the intentions of the South African government to provide educational services to children with learning and developmental difficulties. The origins of this document can be traced back to 1996, when the Minister of Education mandated the National Commission on Special Needs in Education and Training and the National Committee on Education Support Services to investigate and make recommendations on "special needs and support services" in education and training (Department of Education White Paper No. 6 2001: 5). "The central findings of the investigations included: (i) specialised education and support have predominantly been provided for a small percentage of learners with disabilities within 'special' schools and classes; (ii) where provided, specialized education and support were provided on a racial

basis, with the best human, physical and material resources reserved for whites; (iii) most learners with disability have either fallen outside the system or been 'mainstreamed by default'; (iv) the curriculum and education system as a whole have generally failed to respond to the diverse needs of the learner population, resulting in massive numbers of drop-outs, push-outs and failures; and, (v) while some attention has been given to the schooling phase with regard to 'special needs and support', the other levels or bands of education have been seriously neglected" (Department of Education White Paper No. 6 2001: 5).

The joint report of the investigating bodies recommended that "the education and training system should promote education for all and foster the development of inclusive and supportive centres of learning that would enable all learners to participate actively in the education process so they could develop and extend their potential and participate as equal members of society" (Department of Education White Paper No. 6 2001: 5). In the context of this study, this means that government should ensure that children with learning and developmental difficulties have equal access to education, and that "inclusive and supportive centres" should be established for this purpose (Department of Education White Paper No.6 2001: 5). "The Ministry will put in place a public education programme to inform and educate parents of these children and youth, and will collaborate with the Department of Social Development to develop a programme to support their special welfare needs, including the provision of devices such as wheel chairs and hearing aids" (Department of Education White Paper No. 6 2001: 30).

2.4.6 The Guidelines for the Implementation of the National Integrated Plan for Early Childhood Development

The Guidelines for the Implementation of the National Integrated Plan for Early Childhood Development is the South African government's plan to bring together and co-ordinate the departments responsible for providing early childhood development services (UNICEF 2007: 2). This document identifies the Department of Education as the leading department, working in collaboration with the Department of Social Development and the Department of Health; with the Office on the Right of the Child as a key partner (UNICEF 2007: 7). The Inter-departmental Committee on Early Childhood Development functions on a national level to ensure programme implementation and accountability (UNICEF 2007: 7). Provincial Inter-departmental Committees drive the implementation of programmes at provincial level; and

these committees ensure that provincial programmes are aligned with national programmes (UNICEF 2007: 8). Each municipality appoints a committee to implement programmes at a local level (UNICEF 2007: 9). Government also works with civil societies through building capacity and resources, and the upgrading of skills (UNICEF 2007: 10).

2.4.7 Keynote Address at the 11th World Down's Syndrome Congress on 17 August 2012

In his Keynote Address at the 11th World Down's Syndrome Congress on 17 August 2012, the Deputy Minister of Basic Education, admitted that government policies and programmes fail to "alleviate the plight of children and adults with disabilities, especially those living in poor communities" (Surty 2012: 2). He also stated that parents felt government departments were not co-ordinated in terms of assessing children with learning disabilities, and in giving appropriate support to them (Surty 2012: 3). The Deputy Minister further pointed out that 33,9% of 0 - 4 year olds with disabilities and 82% of 5 year olds with disabilities attended early childhood education centres in 2011 (Surty 2012: 4). The Department of Basic Education acknowledged the importance of early childhood development programmes, and set out to ensure that all learners that started grade 1 by 2014 would have been part of an accredited Reception Year Programme (Surty 2012: 4).

2.4.8 The 2012 Report on Actions taken by the Department of Basic Education

In the 2012 Report on Actions taken by the Department of Basic Education, the Department of Basic Education reported that "implementation and system barriers" prevent children with learning and developmental difficulties from properly accessing basic education (Department of Basic Education 2012: 1). The report stated that the majority of these children are out of school and cared for by parents, caregivers, families, or they attend privately run partial care centres, where there was not a "consistent standard of service delivery" (Department of Basic Education 2012: 1). Solutions suggested to solve the problems included: using community rehabilitation workers to visit centres and homes of the children, and encouraging special schools to run outreach programmes for parents, caregivers or even siblings of children with learning and developmental difficulties (Department of Basic Education 2012: 8).

2.4.9 Education For All (EFA): 2013 Country Progress Report: South Africa

This report was published by the Department of Basic Education to report on the progress that South Africa has made towards the achievement of the Education For All (EFA) goals (Department of Basic Education 2012: 8). It summarises the government's policies and programmes aimed at realising the EFA goals and targets (Department of Basic Education 2012: 8). According to this document, government has made significant efforts to increase access to early childhood development with the introduction of a reception programme and by expanding the provision of services to children from birth to four years (Department of Basic Education 2012: 10). The Department of Basic Education has also aligned itself with the National Development Plan 2030 (NDP). (Department of Basic Education 2012: 10). The NDP includes the provision of dedicated resources to ensure that children are well cared for from an early age and receive appropriate emotional, cognitive and physical development stimulation (Department of Basic Education 2012: 10). Early childhood development would also be redefined to take into account all the development needs of a child; and the expanded definition would be the basis for all strategies, including two compulsory years of quality pre-school enrolment for 4- and 5-year-olds before they start Grade 1 (Department of Basic Education 2012: 10). This report also points out the "inter-sectoral responsibility" of the Department of Social Development, the Department of Health and the Department of Basic Education in the provision of early childhood development programmes (Department of Basic Education 2012: 11). Emphasis is also placed on the important role of the non-profit sector and the community in the provision of early childhood development programmes (Department of Basic Education 2012: 11).

2.4.10 National Development Plan 2030: Our future – make it work

The National Development Plan 2030 (NDP) is government's plan to eliminate poverty and reduce inequality by 2030. The NDP states that early childhood development is necessary for children to reach their full potential (Department of The Presidency 2012: 297). The NDP focuses on the following areas of early childhood development:

- Family planning, healthy pregnancies and postnatal care to give children an optimal start in life
- Nutrition support for pregnant and breastfeeding women and young children

- Birth registration, social security and other state provisions for the poorest families
- Support for parenting
- Quality learning by young children at home and in groups, programmes and centres
- Preparation for formal schooling.

The last three points are especially relevant to answer the research questions of this study and will be revisited in the document analysis.

2.5 THE SITUATION IN THE EASTERN CAPE

Grahamstown is located in the Eastern Cape. As a province within South Africa, the Eastern Cape is under obligation to implement national policies and legislation. This means that the Eastern Cape local government is guided by the policies that were discussed above under section 2.4. The reports given below shed light on the progress that is being made in the Eastern Cape in terms of early childhood development and early intervention. This information is relevant to this study, because it shows that the provision of early childhood development and early intervention services has improved over time in the Eastern Cape.

2.5.1 Annual Report 2011-2012

The Eastern Cape Department of Education published the Annual Report 2011-2012, where it states that the Eastern Cape has set itself the goal to provide "access to basic education for all learners regardless of race, gender, disability, geographical location and socio-economic status. The Annual Report further states that the Eastern Cape Department of Education has an Expanded Public Works Programme (EPWP) that provides training for practitioners dealing with children in the 0 – 4 age group. According to the report, 648 practitioners graduated in January 2012.

2.5.2 Education For All (EFA): 2013 Country Progress Report: South Africa

The Table below shows the percentage of 0- to 4- year olds attending educational institutions between 2002 and 2012 (Department of Basic Education 2013: 13). The Eastern Cape appears to be keeping up with the rest of the country, and the percentage in the Eastern Cape has increased from 9.3 in 2002 to 37.8 in 2012. These statistics are limited, because there is

no differentiation between children with disabilities and children without disabilities.

Province	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Eastern Cape	9.3	14.2	12.5	17.5	18.8	18.6	20.3	29.5	32.6	32.9	37.8
Free State	6.8	11.3	11.8	20.4	20.2	21.2	18.0	36.8	33.4	38.2	46.7
Gauteng	11.9	18.8	18.3	21.7	28.4	24.0	25.4	43.5	42.6	43.6	45.7
KwaZulu-Natal	4.9	8.1	7.3	7.2	7.9	10.4	11.7	23.7	25.1	24.9	27.9
Limpopo	5.3	10.1	11.8	13.4	17.6	15.5	14.5	27.9	29.6	42.1	37.3
Mpumalanga	5.2	8.4	13.1	11.3	13.5	12.4	16.2	28.1	28.5	31.0	28.8
North West	6.7	11.1	8.9	11.8	8.3	15.6	8.0	21.8	26.7	29.0	32.9
Northern Cape	3.4	5.1	4.1	9.0	8.6	14.2	10.6	19.3	21.1	26.9	25.6
Western Cape	10.3	14.1	14.3	19.1	16.0	14.1	14.4	27.6	39.4	36.2	39.6
National	7.5	12.1	12.0	14.8	16.6	16.5	16.7	29.8	32.3	34.5	36.5

Table 2.1: 0- to 4- year olds attending educational institutions

The Table below shows that the Eastern Cape is leading the other provinces in terms of the percentage of 5- year old children attending educational institutions between 2002 and 2012 (Department of Basic Education 2013: 14). These statistics have the same limitation as the previous table, because there is also no differentiation between children with disabilities and children without disabilities.

Provinces	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Eastern Cape	49.6	52.7	60.8	69.0	70.9	69.3	80.3	85.4	92.1	91.0	93.1
Free State	33.3	54.7	56.3	55.6	59.2	61.3	60.4	86.0	79.1	81.8	86.4
Gauteng	45.9	59.2	51.3	60.0	60.9	64.3	61.3	73.3	82.5	86.5	86.0
KwaZulu-Natal	33.4	35	38.7	50.1	54.3	51.5	57.5	70.1	84.8	78.0	77.1
Limpopo	43.1	55.7	68.4	73.2	76.6	71.8	74.3	92.7	95.9	95.0	93.8
Mpumalanga	28.9	37.9	60.1	55.5	57	63.6	65.1	83.2	73.1	86.3	84.5
North West	36.6	42.8	48.2	47.4	50.5	45.7	53.2	66.8	73.8	86.4	89.0
Northern Cape	21.5	34.2	25.9	55.2	46.7	59.1	50	80.1	78.3	78.1	71.1
Western Cape	41.2	53.7	49.6	63.3	65.7	52.2	53.5	79.1	69.5	75.9	73.9
National	39.3	48.1	51.9	59.3	61.6	60.2	63.2	78.3	83.4	84.8	84.6

Table 2.2: 5- year old children attending educational institutions

2.5.3 General Household Survey: Statistical Release PO318 2013

The Table below was published by Statistics South Africa (2014: 16) to summarise the early childhood care activities of children aged 0 to 4 years in the provinces for 2013. These statistics also do not differentiate between children with and without disabilities, but clearly show that most (52,5 %) of the 0- to 4- year olds in the Eastern Cape stayed at home with their parents or guardians in 2013.

Care arrangements for children aged 0-4 years	Province (Per cent)									
	WC	EC	NC	FS	KZN	NW	GP	MP	LP	RSA
Grade R, Pre-school, nursery school, crèche, edu-care centre	37,3	30,7	23,8	49,5	23,2	29,5	47,4	30,7	36,1	34,4
Day mother	10,4	8,1	13,1	12,2	18,0	6,9	14,7	4,2	11,1	11,9
At home with parent or guardian	42,7	52,5	52,9	32,2	48,2	57,2	33,4	56,2	43,1	45,4
At home with another adult	7,4	6,7	8,3	5,2	10,0	5,8	3,5	6,9	8,4	7,0
At home with someone younger than 18 years	0,2	0,0	0,0	0,1	0,1	0,0	0,0	0,0	0,3	0,1
At somebody else's dwelling	2,0	1,3	1,5	0,8	0,4	0,5	0,9	1,9	1,1	1,0
Other	0,0	0,7	0,4	0,0	0,2	0,2	0,2	0,2	0,0	0,2
Total	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0

Table 2.3: Early childhood care activities of children aged 0 to 4 years

2.6 THE SITUATION IN GRAHAMSTOWN

The researcher approached the Grahamstown district offices of the Department of Health, the Department of Education, as well as the Department of Social Development to determine what policy documents were used by these departments in the provision of early childhood care. The reason for focusing on these government departments was that national policy stated that these departments were mainly responsible for providing support and services for children with learning and developmental difficulties (Department of Education White Paper No. 5 2001: 38). All three district offices that were approached indicated that the government departments at district level strictly adhered to all the policies and guidelines of national and local government. This means that they adhere to and implement all the policies and guidelines as set out in the documents that were briefly discussed under section 2.4. Rhodes University is also involved in various community outreach projects related to ECD in Grahamstown, including workshops and ECD training courses for people (Rhodes University,

no date).

2.7 SUMMARY

A developing child is exposed to various experiences, and these experiences influence the development of the child (Alant & Harty 2011: 82). Through interactions with family and the community, the child is given opportunities for learning and development. These early interactions and experiences provide a socio-cultural learning context for the child (Alant & Harty 2011: 82). This is where the child learns skills, as well as social and cultural roles and routines (Alant & Harty 2011:82). These interactions and experiences make it possible for the child to learn many new things before he or she even starts attending formal school. This is especially true for the child with a learning or developmental difficulty, because he or she seldom gets an opportunity for interaction outside the home environment. Alant and Harty (2011:82) identify three “sources of experiences” of the child, “i.e. family life (including experiences within the parent, child and family routines, parent-child play, family rituals, celebrations, etc.), community life (a mix of people and activities that provide children with experiences in the context of family outings, running errands, neighbourhood and community places) and the early childhood education programme (i.e. learning opportunities afforded in the context of early learning programmes, early childhood special education programmes, parent-child play groups)”. The richer the learning experiences and resources of the child, the more he or she is able to learn. A lot of progress has been made by countries in various parts of the world to create supportive learning environments for children with learning and developmental difficulties in their homes.

The literature study in this chapter, including the discussion on the theories of childhood development, points to the importance of the home or family influences on the early years of the child’s development. This chapter also showed that South Africa is one of the leading countries in terms of having policies in place to support children with learning disabilities. “However, significant knowledge gaps remain with regard to the situation of children with disabilities, their family and community environment, the underlying causes of their situations, and the adequacy of efforts by government and non-government actors to fulfil their rights” (DSD, DWCPD & UNICEF 2012: 9).

The next chapter focuses on the aims of this study, and explains the research processes used to answer the research questions.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter the researcher discusses the processes involved in achieving the aims of this study. The discussion focuses on the research methodology, population and sampling procedures, data collection techniques, data analysis and interpretation, trustworthiness of the research, and ethical considerations.

3.2 RESEARCH METHODOLOGY/RESEARCH DESIGN

O’Leary (2004: 85) defines methodology as the “framework associated with a particular set of paradigmatic assumptions” that the researcher uses to conduct his or her research . Fouché and Schurink (2013: 307) define research design as all the decisions that a researcher makes when he or she plans a study. McMillan and Schumacher (2010: 20) define research design as “the procedures of conducting the study, including when, from whom, and under what conditions the data will be obtained.” McMillan and Schumacher (2010: 20) identify 4 major research designs: quantitative, qualitative, mixed method, and analytical. They identify quantitative and qualitative as the most well-known designs. A researcher chooses which design he or she will follow by deciding which one will best answer the research question and meet the objectives of the research (Brink, van der Walt, & van Rensburg 2012: 55). Kumar (1996: 16) agrees that the purpose of a research design is to explain how the researcher will find answers to the research questions.

3.2.1 Qualitative approach

O’Leary (2004: 11) notes that there is a large selection of literature on quantitative and qualitative methods, but points out that quantitative and qualitative actually refers to types of data, and not to methods. She explains that quantitative data are numerical data that can be naturally occurring numbers, e.g. age or income, or data that is numerically coded, e.g. female = 1, male = 2 (O’Leary 2004: 11). She also explains that qualitative data is collected as words or images, and is not numerically coded for analysis (O’Leary 2004: 11). Fouché

and Schurink (2011: 308) state that quantitative researchers and qualitative researchers approach a study differently: quantitative researchers consult lists of possible designs and select one or develop one from the models that are available; while qualitative researchers mostly develop their own designs as they go along by using one or more of the available strategies or tools as an aid or guideline. They also state that the qualitative researcher focuses on the subjective reality of an insider, while the quantitative researcher focuses on objective outsider views (Fouché & Schurink 2011: 308).

McMillan and Schumacher (2010: 321) summarize the key characteristics of a qualitative study as follows:

Natural setting	Study of behaviour as it occurs
Context sensitivity	Consideration of the situational context to understand behavior
Direct data collection	Data are collected directly from the source
Rich narrative description	Detailed narratives are used to understand behavior
Process orientation	Researcher wants to know how and why (process) of behaviour
Inductive data analysis	Data are gathered and synthesized inductively to generate generalizations
Participant perspectives	Understanding participants based on the participants' own descriptions, labels and meanings

Emergent design	Design evolves and changes as the study continues
Complexity of understanding and explanation	Understandings and explanations are complex, with multiple perspectives

Figure 3.1: Key characteristics of a qualitative study

The above characteristics relate to this study as follows:

- The data collection takes place in natural settings, i.e. the homes of parents and children.
- The study has context sensitivity, because it attempts to understand the experiences of parents and their children within the context of the support they receive in Grahamstown.
- Direct data collection takes place by means of interviews and observations in the homes of parents, i.e. natural settings.
- The researcher sets out to answer research questions using participant perspectives, i.e. by obtaining the lived experiences of parents of children with disabilities.
- An emergent design is followed, and the data collection and analysis is not a strict, fixed, and predetermined process.
- The data collected from parents could reveal that they have different experiences and perspectives on the support that is given to them to help their children. The design is, therefore, allowed to evolve as new insights are revealed.

3.2.2 Phenomenological design

The design for this study can be described as phenomenological, because the data consist of the collected experiences and perspectives of parents, and give their participant perspectives (McMillan & Schumacher 2010: 346). The phenomenological method of analysis sets out to describe, understand and interpret the meanings of the experiences of people, and it focuses on research questions such as what is it like to be affected by a particular situation (Bloor & Wood 2006: 128). The researcher attempts to describe the experiences of people, focusing on what is happening in their lives, what is important about their experiences, and which changes are needed – as seen through the eyes of the people (Brink et al. 2012: 122). In the

context of this study, this means that the researcher set out to obtain the parents' experiences, perceptions and suggestions with regard to the support that is given to them as they strive to help their children grow and develop.

3.3 POPULATION AND SAMPLING

3.3.1 Population

O'Leary (2004: 102) defines population as "the total membership of a defined class of people, objects, or events." McMillan and Schumacher (2010: 129) define population as "a group of elements or cases, whether individuals, objects or events that conform to specific criteria and to which we intend to generalize the results of the research." Brink et al. (2012: 131) define a population as the entire group of persons or objects that the researcher is interested in. The population of this study consists of the parents of children that have learning and developmental difficulties in Grahamstown, Eastern Cape. This population is relevant to the study, because the researcher lives in Grahamstown and interacts with parents of children that have learning disabilities on a daily basis through his work as a teacher at Kuyasa Special School in Grahamstown.

3.3.2 Sampling

By selecting a sample of the population, a researcher is able to obtain information that represents the entire population of a study (Strydom & Delpont 2013: 390). The term 'sample' refers to the groups of subjects or participants from whom the data are collected (McMillan & Schumacher 2010: 129). The scope of this study is limited and non-probability purposive sampling was used to obtain a sample group. Non-probability sampling means that participants were not selected randomly (Strydom & Delpont 2013: 391). Purposive sampling means that the type of sample is based on the judgement of the researcher (Strydom & Delpont 2013: 392). In purposive sampling the researcher selects the people that can provide the best information to achieve the objectives of his or her study (Kumar 1999: 162). The sample group of this study consisted of 10 parents of children with disabilities. These parents were selected for the study because they were willing and able to provide relevant data based on their lived experiences. Another factor that influenced the selection of parents was their availability for the study. Brink et al. (2012: 145) state that the researcher should consider the

purpose and design of the study, as well as practical reality when he or she selects a sample. For ethical and confidentiality reasons, parents were approached in a confidential and trusting manner. The researcher explained what the study entailed, and ensured that the parents understood everything and that all their questions were answered. They were given consent forms to complete once they agreed to be part of the study.

3.4 DATA COLLECTION TECHNIQUES

This phenomenological study sets out to give a better understanding of the individual perspectives and challenges of the participants, and the data collection methods were specifically selected to achieve this aim in a natural, unobtrusive way (Nieuwenhuis 2007b: 78). Document analysis, interviews and observation were used to collect data. These multiple methods were selected firstly to provide sufficient data to answer the research questions of the study (Creswell 2003: 181), and secondly, to enable the researcher to reach saturation of the data. Nieuwenhuis (2007a: 82) defines saturation of data as “the point where no new ideas and insights are brought to the fore.” This multi-method approach to data collection allows for data collection from both primary and secondary sources (Kumar 1999: 123), and it also allows for triangulation and cross-validation of data (McMillan & Schumacher 2010: 331). Document analysis is classified as a secondary source; interviewing and participant observation are classified as primary sources (Strydom & Delpoit 2013: 377).

3.4.1 Document Analysis

McMillan and Schumacher (2010: 360) describe document analysis as a non-interactive strategy to obtain qualitative data. Creswell (2003: 188) differentiates between private and public documents. Government policy documents are examples of public documents. McMillan and Schumacher (2010: 361) also describe these documents as “official” documents because they provide the official perspective on the phenomenon that is being studied. The researcher analyzed the following documents to obtain the official perspective of the South African government on the support that should be given to parents and their children with learning and developmental difficulties in terms of policies and legislation:

- **The South African Constitution** (Republic of South Africa 1996)
- **The South African Children's Act** (Act 38 of 2005) (Republic of South Africa 2005)

- **The Policy on Disability** (Department of Social Development 1997)
- **Education White Paper 5** (Department of Education White Paper 5 2001)
- **Education White Paper 6** (Department of Education White Paper 6 2001)
- **The National Development Plan 2030 (NDP)** (Department of The Presidency 2012)

3.4.2 Interviews

The phenomenological interview was also used to collect data from parents. McMillan and Schumacher (2010: 356) define a phenomenological interview as a specific type of in-depth interview used to study the meanings or essence of the lived experiences of selected participants. The interview guide approach was followed. In this approach the questions were prepared in advance, and the wording and sequence of the questions were decided during the interview (McMillan & Schumacher 2010: 354). This approach was not too prescriptive, and allowed the participants some opportunity to influence the direction the interview took and to introduce issues that the researcher was not aware of (Greeff 2013: 352).

The interview process was guided by the following six steps as identified by O’Leary (2004: 165):

1. Plan for all contingencies.
2. Prepare an interview schedule and data recording system.
3. Run a trial or pilot.
4. Make appropriate modifications to the process.
5. Do the interviews.
6. Analyze the data.

Interviews were conducted in the homes of the participants. These natural settings were easily accessible, and provided privacy, in a comfortable, non-threatening environment (Greeff 2013: 350). The interviews were conducted one-on-one and face-to-face to give the researcher control over the process, while allowing the interviewees the freedom to express their thoughts (O’Leary 2004: 164). A semi-structured interview schedule was used to obtain data. The schedule listed the questions that were asked by the researcher, allowing space for the interviewer to write answers (McMillan & Schumacher 2010: 206). The questions were designed to explore early intervention in pre-school children with learning and developmental difficulties in Grahamstown, and were directly related to the following research aims:

- To determine what awareness parents have of the importance of early intervention in addressing learning and developmental difficulties in their children.
- To determine what support presently exists to help parents give support to children with learning and developmental difficulties.
- To determine how support can be improved to enable parents to help their children in this regard.

Semi structured questions were used because they provided a “high degree of objectivity and uniformity,” while allowing opportunity for “probing and clarification” (McMillan & Schumacher 2010: 206). Interviews lasted around half an hour to ensure that participants did not become tired or bored. Follow-up interviews were allowed if more data needed to be collected. Participants signed consent forms and their anonymity was guaranteed. This encouraged them to answer truthfully, and without fear of discrimination or victimization. Permission was obtained from participants to use note-taking and audio recordings as methods to capture their responses, so that a full record of the interview could be available. Audio recordings ensured that the data could be preserved for review at a later time and allowed the researcher the opportunity to focus more on the question and answer process during the interview (O’Leary 2004: 169). Note-taking was done during and immediately after the interview to ensure that important information would not be forgotten or left out. Data were stored in computer files, as Microsoft Word.

3.4.3 Observations

McMillan and Schumacher (2010: 350) note that observation is a data collection method that allows for the researcher to see and hear what is happening naturally in the research site. In the context of this study, the research sites were the homes of the parents that were interviewed. The role of the researcher was that of passive observer, which means the researcher did not influence the social dynamics of the sites (Nieuwenhuis 2007b: 85). The researcher used observation to gain a deeper understanding of the support that children were receiving from parents and/or caregivers in their home environments (Nieuwenhuis 2007b: 85). The researcher set out to establish to what extent the home environment was a stimulating learning environment for the children. The verbal and non-verbal behaviour of the participants were recorded (Nieuwenhuis 2007b: 86). This included looking for general

stimuli, like educational toys and books, in the child's home environment. The natural, spontaneous communication between parents/caregivers and their children was also observed to see if there were elements of informal learning support, e.g. by using words and language that stimulated the child's communication skills. Short, anecdotal notes were written to record the events and behaviour in an unobtrusive manner during the observations, using a specially designed template (Nieuwenhuis 2007b: 85). Member checking was done with the parents after the observations, so they could verify that the data were correct (Nieuwenhuis 2007b: 86).

3.5 DATA ANALYSIS AND INTERPRETATION

McMillan and Schumacher (2010: 367) describe qualitative data analysis as an inductive process of organizing data into categories and identifying patterns and relationships among the categories. They describe inductive analysis as the process that the qualitative researcher uses to synthesize and make meaning from data, starting with specific data and ending with categories and patterns (McMillan & Schumacher 2010: 367). Schurink, Fouché and de Vos (2013: 399) note that qualitative data analysis is a process of inductive reasoning, thinking, and theorizing which is different from the structured, mechanical and technical procedures that are used to make inferences of social life from empirical data. The aim with data analysis and interpretation is to come to findings and draw conclusions (Nieuwenhuis 2007c: 113). This study followed the process of qualitative data analysis recommended by DeVos (2010: 334 - 339) and Schurink et al. (2013: 403 – 419):

(i) Planning for Recording of Data

Schurink et al. (2013: 404) remark that the researcher should plan to do the data recording in a systematic way and that it should be appropriate to the setting and the participants. It is necessary to plan in advance so data recording and data analysis do not intrude on the flow of events in the research setting (Schurink et al. 2013: 404). The planning for this study included the use of an audio recorder for interviews with parents in case note-taking proved to be inappropriate or difficult. Templates were prepared beforehand to be used for interview and observation notes. The researcher also included colour coding of notes in the planning to keep track of dates and names of participants.

(ii) Data Collection and Preliminary Analysis

The data analysis of a qualitative study follows a “twofold” approach (Schurink et al. 2013: 405). In the context of this study, it means that data analysis firstly took place in the field during data collection, i.e. document analysis, interviews and observations; and, secondly, data analysis took place away from the field after data collection. Greeff (2013: 373) notes that data analysis begins by going back to the purpose of the study, and allowing the purpose of the study to drive the process of data analysis. The data analysis for this study was driven by the purpose of the study, as given in section 1.5 of Chapter 1.

(iii) Organizing Data

Field notes were arranged in computer files, using Microsoft Word (Schurink et al. 2013: 408). Data from observations and interviews were arranged according to the names of the participants, as Parent 1, Parent 2, Parent 3, Parent 4, Parent 5, Parent 6, Parent 7, Parent 8, Parent 9, and Parent 10. Copies of the data were stored away consistently for safekeeping during the months over which data collection took place, and a working copy was used for analysis (Schurink et al. 2013: 408).

(iv) Reading and Writing Memos

The researcher read the data several times and used memo writing to get a sense of the whole and to break the data into relevant parts in an attempt to answer the research question and sub-questions (Schurink et al. 2013: 409). Schurink et al. (2013: 409) describe memos as short phrases, ideas or key concepts that researchers write to themselves as they explore their database.

(v) Generating Categories, Themes and Patterns

The researcher used the three research sub-questions as the preset themes of this study:

- How aware are parents of the importance of early intervention in addressing learning and developmental difficulties in their children?

- What support currently exists to help parents support children with learning and developmental difficulties?
- How can support be improved to enable parents to help their children?

The researcher used the themes to identify recurring ideas in the data and give direction to the data analysis (Nieuwenhuis 2007c: 107).

(vi) Coding the data

Coding is the process of reading carefully through the data and dividing it into meaningful analytical units (Nieuwenhuis 2007c: 105). The researcher used a number system identical to the order of the sub-questions to sort the data into themes:

- Theme 1: The importance of early intervention in addressing learning and developmental difficulties in children
- Theme 2: Collaboration between government and other organisations to help parents give support to children with learning and developmental difficulties
- Theme 3: Improvement of support to enable parents to help their children

The data obtained from parents during interviews and observations were compared to identify duplication and overlapping, and similar codes were grouped together.

(vii) Testing emergent understandings

During the process of generating categories and themes, the researcher engaged critically with the data to reveal contradictions to his or her understandings, and negative instances of the emerging categories and themes (Schurink et al. 2013: 415). This was done to determine how useful the data were in answering the research question and the sub-questions.

(viii) Searching for alternative explanations

Part of the researcher's task is to search for other, plausible explanations for the categories

and themes in the data (Schurink et al. 2013: 415). In the context of this study, the researcher looked for data that could provide alternative explanations for the support, or lack thereof, that parents in Grahamstown were receiving to provide early intervention to support their children with learning and developmental difficulties.

(ix) Writing the report

The researcher aimed to give credibility to this qualitative report by including the following evidence:

- Quotations of informants.
- Quotations from policy documents.
- The questions asked of informants, and their responses, in tabular format.
- Appendices, i.e. the letter of communication with parents, the consent form completed by parents, the interview guide, the interview schedule, and the observation template.

3.6 TRUSTWORTHINESS OF RESEARCH

The trustworthiness of this research was continuously measured against the following questions posed by Marshall and Rossman (1999, in de Vos 2010: 345): “How credible are the particular findings of the study? By what criteria can we judge them? How transferable and applicable are these findings to another setting or group of people? How can we be reasonably sure that the findings would be replicated if the study were repeated with the same participants in the same context? How can we be sure that the findings are reflective of the subjects and the inquiry itself, rather than a creation of the researcher’s biases and prejudices?” Lincoln and Guba (1999, in Schurink et al. 2013: 419) note that the trustworthiness of a qualitative study can be measured by its credibility, transferability, dependability, and conformability. The researcher applied the following strategies in an effort to ensure trustworthiness of this study:

- Prolonged and persistent fieldwork was done in the participants’ natural settings to obtain sufficient data by means of interviews and observations.
- Multiple data sources were used to corroborate data, i.e. data analysis, interviews and observations.

- The precise statements and terminology of the participants were quoted in the data analysis and data recording.
- Quotations from policy documents were included.
- Extensive field notes were written to obtain accurate data.
- Audio recordings were made to obtain accurate data.
- Member checking was done during and after interviews and observations to confirm the accuracy of the data.
- The researcher searched for negative or discrepant data that contradicted emerging patterns of meanings during the study.

3.7 ETHICAL CONSIDERATIONS

Strydom (2013b: 114) defines ethics as the widely accepted set of moral principles which is suggested by an individual or group, and which offers rules and behavioural expectations about the correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students. Strydom (2013b: 114) further states that the researcher should use ethical guidelines as the standard and basis on which he or she evaluates his or her own conduct. Bloor and Wood (2006: 64) define ethics as the guidelines or sets of principles for good professional practices that steer researchers as they conduct their work.

This study was guided by the ethical duty that the researcher had to ensure that the study did not bring any physical or emotional harm to any of the participants. On first contact with the participants, the researcher explained to them what the study entailed. Participation was voluntary, and the participants were given information at the start to help them decide whether they wanted to be part of the study (Strydom 2013b: 117). Written, informed consent was obtained from them before the interviews and observations were started. The participants' right to privacy was respected, and their identities were protected by not revealing their names. They were referred to as Parent 1, etc. (See section 3.5 of chapter 3). Notes and recordings containing their personal information were stored away securely. Member checking of data during and after the interviews and observations gave participants the opportunity to confirm that data were correct. This study was also guided by the researcher's compliance with the rules and ethical requirements of The University of South

Africa.

3.8 SUMMARY

In this chapter the researcher described the qualitative, phenomenological research paradigm of the study. An explanation was given of the processes that were followed to answer the research question of how parents in Grahamstown, Eastern Cape, could be supported to provide successful early intervention to help their children with learning and developmental disabilities. The researcher discussed population and sampling procedures, the data collection techniques, data analysis, and data interpretation. The chapter ended with a discussion of the trustworthiness and the ethical aspects of the study. The generated data are analysed and discussed in the next chapter.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

“No work ever undertaken by man requires greater care and skill than the proper training and education of youth and children. There are no influences so potent as those which surround us in our early years.”

Ellen. G. White (1882)

“Parents and teachers should aim so to cultivate the tendencies of the youth that at each stage of life they may represent the beauty appropriate to that period, unfolding naturally, as do the plants in the garden.”

Ellen. G. White (1909)

The above quotes were written by E. G. White more than a century ago. Mrs White makes reference to the importance of learning influences during the early years of a child’s development, and to the different stages of a child’s development. The quotes have been included because they show that people were already giving a lot of thought to early childhood development and early intervention a hundred years ago.

This chapter offers a discourse on the analysis and interpretation of data that were collected through document analysis, interviews, and observations. The analysis and interpretation are guided by the aim of the study: to explore early intervention in pre-school children with learning and developmental difficulties in Grahamstown, Eastern Cape. The research question is also addressed: How can parents in Grahamstown, Eastern Cape, be empowered to provide successful early intervention for pre-school children with learning and developmental difficulties? This chapter also aims to explain how the collected data could be related to the preset themes of the study, as given in section 3.6 of chapter 3. The chapter is divided into sections, each providing insight into the three data collection methods that were used for the study, as well as the findings of each method. The conclusion contains a summary of the research findings and an introduction to chapter 5.

4.2 METHODS OF DATA ANALYSIS

McMillan and Schumacher (2010: 367) note that data analysis is a process through which the qualitative researcher synthesizes and makes meaning from data. Through the process of data analysis and interpretation this study aims to synthesize and make meaning of the data collected, thereby addressing the research question posed in the opening paragraph of this chapter. The data were analyzed and interpreted qualitatively, because qualitative methods were employed during data collection, i.e. document analysis, interviews, and observations. The researcher followed a multi-method approach to ensure that sufficient data would be available, allowing for triangulation and cross-validation of the data (Creswell 2003: 181).

4.2.1 Document Analysis

Document analysis is a non-interactive strategy to obtain qualitative data (McMillan & Schumacher 2010: 360). The researcher examined official, public documents in the form of government publications to help answer the research questions for the study (Strydom & Delport 2013: 378, 379; Creswell 2003: 188).

The researcher used document analysis to find out whether children with learning and developmental difficulties have a legal right to education. Secondly, the researcher wanted to find out what role the South African government played to ensure that children with learning and developmental difficulties were able to access education. Thirdly, the researcher wanted to find out what support government was giving to parents and their children with learning and developmental difficulties in terms of policies and legislation. Lastly, the researcher wanted to find out if government was successful in the implementation of the policies to help parents and their children. The sub-sections below contain answers to these questions, as well as a summary of the findings.

The following documents were analyzed:

- **The South African Constitution** (Republic of South Africa 1996)
- **The Policy on Disability** (Department of Social Development 1997)
- **The South African Children's Act (Act 38 of 2005)** (Republic of South Africa 2005)

- **Education White Paper 5 on Early Childhood Education** (Department of Education White Paper No. 5 2001)
- **Education White Paper 6: Special Needs Education** (Department of Education White Paper No. 6 2001)
- **The National Development Plan 2030 (NDP)** (Department of The Presidency 2012)

4.2.1.1 The South African Constitution (Republic of South Africa 1996)

The South African Constitution emphasizes that the rights of all citizens, including children with disabilities, are important and should be respected (Republic of South Africa 1996: 7-36). The Bill of Rights is contained in Chapter 2 of the Constitution (Republic of South Africa 1996):

- Section 29 of Chapter 2 states that all citizens have the right to basic education.
- Section 9 of Chapter 2 states that there should be no discrimination against people on the grounds of disability.
- Section 29 of Chapter 2 further states that it is government’s responsibility to ensure that all citizens have “effective” access to education.

4.2.1.2 The Policy on Disability (Department of Social Development 1997)

This policy states that the Department of Social Development has the important function of helping people with disabilities to access the services that government offers (Department of Social Development 1997: 25). The services that are listed to support children with learning difficulties and their families include (Department of Social Development 1997: 34, 35):

- The provision of early development programmes for children with learning difficulties.
- The development of parenting skills for parents of children with learning difficulties.
- The development and strengthening of support groups for these parents.

4.2.1.3 The South African Children's Act (Act 38 of 2005) (Republic of South Africa 2005)

The South African Children’s Act (Act 38 of 2005) was developed to address the rights of

children (Republic of South Africa 2005). This act emphasizes the following important points (Republic of South Africa 2005):

- Parents and care-givers play an important role in the provision of education for their children.
- All children with learning difficulties should have parental, family and special care.
- This act also states that parents or care-givers should be given support so that they can support their children.
- The support that is given to the children should make it possible for them to take part in social, cultural, religious and educational activities.

4.2.1.4 Education White Paper 5 on Early Childhood Education (Department of Education White Paper No. 5 2001)

Government developed Education White Paper No. 5 in 2001 to “help break the cycle of poverty by increasing access to Early Childhood Development (ECD) programmes, particularly for poor children, and to improve the quality of these programmes” (Department of Education White Paper No. 5 2001: 5). Education White Paper No. 5 contains the following statements and guidelines that are relevant to this study:

- A child needs to develop skills during early care so that he or she can have a strong foundation for lifelong learning (Department of Education White Paper No. 5 2001: 6).
- Early intervention may reverse the effects of early deprivation and maximise the development of the child’s potential (Department of Education White Paper No. 5 2001: 5).
- Parents and caregivers should be educated and empowered, and government support services should be delivered through “home visits, home day care, integrated child development centres and formal and informal learning activities” (Department of Education White Paper No. 5 2001: 37).
- Early childhood development should be achieved through collaborations between several departments and levels of government, non-governmental organisations, community-based organisations, families, parents and children (Department of Education White Paper No. 5 2001: 37). The Department of Education is responsible for putting an action plan in place to provide early learning opportunities. The

Department of Social Development functions to support needy families, and the Department of Health should provide free primary health care and nutrition programmes (Department of Education White Paper No. 5 2001: 38). Childcare facilities, as well as grants for non-governmental organisations, are the responsibility of local government (Department of Education White Paper No. 5 2001: 38). The Office of the Presidency is responsible for co-ordinating government programmes and monitoring the achievement of national objectives (Department of Education White Paper No. 5 2001: 38).

4.2.1.5 Education White Paper 6: Special Needs Education (Department of Education White Paper No. 6 2001)

Education White Paper No. 6 was developed by the South African government in 2001 to provide inclusive educational services to children with disabilities. Government started developing this document in 1996 when the Minister of Education mandated the National Commission on Special Needs in Education and Training and the National Committee on Education Support Services to investigate and make recommendations on "special needs and support services" in education and training (Department of Education White Paper No. 6 2001: 5).

"The central findings of the investigations included: (i) specialised education and support have predominantly been provided for a small percentage of learners with disabilities within 'special' schools and classes; (ii) where provided, specialized education and support were provided on a racial basis, with the best human, physical and material resources reserved for whites; (iii) most learners with disability have either fallen outside the system or been 'mainstreamed by default'; (iv) the curriculum and education system as a whole have generally failed to respond to the diverse needs of the learner population, resulting in massive numbers of drop-outs, push-outs and failures; and, (v) while some attention has been given to the schooling phase with regard to 'special needs and support', the other levels or bands of education have been seriously neglected" (Department of Education White Paper No. 6 2001: 5). Education White Paper 6 focuses especially on supporting children of school age, but provides the following strategies that could help to improve educational services to pre-school children with learning and developmental difficulties:

- The education and training system should promote education for all and foster the development of inclusive and supportive centres of learning that will enable all learners to participate actively in the education process so they can develop and extend their potential and participate as equal members of society (Department of Education White Paper No. 6 2001: 5).
- A public education programme should be put in place to inform and educate parents of these children and youth (Department of Education White Paper No. 6 2001: 30).
- A community-based support system should be developed, which would provide preventative and developmental support (Department of Education White Paper No. 6 2001: 30).
- The Department of Education would collaborate with the Department of Social Development to develop a programme to support the special welfare needs of the children, including the provision of devices such as wheel chairs and hearing aids (Department of Education White Paper No. 6 2001: 30).

4.2.1.6 The National Development Plan 2030 (NDP) (Department of The Presidency 2012)

The National Development Plan 2030 (NDP) is government's plan to eliminate poverty and reduce inequality by 2030 (Department of The Presidency 2012). "South Africa can realise these goals by drawing on the energies of its people, growing an inclusive economy, building capabilities, enhancing the capacity of the state, and promoting leadership and partnerships throughout society" (Department of The Presidency 2012: 24). The NDP acknowledges the importance of early childhood development, and notes that early childhood development is necessary for children to reach their full potential (Department of The Presidency 2012: 297). The NDP encourages home and community-based interventions, especially for 0 to 3 years old children (Department of The Presidency 2012: 300). The NDP also notes that services should respond to the needs of children, families and communities; and should be targeted at children, as well as parents and caregivers (Department of The Presidency 2012: 300)..

The NDP contains the following proposals for early childhood development (Department of The Presidency 2012: 300-301):

- Early childhood development should be made a top priority to improve the quality of education and long-term prospects of future generations, and resources should be

allocated to ensure that children are well cared for from an early age and receive appropriate emotional, cognitive and physical development stimulation.

- The definition of early childhood development should be broadened to take into account all the development needs of a child.
- There should be 2 years of compulsory quality preschool enrolment for 4- and 5- year olds before Grade 1.
- A comprehensive package of services should be phased in for all young children.
- The weaknesses between the different sectors and departments responsible for early childhood development services should be addressed in order to strengthen collaboration.
- The guidelines, norms and standards for early childhood development programmes should be standardised. These include the guidelines that the Department of Basic Education developed for the planning of public schools, and the regulations that the Department of Social Development published in 2009, setting out national norms and standards for drop-in centres in terms of the Children's Act of 2005.
- Innovative ways should be developed to deliver early childhood development services, e.g. by introducing home and community-based early childhood development interventions in selected districts. Financing for this initiative could be obtained from foreign donors and private sector funders. The state would still be the main funder though.
- Current funding mechanisms are not adequate for the expansive early childhood development programme that is planned, so new funding models should be tested and developed.
- Coordination should be improved between departments, as well as the private and non-profit sectors, and officials should find effective ways to deliver programmes and resolve problems across departments and sectors rather than wait for coordination at the level of directors general.
- More investment should be made towards the training of early childhood development practitioners.
- There should be governmental support for training, resource and other intermediary agencies to support community-based programmes.

4.2.1.7 Findings from the document analysis

The development of the policy documents was influenced by the political changes that took place in South Africa after the 1994 national elections, and reflect the ideals and democratic values of the new South Africa (Proudlock 2014: 1). The South African Constitution is the supreme law of the country and recognises the democratic rights of all South African citizens (Republic of South Africa 1996). Policymakers used the South African Constitution as their benchmark, and developed policies to protect the rights of all South African citizens, e.g. The South African Children's Act (Act 38 of 2005) (Republic of South Africa 2005) addresses the rights of children, and The Policy on Disability (Department of Social Development 1997) addresses the rights of people with disabilities.

The findings can be summarised as follows:

- The Constitution and the policy documents state that all South African citizens have a legal right to education. In the context of this study, this means there should be no discrimination against children with learning difficulties.
- The documents also state that it is government's responsibility to ensure that children with learning difficulties are able to access education, and that these children should be provided with support for early childhood development.
- The documents point out that parents and caregivers are important in this process, and they should be given support, so they can support their children. Various guidelines are given to support parents and caregivers, e.g. educating parents and forming community-based support groups for them. Emphasis is placed on the fact that The Department of Education, the Department of Social Development, and the Department of Health should function in a coordinated manner to support children, parents, and the community.

The National Development Plan 2030 (NDP) admits that government has failed in its attempts to implement the policies to support parents and children with learning difficulties, because of such factors as inadequate funding mechanisms and weaknesses between the different sectors and departments (Department of The Presidency 2012). Government, remains positive about the future, and the NDP provides optimistic proposals to turn the situation around by 2030 (See section 4.2.1.6 above).

4.2.2 Interviews

The interview was used as the central method of data collection, because it enabled the researcher to obtain information-rich, qualitative data directly from parents and caregivers (McMillan & Schumacher 2010: 356). The sample group consisted of 10 parents and caregivers. These parents and caregivers were selected as subjects because they were able to provide valuable data for the study based on their experiences as parents and caregivers of children with learning and developmental difficulties. The second factor that determined the selection of the subjects was their availability for the study.

For ethical reasons, parents were approached in a confidential and trusting manner. The study was explained to them, and care was taken to ensure that they understood everything, and all their questions were answered. They were given consent forms to complete when they agreed to be part of the study. The phenomenological interview was used to collect data in the form of the lived experiences of the parents (McMillan & Schumacher 2010: 356). The interview guide approach was used, meaning that the questions were prepared in advance, and the wording and sequence of the questions were determined during the interview (McMillan & Schumacher 2010: 354). This approach was ideal, because it gave the parents a measure of freedom to influence the direction that the interview took, and to introduce new or relevant issues (Greeff 2013: 352).

Arrangements were made with parents to conduct the interviews in their homes. The homes were ideal natural settings, because they were private, comfortable and easily accessible (Greeff 2013: 350). The interviews were conducted one-on-one and face-to-face. The interview schedule listed all the questions that were asked, and allowed space for the interviewer to write the responses. Semi structured questions were used to give the researcher opportunity for “probing and clarification” (McMillan & Schumacher 2010: 206). Interviews were limited to around half an hour to ensure that participants did not experience tiredness or boredom. The researcher guaranteed the anonymity of the participants, which encouraged them to answer truthfully and without fear of discrimination or victimization.

Participants gave permission for the researcher to use note-taking and audio recordings to capture their responses. This ensured that the researcher could obtain a full and detailed record of the interview for analysis and interpretation. The use of audio recordings also

allowed the researcher more opportunity to focus on the question and answer process during the interview, without having to spend a lot of time on note-taking. Note-taking took place during and immediately after the interview to make sure that no important information was left out. Microsoft Word was used to transfer data to computer files after the interviews were completed.

In the following sub-sections the researcher will:

- briefly explain the process of data analysis that was used for the interviews;
- give the questions that were put to the parents, together with their detailed responses;
- relate the collected data to the pre-set themes of the study:

4.2.2.1 Process of data analysis for interviews

The process of data analysis was as follows:

- Data analysis took place continuously during and immediately after data collection. The responses of the parents were compared with the questions in the interview schedule to ensure that the data were relevant and could be used to answer the research questions.
- The interview transcriptions were arranged in tabular format after the interviews were completed. This was done by listing the questions that were asked, and giving the responses of each parent next to the questions. The parents were identified as Parent 1 to Parent 10 to ensure their anonymity. The information was captured in Microsoft Word, and a backup copy was stored away for safekeeping.
- The researcher used the three research sub-questions as the preset themes of the study:
 1. How aware are parents of the importance of early intervention in addressing learning and developmental difficulties in their children?
 2. What support currently exists to help parents give support to children with Learning and developmental difficulties?
 3. How can support be improved to enable parents to help their children?

The researcher identified the themes before analysing the data, and used the themes to identify recurring ideas in the data and give direction to the data analysis (Nieuwenhuis 2007c: 107).

- A number system identical to the one used in the sub-questions was used to group the parent responses according to the themes. Their responses were compared to identify duplication and overlapping, and similar responses were grouped together.
- The data were then examined to reveal contradictions and negative instances of the themes. This was done to determine whether the data could be used to answer the research questions.
- The data were also examined to find alternative explanations for the support, or lack thereof, that parents in Grahamstown were receiving to provide early intervention to support their children with learning and developmental difficulties.

4.2.2.2 Interview questions and parent responses

Question 1: When and where were the child's learning difficulties diagnosed?

This question was included in the interview schedule to give a context of place and time to the experiences of the parents with regard to providing early intervention for their children. Bronfenbrenner's bio-ecological systems theory identifies place and time as important dimensions that influence development (Swart & Pettipher 2011: 10).

Parent 1 responded that the child was 2 years old when diagnosed as having learning difficulties. Settlers Hospital in Grahamstown diagnosed a problem, and referred her to a hospital in Port Elizabeth for assessment. She eventually ended up at Red Cross War Memorial Children's Hospital in Cape Town, where the doctors diagnosed the condition as well.

Parent 2 responded that the child's condition was diagnosed when she was 4 years old. The local clinic referred her to Settlers Hospital for an assessment. Settlers Hospital referred her to Fort England Psychiatric Hospital in Grahamstown, where a psychiatrist confirmed that

something was wrong with her.

Parent 3 responded that the child was 9 months old when Settlers Hospital referred him to Livingstone Hospital in Port Elizabeth, where a doctor diagnosed the child's condition.

Parent 4 responded that she noticed something was wrong when the child was 2 years old. Her suspicions were confirmed by a doctor's diagnosis at Frere Hospital in East London.

Parent 5 responded that the child had many complications when she was born, and spent a month in Intensive Care at a hospital in Port Elizabeth. A psychologist in Port Elizabeth diagnosed the child with ADHD (Attention deficit hyperactivity disorder) when she was 5 years old.

Parent 6 responded that problems were first diagnosed at Settlers Hospital when the child had complications during birth. These problems were confirmed when the child was slow to reach his development milestones.

Parent 7 responded that she saw something was wrong when the child was 2 years old. Later, when he was 7 years old a teacher at his school referred him to Fort England Psychiatric Hospital for assessment, where a psychologist confirmed that something was wrong.

Parent 8 responded that she saw that something was wrong in the way the child behaved when he was 2 years old. A teacher at his play school referred him to Fort England Psychiatric Hospital for assessment when he was 4 years old, where a psychologist diagnosed a disability.

Parent 9 responded that the child was first diagnosed as having a problem at Settlers Hospital when she was between the ages of 2 and 3 years. Doctors at Red Cross War Memorial Children's Hospital later diagnosed DiGeorge Syndrome.

Parent 10 responded that the child reached his walking and talking milestones late. A private physiotherapist in Port Elizabeth diagnosed that there was something wrong with him when he was 4 years old.

The responses show that all the parents became aware of their children's learning and developmental difficulties before their children reached school age. The responses also show that parents generally waited for and relied on the diagnoses of professionals, such as teachers and doctors, to confirm their suspicions. Seven responses show that the first diagnoses were made in Grahamstown, but the lack of support services in Grahamstown meant that the children were often referred to hospitals outside Grahamstown for intervention and support. As noted earlier, The South African Children's Act (Act 38 of 2005) points out that parents or care-givers play an important part in the provision of education for their children with disabilities. The South African Children's Act (Act 38 of 2005) further states that a child with a disability should have parental, family and special care, and that the care-giver should be provided with support services (Republic of South Africa 2005: 22).

In conclusion, government policies state that government should support parents, so they can help their children. The parent responses to question 1 of the interviews showed, however, that parents and children often received delayed intervention and support, because (i) parents generally waited for help to diagnose problems in their children, and (ii) children were referred to hospitals outside Grahamstown.

Question 2: At what age do you think your child should have received help to develop his or her learning abilities?

This question was included in the interview schedule to establish whether parents were aware of the importance of early intervention strategies to provide maximum development for their children with learning and developmental difficulties. The literature study in chapter 2, including the theories of childhood development, clearly showed that early intervention is beneficial to a child's learning and development.

Parent 1 responded that general support should have started when the child was 3 years old. The child only received medical care for injuries that she suffered at the age of 2.

Parent 2 responded that support should have started when the child was 4 years old when they first realized something was wrong. The parent followed this statement by saying that the support should have started when the child was 6 years old.

Parent 3 responded that support should have started when the child was diagnosed with brain problems at the age of 9 months. She said: "The sooner, the better."

Parent 4 responded that support should have started at the age of 4 years, because the child was ready to start attending a creché at that age.

Parent 5 responded that support should have started at the age of 2 years, because the child started speaking at that age.

Parent 6 responded that her child started receiving support at the age of 3 years. She enrolled him at a special creché to learn basic skills at the age of 3 years. At the age of 4 years he went for speech therapy. He was also seen by a psychologist for 4 months at the age of 4 years.

Parent 7 responded that the child should have started receiving support at the age of 7 years when the psychologist diagnosed that something was wrong with him.

Parent 8 responded that support should have started when the child was 3 years of age. She said that would have been an ideal time to start early support, because the child was old enough to learn things.

Parent 9 responded that support should have started during the baby years, when the child was 2 years old. That was when they noticed something was wrong with the child. They delayed the support because they mistakenly thought that the child's development was normal.

Parent 10 responded that the support should have started before the child went to school. This means that the support should have started when the child was 5 years of age.

In conclusion, the parent responses to this question showed that parents were aware of the importance of early intervention. Responses to the previous question showed, however, that they generally felt helpless to support their children on their own. This meant that intervention strategies were delayed because the parents waited for professional help to guide them in this regard. These findings correlate with the literature review of chapter 2: "Parents need support in order to assume the role of a parent of a child with special needs" (Salamanca

Statement 1994: 37).

Question 3: What help do you get from government or any organization in Grahamstown to help develop your child's learning ability?

Early childhood development should be achieved through collaborations between several departments and levels of government, non-governmental organisations, community-based organisations, families, parents and children (Department of Education White Paper No. 5 2001: 37). Question 3 was included in the interview schedule to determine what developmental support was given to parents of pre-school children with learning and developmental disabilities in Grahamstown. The researcher focused especially on the support that was given to parents to address the learning and developmental difficulties of their children.

Parent 1 responded that they received no external help at first and that the family in the house taught the child to read and write. The family felt unsupported during that time. The child is presently receiving a disability grant from government and attends a creché.

Parent 2 responded that the child has been going to Fort England Psychiatric Hospital for treatment since she was 4 years old, and she is presently receiving medication that was prescribed by a psychologist when she was 6 years old.

Parent 3 responded that the child is receiving no support. He is presently being taught basic schoolwork by his 5- year old sister and other family members. He also does not receive a social grant because they had problems with his birth certificate.

Parent 4 responded that she teaches her child basic skills and takes care of him at home. The child receives a social grant, and they get medical care from the local clinic.

Parent 5 responded that the child went for speech therapy when she was 3 years old and living in Port Elizabeth. The child was also seen by a psychologist in Port Elizabeth when she was 5 years old. She is presently a learner at the local special school.

Parent 6 responded that she took him to different places for help, e.g. the speech therapist

when he was small. The child is presently attending Kuyasa Special School in Grahamstown.

Parent 7 responded that the child is receiving a social grant now, and he is at the creché at Kuyasa Special School.

Parent 8 responded that the child attended a pre-school, but was a slow learner. He is presently at the creché at Kuyasa Special School. They are also supported by social workers who do home visits about once a quarter.

Parent 9 responded that the child received medical care when she was very small, and started receiving a social grant when she was 4 years of age. She is presently a learner at Kuyasa Special School. She went for speech therapy when she started at Kuyasa Special School. The speech therapy was not successful because the therapist spoke English and the child is an Afrikaans speaker.

Parent 10 responded that they had a private physiotherapist who came to their home and did activities with the child, e.g. activities to develop his speech. He went to Fort England Psychiatric Hospital for play therapy when he was 5 years old. He presently attends Kuyasa Special School and receives a social grant.

Question 1 of the interview schedule focused on the diagnosis of learning difficulties, and Question 3 focused on the intervention and support that follow the diagnosis. Responses to these questions can be read together to show that early diagnosis generally led to early intervention and support, and that delayed diagnosis led to delayed intervention and support.

In conclusion, the parent responses to this question showed that Grahamstown parents generally did receive support to help their children. This finding was supported by the literature study in chapter 2, which revealed that the government departments and organisations in Grahamstown were providing support services to parents in Grahamstown. Parent 3 was the only one who stated that she was totally unsupported.

Question 4: What other help or support do you know of that government or any organization gives in Grahamstown?

The literature review of chapter 2 and the document analysis of chapter 4 showed that government departments and Rhodes University offered support to parents in Grahamstown. Question 4 was included in the interview schedule to establish whether parents were aware of places in Grahamstown where they could access the support that was available.

Parent 1 responded that there was no place in Grahamstown. She mentioned that she was aware of an organization far away in Port Elizabeth that helped transport children to hospitals when they needed to go for operations. She said that she wanted to contact that organization, because she needed help to get her child to Cape Town for an examination at Red Cross War Memorial Children's Hospital.

Parent 2 responded that her child is regularly seen by doctors at Fort England Psychiatric Hospital. The child also attends a crèche, but the teacher does not realize that the child has a learning problem. The parent stated that she knows of no other places in Grahamstown.

Parent 3 responded that she knows of the local special school. She also said that she knows of a good school in Port Elizabeth. She said that she would, however, not send him away because his safety was of concern to her, and she preferred that he stayed close to her.

Parent 4 responded that she knows about the special school, but her son could not attend the school because he gets epileptic seizures, and the school was not equipped to deal with that.

Parent 5 responded that she knows of Fort England Psychiatric Hospital and Settlers Hospital in Grahamstown.

Parent 6 responded that she did not know of any other places of support in Grahamstown.

Parent 7 responded that she knows of a pre-school near her home. She was concerned that the teachers at the school were not trained to help children with learning difficulties.

Parent 8 responded that she knows of no other place where her child could get support.

Parent 9 responded that children with learning difficulties can be helped at Fort England Psychiatric hospital. She also said that she knows of a day care centre where teachers were doing good work with a disabled child.

Parent 10 responded that she knows of no other places where her child could go for support.

Parent 6, Parent 8, and Parent 10 responded that they did not know of other places that offered support for their children. Parents 2, 3, 4 and 7 responded that they knew of places where their children could be supported, but they had certain concerns, e.g. whether their children would be safe at those places. Parents 5 and 9 each identified 2 places of support in Grahamstown, and Parent 1 identified a place in Port Elizabeth.

In conclusion, although the literature review of chapter 2 showed that support services were available in Grahamstown, the parent responses to this question showed that they generally lacked knowledge of the full extent of the services that were offered. This lack of knowledge, together with the uncertainties and concerns of the parents, contributed to the feelings of helplessness that they often experienced with regard to helping their children.

Question 5: Can the support you are getting now be improved? How?

This question was included in the interview schedule for two reasons: firstly, to determine whether parents thought that the support they were receiving could be improved, and secondly, to obtain suggestions from parents for strategies that could be implemented to improve the support they were receiving. Bronfenbrenner's bio-ecological systems theory states that parents interact closely with their children in the microsystem (Donald et al 2010: 40). This means they are in a favourable position to suggest strategies that could improve support for their children.

Parent 1 responded that the child should be placed in a normal school. The child would then be able to learn and get good support.

Parent 2 suggested that people, for example teachers, should attend workshops where they could be trained to work with special children.

Parent 3 responded that school is important, and that her child should attend school because he has good brain function. She also said that she was unable to get work and earn money, because she stayed at home to take care of her child. She said that she would be able to go and work if her child was at school, because he would be under the supervision and care of the school.

Parent 4 responded that she would like her child to attend school to learn basic things, like writing, but she feared that he could fall and injure himself at school. She stated that it would be ideal if a school existed where parents could look after their own children, and teach them basic skills, like cooking.

Parent 5 responded that her child needed to see a psychologist. The psychologist could then prescribe medication to calm her and help her focus. She also expressed a desire for her child to continue with speech therapy.

Parent 6 responded that her child should receive specialized learning to develop his mother tongue, i.e. isiXhosa. She also stated that one-on-one aftercare is needed where the child could do activities to develop his gross motor skills.

Parent 7 responded that her child should receive a full social grant to help with their expenses. She also stated that any help would be appreciated, e. g. food parcels.

Parent 8 responded that they would be able to cope better if her child received a full social grant.

Parent 9 responded that the child was at a special school, and she was satisfied with the support the child was getting there.

Parent 10 responded that her child got very anxious at times. She stated that animal therapy or water therapy would help to calm him. She mentioned horse riding as an example of animal therapy.

The response of Parent 9 showed that she was completely satisfied with the support her child was getting. The responses of the other parents showed that they believed their children

should receive more support to develop their learning abilities. They suggested the following strategies:

- placing the child in an ordinary mainstream school;
- offering workshops for teachers so they could learn how to work with special children;
- opening a school where the parents could teach their own children;
- access to a psychologist so the child could receive prescribed medication to help her focus;
- financial support from government to help cover the child's expenses;
- animal therapy and water therapy to help calm the child.

In conclusion, the parent responses to this question showed that they were able to suggest various practical strategies to help their children. They were able to do this because of the close interaction they had with their children in the microsystem. These findings correlate with Bronfenbrenner's bio-ecological systems theory, which states that parents have a strong influence on the child because interactions between them are continual and face-to-face in the microsystem (Donald et al. 2010: 40).

4.2.2.3 Relating the data to the preset themes of the study

The researcher identified the themes before analysing the data, and used the themes to identify recurring ideas in the data and give direction to the analysis (Nieuwenhuis 2007c: 107). The three research sub-questions were used as the preset themes of this study:

1. How aware are parents of the importance of early intervention in addressing learning and developmental difficulties in their children?
2. What support currently exists to help parents give support to children with learning and developmental difficulties?
3. How can support be improved to enable parents to help their children?

Theme 1: The importance of early intervention in addressing learning and developmental difficulties in children

The responses of the parents showed that all were aware of the importance of early

intervention to address learning and developmental difficulties in their children. This statement is based on the analysis and interpretation of their responses to question 2 of the interview schedule. The responses are in line with the literature study and the document analysis of this study, e.g. Education White Paper No. 5, which states that a child needs to develop skills during early care so that he or she can have a strong foundation for lifelong learning (Department of Education White Paper No. 5 2001: 6).

The parents gave the following responses when they were asked at what age their children should receive support: One parent said support should have started when the child was 9 months old; two parents said that support should have started when their children were 2 years old; 4 parents said that support should start at the age of 3 years; one parent said that support should have started when the child was 4 years old, one parent said support should start when the child is 5 years old; and one parent said that 7 years was the right age for her child to get support. The parents gave different ages, but the responses of all 10 parents show that they want their children to get support before they reach school age. Parent 10 stated directly: "Before he started school." The age of 7 may sound late for early intervention and support, but it should be noted that Parent 7 gave that age because that was the age of the child when he was diagnosed with a learning disability. Parent 7: "From age 7 when they diagnosed that something was wrong." Four parents in total indicated that their children should have received support from the time the learning disability was diagnosed, e.g. Parent 3: "As soon as we found out something was wrong. The sooner, the better."

The parent responses showed that parents were aware of the importance of early intervention, but they generally felt helpless to support their children on their own. They waited for professional help to guide them in this regard. This resulted in their children receiving delayed intervention strategies.

Theme 2: Collaboration between government and other organisations to help parents give support to children with learning and developmental difficulties

This theme focuses on the collaborations that exist between government and other organisations that help parents in Grahamstown to support their children with learning and developmental difficulties. The South African Children's Act (Act 38 of 2005) states that a child with a disability should have parental, family or special care, and that the care-giver

should be provided with support services (Republic of South Africa 2005: 22). Education White Paper No. 5 suggests that early childhood development should be achieved through collaborations between several departments and levels of government, non-governmental organisations, community-based organisations, families, parents and children (Department of Education White Paper No. 5 2001: 37).

The parent responses to Question 1 and Question 2 gave insight into the support the children had received in the early years of their development, thereby helping the reader to understand how support evolved or developed into what it presently is. The purpose of including Question 3 and Question 4 in the interview schedule was to elicit information from parents on the support they were receiving from government departments and/or organizations in Grahamstown at the time of the study.

Only Parent 3 responded that she was receiving no support: “We are getting no help from anybody at present.” The responses of the other parents show that their children have received different forms and levels of support during the early years of their development, and that support has generally improved over time. The children are receiving different forms and levels of support at present. Parent 1 responded that they received no help at first and felt unsupported, but that her child receives a disability grant and attends a crèche at present. Parent 2 said that the nurses at the local municipal clinic referred her child to Fort England Psychiatric Hospital in 2012 when she was 4 years old; and her child is presently on medication prescribed by a psychologist in February 2014. Parent 4 said that her child was diagnosed with disabilities by doctors at Frere Hospital in East London when he was 2 years old. Her child is presently receiving a social grant, and she takes him to the local municipal clinic when he needs medical care. In terms of learning support, she teaches him basic skills at home. Parent 5 said that her child went for speech therapy in Port Elizabeth when she was 3 years old. The child also saw a psychologist once when she was 5 years old, and he diagnosed her as having ADHD. Parent 6 said she took her child to a speech therapist and to “other” places for support when he was small. She said that she paid for him to attend a special crèche at 3 years to learn basic skills. At the age of 4 years he went for speech therapy, and was seen by a psychologist for 4 months. Parent 7 said that the child was referred to Fort England Psychiatric Hospital by his teacher when he was 7 years old. A psychologist diagnosed that there was something wrong with him. Parent 8 said that her child attended a pre-school, but he did not make good progress at the pre-school, because he was a

slow learner. She also said that social workers visit their home approximately once a quarter to bring things like toys and clothes for the child. Parent 9 said that her child received medical care from an early age, and started receiving a grant when she was 4 years old. The child's learning support started when she started at school. The child went for sessions with a speech therapist during her time at school. The parent believes that the sessions were not successful because the speech therapist spoke English, and her child could not cope because she is Afrikaans speaking. Parent 10 said that a private physiotherapist came to their home to do activities with her child when he was small. These activities helped to develop aspects, such as his speech. The child also went to Fort England Psychiatric Hospital for play therapy when he was 5 years old. Parents 5, 6, 7, 8, 9 and 10 all responded that their children are currently at Kuyasa Special School.

Collaboration is vital and has a major impact on children with learning and developmental difficulties and their parents. The importance of support in this context cannot be overemphasized, and parents need to be provided with information enabling them to access support from government departments and organisations. The document analysis revealed that there are generally problems with collaboration between different government departments, and if the problems are not addressed immediately, the child who is affected directly is failed by the system (Department of The Presidency 2012: 300-301).

Theme 3: Improvement of support to enable parents to help their children

This theme focuses on how support can be improved for parents of children with learning and developmental difficulties. Question 5 of the interview guide asked parents to suggest possible ways in which the support they currently receive could be improved. Question 5 is in line with the qualitative approach of this study, because it draws from the participant experiences and perspectives of the parents (Brink et al. 2012: 122).

As noted, parents interact closely with their children in the microsystem, which means they are in a favourable position to suggest possible ways to improve the support they are receiving (Donald et al. 2010: 40). Only Parent 9 indicated that she and her child did not need additional support: "She is at a special school now and getting very good support." Section 4.2.2.2 of this chapter lists possible support strategies that were obtained from parent responses. Parents 1, 3, 4, 6 and 9 responded that their children should attend school. Parent 2

also indirectly suggested school as a support strategy when she responded that teachers should be trained to work with special children. The parents identified different forms of support based on the different needs they have. Parent 1 responded that her child would be able to learn and get support if she could be placed in a “normal school”. Parent 2 responded: “People, e.g. teachers should attend workshops and be trained so they can work with special children.” Parent 3 said her child has “good brain function” and should attend school. She also said she was unable to work at present because she stayed at home to take care of her child. She would be able to go and work, because he would be “supervised and cared for” at school. Parent 4 responded that she wanted her child to learn basic things like writing, but she feared that he would fall and injure himself if he was at school. She said it would be ideal if her child could attend a school where the parents looked after their own children and taught them basic skills such as cooking. Parent 5 responded that her child “needs to see a psychologist and get medication to calm her and help her focus. She should also continue with speech therapy.” Parent 6 said that her child should “get specialized learning at school to develop his mother-tongue (isiXhosa). She also said that he should go for “one-on-one after-care until 3 or 4 p.m. to help develop his gross motor skills.” Parent 7 responded that her child should receive a social grant that would cover all his expenses. She also said that they would appreciate help in the form of food parcels. Parent 8 responded that they would be able to cope better if her child received a full disability grant. Parent 10 responded that her child becomes very anxious at times. She said that water therapy or animal therapy, e.g. horse riding, would help to calm him.

The parents gave good, practical suggestions of intervention strategies that could help their children. Most of the parents, however, did not include themselves as roleplayers in the intervention strategies they suggested, which shows that they are unaware of the important influence they have on their children’s early development. This highlights the fact that parents need support in the form of knowledge development and skills development.

The next section will discuss observations that the researcher conducted in the homes of parents as the third method of data collection for the study. The observations coincided with the interviews, and were done to validate what was said by the parents during the interviews.

4.2.3 Observations

Observation was used as a data collection method to allow the researcher to see and hear what was happening naturally in the research sites (McMillan & Schumacher 2010: 350). The research sites for this study were the homes of the parents that were interviewed. The researcher was a non-participant, and did not influence the social dynamics of the sites (Nieuwenhuis 2007b: 85). Observation was used to gain a deeper understanding of the support that children were receiving from parents in their homes, and to determine to what extent the homes were stimulating learning environments for the children (Nieuwenhuis 2007b: 85). The verbal and non-verbal behaviour of the participants was observed (Nieuwenhuis 2007b: 86). The following items were observed:

1. The presence of stimulating learning aids, like educational toys and books in the child's home environment.
2. The natural, spontaneous communication between parents and their children to see how the parents used words and language to develop their children's communication skills.

The researcher used a specially designed template to write short, anecdotal notes to record the events in an unobtrusive manner during the observations (Nieuwenhuis 2007b: 85). Member checking was done with the parents after the observations to verify that the data were correct (Nieuwenhuis 2007b: 86). The researcher used Microsoft Word to transfer the data to computer files after the observations were completed. The data were analysed to check for consistency with information obtained from the interviews.

4.2.3.1 Analysis and interpretation of observations

Parent 1

1. The child played on her own with a doll, and brushed the doll's hair.
2. She asked many questions of the parent, and the parent answered them patiently. The exchanges between parent and child were good, because it provided a stimulating environment for the child to interact and ask questions.

Parent 2

1. The child watched television mostly, and interacted occasionally with her cousins of

the same age. She did not initiate conversations and did not talk as much as her cousins.

2. The parent did not talk much to the children, but they came to her often to hug or cuddle her. The interaction between parent and child was limited, and did not offer much stimulation to the child.

Parent 3

1. There was clear evidence of serious poverty at the home. The child did not play and just stood outside looking at cars and people passing. He did not talk at all and did not seem much interested in communication, except for gestures when he wanted food or sweets.
2. The parent appeared to know instinctively what he wanted in terms of food, etc. The parent tried to stay positive despite the obvious poverty they endured, but barely kept things together. There were no signs of stimulating activities, just serious poverty.

Parent 4

1. The child played by himself with toy cars.
2. The parent lovingly attended to his basic needs, and spent a lot of time on household chores. There was little learning stimulation at home, because the parent was often pre-occupied with household chores.

Parent 5

1. The child was very active and talkative, and ran around a lot. She drew pictures, but did not focus for long.
2. The parent tried to answer all the child's questions and to keep up with the fast pace of the child. She found it difficult to provide stimulation for the child, because she was tired after spending a full day at work.

Parent 6

1. The child was active. He drew pictures, played with building blocks and watched t. v.
2. The parent talked to him and encouraged him to talk back. The parent was a teacher by profession and successfully applied her teaching skills to turn the home into a stimulating learning environment.

Parent 7

1. The child played with household items, e.g. a broom. He appeared to copy his parent with the household chores she was performing.
2. The parent did not communicate with the child while she went about her chores around the house. She did not interact much with the child and failed to provide a stimulating environment for the child.

Parent 8

1. The child copied the behaviour of other children and ran around the house with them.
2. The parent was occupied with household chores, and did not provide any stimulating activities for the child.

Parent 9

1. The child had many educational books and videos.
2. Even though the child was quiet, the parent talked to her a lot and explained things to her all the time. The parent and the child had a loving relationship and did things together. Their home was a very good learning environment.

Parent 10

1. The child did not have any educational toys, and played hide and seek with his older sister and two of their friends.
2. The parent talked to him frequently, but he showed little interest in conversation. The child was getting little stimulation at home, and needed educational toys that would appeal to him, e.g. puzzles of cars.

4.2.3.2 Findings of the observations

Parents 6 and 9 created stimulating learning environments at home by providing educational toys for their children. The children of Parents 1, 2, 4, 5, 7, 8 and 10 were involved in playful activities, but the activities were not specifically structured to create learning environments for the children. In the case of Parent 3, the child showed no interest in playful activities at all and just stood around. With regard to interactions between the parents and their children, Parents 1, 5, 6, 9 and 10 had stimulating conversations with their children. The children of Parents 2, 3, 4, 7 and 8 were generally on their own or interacted with other children.

The general lack of learning aids and the limited interactions between parents and children showed that the homes were generally not active, stimulating learning environments for the children. In the context of this study, the data showed that parents generally did not have early intervention strategies in place to help with their children's learning and development. With regard to the first theme of this study, the findings of the observations and of the interviews showed that parents were aware of the importance of early intervention, but they generally did not provide early intervention strategies to support their children. With regard to the second theme, the findings of the observations validated the findings of the interviews and showed that parents were not fully supported. The observations also revealed that parents needed help to address problems such as poverty and general ignorance and helplessness, so they could help their children. The document analysis showed that government was aware of these challenges, and has developed policies to support parents and children with learning difficulties, e.g. the NDP (Department of The Presidency 2012: 300).

4.2.3 Conclusion

In this chapter, the researcher discussed how document analysis, interviews and observations were used as data collection methods for the study. The findings of these three methods were discussed and related to the preset themes of the study. Document analysis showed that children with learning and developmental difficulties had a legal right to education and that government had policies and guidelines in place to ensure that these children were able to access education. There were however problems with the implementation of the policies, and government developed The National Development Plan 2030 (NDP) (Department of The Presidency 2012) to address these problems. The parent responses in the interviews revealed that all the parents were aware of the importance of early intervention to address learning difficulties in their children, but early intervention was delayed, because parents generally felt helpless and waited for professionals to guide them in this regard. The parent responses also revealed that most parents and their children were getting different forms of support from government departments and/or organisations in Grahamstown, and almost all the parents indicated in their responses that the present support was inadequate and that they needed more. The parent responses also included various practical suggestions to improve support for their children. The data obtained through observations confirmed and validated that obtained from interviews.

The next chapter will continue the discourse on the data analysis and interpretation, refer to the problem statement and aims of the study, and offer recommendations for the future. The limitations of the study will also be discussed.

CHAPTER 5

FINDINGS, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

“Every child deserves a champion – an adult who will never give up on them, who understands the power of connection and insists that they become the best that they can possibly be.”

Rita F. Pierson (2013)

“Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending.”

Carl Bard (Date unknown)

The first quote above points out the important role adults have in the development of children. In the context of this study, the quote could refer to the important role that parents play in the early development of their children with learning difficulties. The second quote reflects the researcher’s optimistic view of the future with regard to the implementation of the recommendations contained in this chapter. The discussion in the preceding chapter focused on the analysis and interpretation of the results of the empirical study into early intervention in pre-school children with learning difficulties in Grahamstown, Eastern Cape.

The findings were consistent across all data sets collected, and showed that:

- Parents were aware of the importance of early intervention to address the learning and developmental difficulties in their children .
- Most parents were receiving support, but the support was not sufficient to address the learning and developmental difficulties in their children.
- Various recommendations could be implemented to improve the support that parents were receiving so they could help their children.

5.2 OUTLINE OF THE CHAPTERS OF THIS DISSERTATION

The dissertation consists of five chapters, of which the following is a synoptic outline:

Chapter 1 explored early intervention, and showed that different role players in education all agree that early intervention is important to help children who have learning and developmental difficulties (See 1.1 of chapter 1). Various reasons were put forward by different researchers that justify the need for early intervention. Bruder (2010: 339-355) summed it up as follows: the earlier the intervention takes place, the more beneficial it would be for the child in terms of compensating for his or her needs; secondly, the early intervention strategies would help the family of the child to provide better support for their child; and, thirdly, schools and communities would save on costs, because it would be cheaper to educate a child if he or she was ready to learn when he or she arrived at school for the first time. Official documents, like Education White Paper No. 5 on Early Childhood Education also gave information in favour of early intervention, e.g. early intervention could reverse the effects of early deprivation and help the child to develop to the maximum of his or her potential (Department of Education White Paper No. 5 2001: 5). Clearly, a child with a learning or developmental difficulty would be at a great disadvantage if he or she did not receive early intervention. This study set out to explore the following: Although most people agreed that early intervention is beneficial for a child with learning and developmental difficulties, it is perceived that not enough early intervention is taking place in Grahamstown. And, although parents are the biggest influence in the growth and development of their children, they appeared to be the ones least aware of the importance of early intervention for children with learning and developmental difficulties. It appeared that many parents were not even aware that intervention strategies existed for pre-school children.

The literature review in chapter 2 gave a brief overview of progress that has been made internationally in the field of early intervention, and helped to put the situation in Grahamstown, Eastern Cape, in national and international contexts (See 2.1 of chapter 2). Chapter 2 also offered a brief discussion of Bronfenbrenner's ecological systems theory. This theory underpins the present study, because it points out the importance of a child's socio-cultural influences on his or her learning and development (See 2.2 of chapter 2). These socio-cultural influences include the family influences to which the child is exposed at his or

her home.

Chapter 3 explained the processes that were used to solve the research question, including the research methodology, population and sampling procedure, and data collection techniques (See 3.3 to 3.6 of chapter 3). This study followed the qualitative paradigm, and used a phenomenological approach. Document analysis, interviews and observations were used as data collection methods. The interviews with parents of children with learning difficulties were the main data collection method, and enabled the researcher to gain insight into the situation in Grahamstown. Chapter 3 also discussed ethical considerations and gave the measures that were put in place to ensure that the study and the findings were trustworthy (See 3.7 and 3.8 of chapter 3).

Chapter 4 focused primarily on the analysis and interpretation of data collected from parents through interviews and observations (See 4.2.2 and 4.2.3 of chapter 4). The data were also related to the preset themes of the study (See 4.2.2.3 of chapter 4). These themes will be revisited in this chapter (chapter 5) when the findings and recommendations are discussed.

Chapter 5 provides a summary of the findings. Based on these findings, recommendations will be made for future research and further study. Finally, the limitations of the study will be discussed.

5.3 DISCUSSION OF FINDINGS FROM THE LITERATURE REVIEW

A review of literature revealed the following:

- The Constitution of South Africa places emphasis on the fact that the rights of all people, including those of children and others with disabilities, are important and should be respected (Republic of South Africa 1996: 7-39). The constitution changed South African education by placing emphasis on the fact that education is the right of all people. This means that children with disabilities and learning difficulties have a constitutional right to education.
- Parents and caregivers know their children very well, because they share a unique and special bond with them (Beckley 2012: 23). The theories of childhood development

discussed in chapter 2 revealed that parents and caregivers play an important part in providing early intervention for children with learning difficulties (See section 2.2 of chapter 2). Bronfenbrenner's bio-ecological systems theory states that parents interact closely with their children in the microsystem (Donald et al. 2010: 40). This means that parents and caregivers are in an ideal position to provide early intervention that would help their children's social and cognitive development (Beckley 2012: 227). Parents are also in a favourable position to suggest practical strategies that could improve support for their children. This is in line with the qualitative approach of this study, because the researcher draws a lot from the participant experiences and perspectives of the parents for this study (Brink et al. 2012: 122).

- Early childhood development in South Africa should take place through collaboration between government departments, non-governmental organisations, community-based organisations, families, parents and children (Department of Education White Paper No. 5 2001: 37). The findings revealed, however, that early childhood development was hampered, because there were problems with collaboration between the different government departments (Department of The Presidency 2012: 300-301).
- Parents need support, so that they could help their children (UNESCO 1994: 37). Various suggestions were given of ways to support parents, e.g. establishing home and community-based support services co-ordinated by government departments (Department of The Presidency 2012: 300-301). The suggestions will be further explored later in this chapter in the section that deals with recommendations.

5.4 DISCUSSION OF FINDINGS FROM THE EMPIRICAL STUDY

In answer to the main research question, this qualitative study found that parents in Grahamstown need support to provide early intervention for their children with learning and developmental difficulties. The study also showed that parents are aware of the importance of early intervention to help their children with learning and developmental difficulties. Most parents are receiving support, but there is room for improvement in the support that they receive. Flowing from this, the study also found that parents need different forms of support, e.g. emotional and financial support. These findings were revealed by the data analysis and

interpretation discussed in the preceding chapter (See section 4.2 of chapter 4).

The following discussion of the themes provides more information on practical aspects of the support that could be given to parents:

5.4.1 The importance of early intervention in addressing learning and developmental difficulties in children

The researcher used parent interviews as the main method of data collection for this study. The parent responses to Question 2 of the interview schedule were used to answer the research question of the awareness parents have of the importance of early intervention in addressing learning difficulties in their children (See section 4.2.2 of chapter 4). Although the parents responded by giving different ages when asked at what age their children should receive support, all their responses showed that they were aware of the importance of early intervention. The ages given by the parents ranged from 9 months to 7 years, and can be grouped as follows: one parent said support should have started when the child was 9 months old; two parents said that support should have started when their children were 2 years old; 4 parents said that support should have started at the age of 3 years; one parent said that support should have started when the child was 4 years old; one parent said support should have started when the child was 5 years old; and, lastly, one parent said that 7 years was the right age for her child to have received support. The responses of all 10 parents showed that they wanted their children to get support before they reached school age. Parent 10 stated directly: “Before he started school.” The urgency and importance of early intervention was emphasised in the responses of four parents that indicated that their children should have received immediate support from the time learning difficulties were diagnosed. Parent 7 responded: “From age 7 when they diagnosed that something was wrong.” Although the age of 7 seemed late for early intervention, it should be noted that Parent 7 did not delay in seeking intervention. The parent only became aware of a learning difficulty when the child’s problem was diagnosed at the age of 7. The urgent need for early intervention was also aptly summed up by Parent 3: “When he was diagnosed with brain problems at 9 months old... the sooner, the better.” The plight of Parent 9 was evident in her response: “I regret that we delayed in getting help. We thought she was normal.” The response of Parent 9 showed that some parents were ignorant or felt helpless about addressing the developmental or learning difficulties their children experienced. The ignorance and helplessness of parents often led to

children receiving delayed or no support. The findings of the interviews showed that all parents were aware that early intervention was important to address learning and developmental difficulties in their children.

The parent responses were in line with the literature review and the document analysis: e.g. Education White Paper 5 on Early Childhood Development places heavy emphasis on early intervention, and points out that a child needs to develop skills during early care so that he or she can have a strong foundation for lifelong learning (Department of Education White Paper No. 5 2001: 6). These findings are confirmed by the data collected through observations (See section 4.2.3 of chapter 4).

5.4.2 Collaboration between government and other organisations to help parents give support to children with learning and developmental difficulties

The document analysis found that early childhood development should take place through collaboration between government departments, non-governmental organisations, community-based organisations, families, parents and children (Department of Education White Paper No. 5 2001: 37). The document analysis also found that early childhood development was not successful, because there were problems with the collaboration between the different government departments that were responsible for early childhood development (Department of The Presidency 2012: 300-301).

These findings were confirmed by the parent responses to Question 3 of the interview schedule (See section 4.2.2 of chapter 4). The parent responses revealed the following: firstly, most parents and their children are getting different forms and levels of support from government departments and/or organisations in Grahamstown; and secondly, most of the parents indicated that the support they receive is inadequate. Responses to Question 4 revealed that parents are not fully aware of places in Grahamstown where they can obtain support (See section 4.2.2 of chapter 4). The observations confirm the findings of the interviews and reveal a general lack of support for parents (See section 4.2.3 of chapter 4).

5.4.3 Improvement of support to enable parents to help their children

The researcher attempted to answer the question of how to improve support for parents by

focusing on the analysis and interpretation of data collected from official government documents in the document analysis and from parent responses to Question 5 of the interview schedule (See section 4.2.2 and section 4.2.1 of chapter 4). All parents, except Parent 9, responded that they needed more support, and made good suggestions of how support could be improved (See section 4.2.2.3 of chapter 4). The data obtained from the parent responses correlated with what was obtained from the document analysis, e.g. data from both sources made reference to special training that should be given to teachers and early childhood development practitioners. (See section 4.2.1 of chapter 4). The literature review also confirmed that parents and caregivers were in an ideal position to provide early intervention for their children with learning difficulties (Beckley 2012: 227). In most of their suggestions, however, the parents did not include themselves as roleplayers. This showed that they were not fully aware of the important role they could play to help their children, which pointed out that they needed support and guidance to help their children. The suggestions will be revisited in the next section, which focuses on recommendations.

5.5 RECOMMENDATIONS

By comparing the findings of the literature review, document analysis, interviews and observations, the researcher was able to gain insight into the research question of how parents in Grahamstown can be supported to provide successful early intervention for their pre-school children with learning and developmental difficulties. Based on the findings, the researcher was able to make recommendations aimed at improving the support that parents were receiving. The following recommendations serve two purposes: firstly, to address the problems related to the support that parents in Grahamstown are receiving, so that they can provide successful early intervention for their pre-school children with learning and developmental difficulties, and secondly, to explore possibilities for future research in early intervention and early childhood development.

5.5.1 Recommendations aimed at improving support for parents, so they can provide successful early intervention for their pre-school children

- The findings of this study reveal that there is a general lack of communication between parents and other role players, e.g. government departments. "Parents need support in order to assume the role of a parent of a child with special needs. The role

of families and parents could be enhanced by the provision of necessary information in simple and clear language; addressing the needs for information and training in parenting skills is a particularly important task in cultural environments where there is little tradition of schooling" (UNESCO 1994: 37). Government departments could take the lead here and organise information sessions and workshops where government officials and professional people, e.g. medical staff, meet with communities. This would help to create open channels of communication. Open communication could address issues such as the ignorance many parents have regarding the important role they could play at home to help their children, and make parents aware of the support available to them, e.g. the social grants that some parents do not know how to access. Open communication could also help to make service providers aware of the individual needs of parents, and make it possible for them to respond to these needs.

- Parents should be given a platform to voice their needs or concerns, e.g. through the parent support groups mentioned in government documents (See section 4.2.1 of chapter 4). The development of parents' associations should be promoted and parents should be involved in the design and implementation of programmes intended to enhance the support their children are receiving. This would help to address feelings of helplessness experienced by parents.
- Support should be provided to address the unique, individual needs parents have, e.g. some parents responded in the interviews that they needed financial support (See section 4.2.3 of chapter 4). This was confirmed by the document analysis, which showed that some parents relied on social grants to support their families (Department of The Presidency 2012: 300-301). When visiting homes, the researcher also observed that some parents did not have basic food. This clearly calls for financial support.
- Role players should be able to share their knowledge and expertise with others. Parents have a wealth of knowledge and experience obtained through interaction with their children in the microsystem (See section 2.2 of chapter 2). Government and other organizations would do well to tap into the knowledge and experience of parents.
- Role players should plan for the future. This could be done by working with parent support groups to review the resources available, and by doing a needs analysis. The

needs analysis could be followed by the development of intervention strategies aimed at addressing the needs of parents and children.

- Negative stereotypes of persons with disabilities should be discouraged. "Mass media can play a powerful role in promoting positive attitudes towards the integration of disabled persons in society" (UNESCO 1994: 40). Regional radio stations could air programmes that advocate the rights of people with disabilities, as well as share information that could educate listeners about the challenges faced by people with disabilities. This could culminate in the development of community projects that support parents and children with learning and developmental difficulties.

By analysing the data from the interviews, the researcher gained insight into the support parents needed – as seen through their own eyes (Brink et al 2012: 122). The following recommendations are based on parent suggestions:

- Children with learning and developmental disabilities should be placed in ordinary, mainstream pre-schools. This would ensure that all children have access to the same educational services.
- Workshops should be offered for pre-school teachers, so they could learn how to include and accommodate children with learning and developmental difficulties.
- A pre-school should be opened where parents could teach their own children. This would ensure that parents are directly involved in their children's support services, and would minimise the concerns some parents have about their children's safety while in the care of other people.
- Children with learning and developmental difficulties should have access to psychologists, so they could receive prescribed medication to address their learning and developmental difficulties, e.g. medication to help them focus.
- Children with learning and developmental difficulties require special interventions, e.g. different forms of therapy and educational devices. Government should provide financial support that would make it possible for parents and children to access the interventions that suit their needs.

The document analysis showed that South Africa is one of the leading countries in terms of having policies in place to support children with learning and developmental disabilities (See section 2.4 of chapter 2 and section 4.2 of chapter 4). "However, significant knowledge gaps

remain with regard to the situation of children with disabilities, their family and community environment, the underlying causes of their situations, and the adequacy of efforts by government and non-government actors to fulfil their rights” (DSD, DWCPD & UNICEF 2012: 9). The NDP was developed by government to address these knowledge gaps and the other problems associated with early childhood development (Department of The Presidency 2012: 300-301). The NDP is an optimistic plan which draws on all the guidelines and recommendations from the past and gives hope for the future. The NDP emphasizes the importance of home- and community- based interventions, especially for 0 to 3- year olds (Department of The Presidency 2012: 300). The NDP also states that service providers should respond to the needs of children, families and communities, and services should be targeted at children, as well as parents and caregivers (Department of The Presidency 2012: 300). Many of the recommendations of the NDP are in line with recommendations obtained from parents during the interviews (See section 5.4.1.1 of chapter 5). The following recommendations focus on the role that government could play to provide early intervention for children with learning difficulties:

- Early childhood development should be a top priority. This would improve the quality of education and long-term prospects of future generations.
- Resources should be made available to ensure that children receive appropriate emotional, cognitive and physical development stimulation.
- The definition of early childhood development should be broadened to include all the developmental needs of the child.
- Children 4 and 5 years of age should have 2 years of compulsory schooling before they start Grade 1. This pre-school intervention would prepare them for school and help them to learn better when they start school.
- The problems between the different sectors and departments responsible for early childhood development services should be addressed to strengthen collaboration between them.
- Innovative ways should be developed to deliver early childhood development services, e.g. by introducing home and community-based early childhood development interventions in selected districts. Financing for this initiative could be obtained from foreign donors and private sector funders, but the state would still be the main funder.

- New funding models should be developed to fund the early childhood development programmes that are planned.
- There should be better coordination between government departments, as well as the private and non-profit sectors; and officials should develop effective ways to deliver programmes and resolve problems across departments and sectors rather than wait for coordination at the level of directors general.
- There should be governmental support for training, resource and other intermediary agencies to support community-based programmes.
- Government should make use of community services and imbizos to create platforms where different roleplayers, including parents, could share information and advocate for early intervention.

5.5.2 Recommendations for future research

The findings of this study suggest there is scope for future research:

- The findings showed that good policies have been developed to address issues related to early intervention and early childhood support in South Africa. There are, however, problems with implementing the policies. Further research could be done to explore how the policies could be implemented successfully.
- The parents who were interviewed gave good practical suggestions based on their first-hand experiences as parents of children with learning and developmental difficulties. Further study could explore how parent suggestions could be incorporated into the design of future early childhood development programmes.
- The findings showed that many of the challenges parents were experiencing were caused by problems related to communication and the sharing of knowledge between parents and other role players, e.g. government departments. Further study could explore ways to develop open channels of communication that would make it easier to share knowledge.
- The population of this study was the parents of children with learning difficulties in Grahamstown, Eastern Cape. Further study could be done to find unique ways to address the unique challenges in the Grahamstown context.

In closing, the aims of the study were met and the research questions were answered. This

study identified areas of early intervention and early childhood development where improvement is needed. The researcher is of the view that the recommendations in this chapter could be implemented to help improve early intervention and early childhood development, especially with regard to the support that parents need, so they could help their children.

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APPENDIX 1

MAP OF THE EASTERN CAPE, SHOWING GRAHAMSTOWN (www.temba.co.za, Retrieved 20 October 2013)



CONSENT FORM

2 Lucas Avenue
Grahamstown
6139

Dear Sir/Madam

I am registered for an MEd in Inclusive Education with UNISA. The aim of my study is to explore early intervention in pre-school children with learning disabilities in Grahamstown. The study pursues the following objectives:

- To determine what support exists to help parents support children with learning disabilities.
- To determine how aware parents are of the importance of early intervention in addressing learning difficulties in their children.
- To determine how support could be improved to help parents support their children in this regard.

Your knowledge and experiences would make a valuable contribution to my study, and I would appreciate the opportunity to conduct an interview with you. The interview would last approximately half an hour and could take place at a venue where you feel comfortable. I will write notes and make an audio recording of the interview. Please take note of the following ethical considerations:

- Confidentiality is very important, and your name will not be revealed.
- You can withdraw from the study/interview at any time.
- The study is supervised by Dr F.D. Mahlo (Tel: 012 4294002) and is conducted with compliance to the rules and ethical requirements of the University of South Africa.

Feel free to contact me at 0737938335 if you have any queries. Please sign below if you agree to take part in the research study.

Yours sincerely

.....

Nathan Ferreira

I am willing to be interviewed for the research study.

Signature

Date

INTERVIEW SCHEDULE

TOPIC: **Empowerment of parents in early identification of pre-school children in Grahamstown, Eastern Cape.**

RESEARCHER: Nathan Ferreira

PROMOTER: Dr F.D. Mahlo

PARTICIPANT (PARENT):

CHILD:

AGE OF CHILD:

DATE OF INTERVIEW:

TIME OF INTERVIEW:

INTERVIEW QUESTIONS

1. When and where was the child's learning disability diagnosed?
2. At what age do you think your child should get help to develop his/her learning ability?
3. What help do you get from government or any organization to help develop your child's learning ability?
4. What other help do you know of that government or any organization gives in Grahamstown, e.g. a crèche for children with learning disabilities or a support team that does home visits to train the family?
5. Can the support that you are getting now be improved? How?

APPENDIX 4

INTERVIEW DATA

Question 1: When and where was the child’s learning disability diagnosed?	
Parent 1	November 2012 when she was 2 years old. We took her to Settlers Hospital when we noticed something was wrong. She was referred to Port Elizabeth. She eventually ended up at Red Cross War Memorial Children’s hospital in Cape Town, where she was diagnosed. One of the problems was that she was unable to speak.
Parent 2	October 2012 when she was 4 years old. The local clinic referred her to Settlers Hospital, and the hospital referred her to Fort England Psychiatric Hospital. A psychologist identified that something was wrong with her.
Parent 3	When he was 9 months old. Settlers Hospital referred him to Livingstone Hospital, where a doctor diagnosed him with TB Meningitis.
Parent 4	When he was 2 years old. I saw that something was wrong with him, and doctors at Frere Hospital in East London eventually diagnosed that he was blind, deaf and mute.
Parent 5	At birth. She had many complications and spent a month in ICU in Port Elizabeth. At age 5 a psychologist diagnosed her with ADHD.
Parent 6	At Settlers Hospital. He had complications at birth and was slow to reach the development milestones later.
Parent 7	I saw something was wrong when he was 2 years old. When he was 7 years old a teacher at school referred him to Fort England Hospital, where a psychologist diagnosed that something was wrong. We do not have a letter from Fort England to say what is wrong.
Parent 8	I saw something was wrong in the way he did things when he was 2 years old. When he was 5 years old a teacher at school referred him to Fort England Hospital where a psychologist diagnosed that he had a disability.
Parent 9	Between the ages of 2 and 3, at Settlers Hospital. Doctors at Red Cross War Memorial Children’s Hospital later said she had Digeorge Syndrome.
Parent10	At age 4. He reached his talking and walking milestones late. A private physiotherapist diagnosed that there was something wrong with him.

Question 2: At what age do you think your child should have received help to develop his/her learning ability?

Parent 1	At age 3, in 2013. Medical care was given for her injuries in November 2012.
Parent 2	Early. At age 4. As soon as we found out something was wrong with her.
Parent 3	When he was diagnosed with brain problems at 9 months old...the sooner, the better.
Parent 4	At 3 years when he was the right age to attend a crèche.
Parent 5	From age 2, when she started speaking.
Parent 6	From age 3. I paid for him to attend a special crèche at 3 years to learn basic skills. At age 4 he went for speech therapy, and was seen by a psychologist for 4 months.
Parent 7	From age 7 when they diagnosed that something was wrong.
Parent 8	At age 3. It would have been good if he could get help early, because he was old enough to learn things.
Parent 9	From the baby days, when she was about 2 years old. We noticed that there were problems in her development. I regret that we delayed in getting help. We thought she was normal.
Parent 10	Before he started school. At 5 years.

Question 3: What help do you get from government or any organization in Grahamstown to help develop your child's learning ability?

Parent 1	No help was given at first. Family at home initially taught her to speak, etc. The family felt unsupported during that time. Presently she receives a disability grant. She attends crèche.
Parent 2	She has been going to Fort England Hospital since 2012. A psychologist started prescribing medication in February 2014.
Parent 3	We are getting no help from anybody at present. He is being taught by his 5 year old sister and other family members. He also does not get a grant, because there were problems with his birth certificate.
Parent 4	He gets a social grant, and we walk to the local clinic for medical care. I teach him basic skills and take care of him at home.
Parent 5	She went for speech therapy in Port Elizabeth at age 3 and saw a psychologist once at age 5. She presently attends the local special school.
Parent 6	I took him to the speech therapist and other places for help when he was small. He presently attends Kuyasa Special School.
Parent 7	At the moment he is attending Kuyasa Special School, and he is receiving a child support grant.
Parent 8	He is at Kuyasa Special School now. He attended a pre-school before he went to Kuyasa. The teachers were good, but he was a very slow learner. The social workers support us and come to us almost every quarter with toys, clothes, etc.
Parent 9	There was no help before school. She got medical care at an early age, and a grant from 4 years. She went to a speech therapist when she started school, but the speech therapist spoke English, and she struggled to understand the speech therapist because she is Afrikaans.
Parent 10	We had a private physiotherapist that came to our home to do activities with him when he was small to develop his speech. He went to Fort England Hospital for play therapy when he was 5 years old. He started attending a special school when he was 6 years old. He also receives a grant.

Question 4: What other support/help do you know of that government or any organization gives in Grahamstown?

Parent 1	There is no place in Grahamstown. There is an organization far from us, in Port Elizabeth that helps transport ill children to destinations for operations. I would like to get in contact with them because my child must be at Red Cross War Memorial Children's Hospital for an examination.
Parent 2	She goes to Fort England Hospital, and also attends a crèche. But the teacher at the crèche does not realize that there is a problem. I do not know of other places.
Parent 3	He could attend the local special school. There is also a good school in Port Elizabeth, but his safety would be a concern. I want him near me.
Parent 4	He does not attend school because he gets epileptic seizures. The local special school is not resourced to help him.
Parent 5	Fort England Psychiatric Hospital and Settlers Hospital.
Parent 6	I don't know of anything.
Parent 7	I know of a pre-school, but I do not know if the teachers are trained to help special children.
Parent 8	I know of no other place.
Parent 9	Fort England can help children with learning disabilities. I also know of a day care where the teachers are doing good work with a disabled child.
Parent 10	I do not know of other places where my son could get support.

Question 5: Can the support you are getting now be improved? How?

Parent 1	The child should be placed in a normal school where she can be supported and learn.
Parent 2	People, e.g. teachers, should attend workshops and be trained so they can work with special children.
Parent 3	School is important. He has good brain functioning and should attend school. I am unable to work and earn money, because I stay at home and take care of him. When he is in school, I could go and work, because he would be supervised and cared for.
Parent 4	I want him to learn basic things, like writing. But I fear that he may fall and injure himself at school. It would be ideal if a school existed where parents could look after their children and teach them skills, like cooking.
Parent 5	She needs to see the psychologist and get medication to calm her and help her focus. She should also continue with speech therapy.
Parent 6	He should get specialized learning at school to develop his mother tongue (isiXhosa). One-on-one after-care until 3 or 4 p.m. to help develop his gross motor skills.
Parent 7	He should get a full grant to help cover his expenses. Even food parcels would be appreciated.
Parent 8	We would be able to cope better if he got a full disability grant.
Parent 9	She is at a special school now and getting very good support.
Parent 10	He gets very anxious sometimes. Animal therapy or water therapy would be good to calm him. For example horse riding.

OBSERVATION TEMPLATE

Date and Time	Place	Participants	Observations	Reflection

OBSERVATION SCHEDULE

Date and Time	Place	Participants	Items to Observe	Observations	Reflection
19 March 2014 15:00	Parent's home	Parent 1	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. Child plays alone with a doll and brushes the doll's hair. 2. She asks many questions and the parent answers patiently.	Good, stimulating conversations between parent and child.
19 March 2014 16:15	Parent's home	Parent 2	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. Child watches t.v. mostly and interacts with cousins of same age. She does not initiate conversations and does not talk as much as her cousins. 2. Parent does not talk much to the children, but they come to her often to hug or cuddle her.	The child does not get much stimulation from the parent.
19 March 2014 16:45	Parent's home	Parent 3	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. Clear evidence of serious poverty. Child does not play and just stands outside looking at passers-by and cars. He does not talk at all and does not seem much interested in communication, except for gestures when he wants food or sweets. 2. The parent appears to know	No signs of stimulating activities, just serious poverty. Mother tries to stay positive, but barely keeps it together.

				instinctively what he wants in terms of food, etc.	
20 March 2014 13:00	Parent's home	Parent 4	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. Child just plays by himself with toys like cars. 2. Parent lovingly attends to his basic needs, but spends more time on household chores.	Little learning stimulation at home.
10 April 2014 18: 20	Parent's home	Parent 5	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. Child is very active and talks a lot, and runs around a lot. She loves to draw but does not focus for long. 2. The parent tries to answer all the child's questions and tries to keep up with the pace of the child.	The home is an active learning environment, but the parent is tired after work and needs extra hands to help her cope.
25 April 2014 12:45	Parent's home	Parent 6	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. The child is active: draws, plays with blocks and watches t. v. 2. The parent talks to the child and encourages the child to talk.	The home is a good learning environment. The parent is a teacher by profession and applies her teaching skills at home.
14 May 2014 15:07	Parent's home	Parent 7	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. The child plays with household items, e.g. a broom. He appears to be copying his parent with the household chores she performs. 2. The parent does not communicate with the child while she is doing her chores.	The child does not get any structured or intentional stimulation from the parent, but copies the parent's actions. That shows the child is teachable.
14 May 2014 15:50	Parent's home	Parent 8	1. Presence of learning aids, e.g. books 2. Communication	1. The child copies the behaviour of other children and runs around the	The home environment is not stimulating the child.

			between parent and child	house. 2. There is no communication with the parent, and no educational or learning stimulation from the parent, because she is busy with household chores.	
3 June 2014 17:40	Parent's home	Parent 9	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. The child has many educational books and videos. 2. The child is quiet, but the parent talks to her a lot and explains things to her all the time. They have a loving relationship and do things together.	The child has a stimulating home environment and a supportive parent.
6 May 2014 14:30	Parent's home	Parent 10	1. Presence of learning aids, e.g. books 2. Communication between parent and child	1. The child does not play with any educational toys, and plays hide and seek with his older sister and two of their friends. 2. The parent talks to him frequently, but he shows little interest.	The child needs activities that will appeal to him, e.g. puzzles of cars

CERTIFICATE FOR LANGUAGE EDITING

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October 27, 2014

TO WHOM IT MAY CONCERN

This is to certify that I have edited the University of South Africa Master of Education (Inclusive Education) thesis written by **Mr NATHAN FERREIRA**.

Thesis title: Empowerment of parents in early identification of developmental challenges of pre-school children in the Eastern Cape.

The text as presented to me was carefully and competently written, and I consider that the amount of editing required was acceptably low.

SIRION ROBERTSON

CERTIFICATE FOR FORMATTING

ACKNOWLEDGMENT OF FORMATTING

Date: Friday, 24 October, 2014

This is to certify that formatting has been carried out on the following
Masters of Education thesis:

**EMPOWERMENT OF PARENTS IN EARLY IDENTIFICATION OF
DEVELOPMENTAL CHALLENGES OF PRE-SCHOOL CHILDREN IN THE
EASTERN CAPE**

By

NATHAN FERREIRA

Formatting was carried out to appropriate academic standards, including layout

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