GUIDELINES FOR MANAGING SPECIAL CARE CENTRES FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA

By

ZONDANI ZIMBA

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Supervisors:

Prof. R J. Botha

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DECLARATION

Name: ZONDANI ZIMBA

Student number: **35066334**

Degree: **DOCTOR OF PHILOSOPHY IN EDUCATION MANAGEMENT**

Title of thesis:

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I also declare that I submitted the thesis to originality checking software and that it meets the accepted criteria for originality.

I further confirm that I have not previously submitted this work, or any portion of it, for examination at UNISA for another qualification or at any other Higher Education Institution.

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DEDICATION

I dedicate this work to the Zimba and Nkhowani families, particularly the third generation, who will carry on where I left off, as well as to everyone who believes in Education for All and social justice.

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ABSTRACT

In South Africa, learners with severe to profound intellectual disability have not had access to publicly funded education and support, leaving them vulnerable and outside the net of services available to all school-aged children. To address the national disparity, the South African government developed a Draft Policy Framework for Provisions of Quality Education and Support for Children with Severe to Profound Intellectual Disability, and the policy document is being implemented in special care centres.

This study looked into how to better manage special care centres for learners with severe to profound intellectual disability in Gauteng, South Africa. The study used an exploratory sequential mixed methods approach to collect data via a structured questionnaire, semi-structured interviews, and document analysis. The use of both quantitative and qualitative data increased the reliability and validity of the conclusions. The study population was 45 centre managers in Gauteng province, and the sample was 31 participants. The participants were selected using both purposive and total population sampling methods. The quantitative data were analysed using SPSS version 25 to provide descriptive and correlation statistics, and the qualitative data were analysed using ATLAS.ti Version 8 and the READ approach to develop categories and themes.

The study revealed that special care managers have challenges obtaining support from different departments of the provincial government. According to the data, just three departments, the Departments of Education, Health, and Social Development, provide support, whereas Departments of Transport, Cooperative Governance, and Infrastructure do not, despite the policy requiring them to do so. The data revealed that management challenges include lack of the following: Infrastructure development, transportation for learners to and from centres, adequate funding, appropriate fundraising skills, social services, and constructive consulting with other provincial departments.

Based on the findings, the study suggests, among other things, that several provincial departments enhance their collaboration to support the centres. The assistance will include transporting learners to and from centres, upgrading centre infrastructure,

training centre managers in best practices in leadership and management, upgrading managers' academic qualifications, and establishing a platform for constructive consultation between managers and various provincial government departments.

Keywords: inclusive education; grant project; special education; severe to profound; special care centre; centre manager; leadership; management; policy; intellectual disability; learners with disabilities

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ACRONYMS

APA	American Psychological Association
AU	African Union
CHAT	Cultural-Historical Activity Theory
DBE	Department of Basic Education
DoE	Department of Education
DoH	Department of Health
DPWI	Department of Public Works and Infrastructure
DSD	Department of Social Development
EFA	Education for All
GDE	Gauteng Department of Education
HIV	Human Immunodeficiency Virus
LSPID	Learners with Severe to Profound Intellectual Disability
LTSM	Learning and Teaching Support Materials
NGO	Non-Governmental Organisation
READ	Read, Extract, Analyse, Distil
RSA	Republic of South Africa
SADC	Southern African Development Community
SCC	Special Care Centre
SIAS	Screening, Identification, Assessment, and Support
SPSS	Statistical Package for Social Science
UN	United Nations

UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	Convention on the Rights of Persons with Disabilities
UNESCO	United Nation Education Scientific and Cultural Organisation
USA	United States of America
WHO	World Health Organization

CHAPTER 1
INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 INTRODUCTION

The South Africa Government made an international commitment to promote Education for All (EFA) in Jomtien, Thailand, in 1990 (UNESCO, 1994). According to United Nations Educational, Scientific and Cultural Organisation (UNESCO), this commitment was re-affirmed in Dakar in 2000 with the development of the Framework for Action (UNESCO, 2000). The main aim of EFA, based in Salamanca, Spain, is fostering universal, high-quality basic education as a fundamental right for all children, youths, and adults (UNESCO, 1994). EFA as an organisation represents 92 member states and 25 international organisations whose main objective is to ensure special needs education forms part of every discussion dealing with learners with disabilities (UNESCO, 1994). As a response to the international call for EFA to address issues in special needs education, the former South African Department of Education (DoE, 2001b) developed White Paper 6 on special needs education, and later, the Department of Basic Education (DBE, 2014) conceptualised the Screening, Identification, Assessment, and Support (SIAS).

Education White Paper 6 acknowledges that all children can learn provided individual support is rendered (DoE, 2001b). This White Paper is about enabling education structures, systems, and learning methodologies to meet the needs of all learners and respecting differences in learners, whether due to age, gender, ethnicity, language, class, disability, or HIV status. Additionally, the SIAS document provides a framework for the standardisation of procedures to screen, identify, assess, and support learners who require individual attention to reach their full potential (DBE, 2014).

Interestingly, in South Africa, Learners with Severe to Profound Intellectual Disability (LSPID) have not had access to publicly funded education and support, leaving them vulnerable and outside the net of services being provided to all school-going children (Western Cape Forum for Intellectual Disability, 2011; Western Cape High Court, 2011). To address the national discrepancy in education provisions and promote EFA, the South African government has developed a Draft Policy Framework for Provisions of Quality Education and Support for Children with Severe to Profound Intellectual

Disability (DBE, 2017a) that responds to LSPID rights after the Western Cape High Court judgement in favour of the plaintiff (Western Cape Forum for Intellectual Disability, 2011). Currently, the Draft Policy is being implemented in Special Schools (SS) and Special Care Centres (SCCs).

However, despite clear international and national policies and multi-national agreements for the last two decades, the DBE has just recently developed a policy document for LSPID (DBE, 2017a). However, the Gauteng Provincial Government, and in particular the Gauteng Department of Education (GDE), has not developed operational guidelines for SCC managers. The Draft Policy Framework for Provisions of Quality Education and Support for Children with Severe to Profound Intellectual Disability (DBE, 2017a) outlines overarching strategies to improve support in SCCs, but clarity on the specific steps to be taken is lacking; hence, the guidelines are critical. The American Psychological Association (APA, 2019) defines guidelines as statements, recommendations, or administrative instructions designed to achieve policy objectives by providing the framework to implement procedures. The assumption is that the quality of outcomes improves with the application of guidelines as they seek to simplify the implementation process by providing step-by-step guidance.

This study was centred in the field of education leadership, management, and policy as it aimed to investigate, through interaction, participants' experiences managing and leading SCCs. Leadership, management, and policy studies at LSPID facilities are essential for ensuring that learners receive the necessary support, care, and education to succeed. It helps to address systemic issues, improve service quality, and ultimately improve the lives for LSPID.

Increasingly, SCCs are being viewed as complex organisations operating in diverse internal and external environments that are turbulent and dynamic rather than static (Jamali et al., 2006). Furthermore, individual needs for LSPID add to this complexity since managing SCCs requires changes in structures, policies, objectives, subject matter, and operating procedures so all learners can learn efficiently and effectively (Acedo, 2008). Fullan (2015) reasoned that there is no prescription or step-by-step process for change as organisations have a culture of continuous transformation. Since SCCs are about diversity, individual needs, and managing uncertainty,

alternate, contemporary theories of management are more likely to provide useful frameworks for making sense of these organisations' realities.

Managing diversity requires more than person-orientation; it also requires recognition of the moral imperative to bring about equity, equal opportunity, and social justice. To achieve this, educational leaders must reflect carefully on how to move forward such a deeply righteous, life-changing, dialogic, and relational agenda (Shields, 2004). This requires leadership that embraces diversity, or leadership for social justice. In SCCs, social justice is attained when the centre manager allows staff at all levels to habitually ask themselves learner-centred questions whenever they make decisions or act in relation to the SCC policy or the everyday activities of the centre (Bogotch, 2023).

The South African government has taken great strides in fostering inclusive education through the development of policy documents that acknowledge the right to EFA for children and adults. However, until 2010, education provisions were centred in mainstream, full-service, and special schools, and not in SCCs, despite the development of progressive policies. As of 2018, the South African government, through the GDE, started providing education services in Gauteng province SCCs. Ironically, these SCCs were set up by non-governmental organisations (NGOs) and parents. Thus, centre managers have different qualifications, management experiences, and styles as very few have attended formal education. This brings us to the problem statement and the rationale of the study.

1.2 STATEMENT OF THE PROBLEM AND RATIONALE OF THE STUDY

This study focused on the management of SCCs that offer health, rehabilitation, and education services to LSPID in Gauteng province, South Africa. The research interest sprang from my professional experiences as a Senior Education Specialist supporting SCCs in Gauteng. For the past four years, I have been working for the Grant Project for LSPID. In this time, I have been aware of several challenges experienced by SCC managers leading and managing centres. These challenges include members of staff failing to work with multidisciplinary personnel; working with parents or different stakeholders; and difficulties implementing learning programs, which suggests a degree of difficulty leading and managing SCCs for LSPID.

Furthermore, despite the efforts of the South African government to address inequalities in the education sector through policy reforms such as White Paper 6 (DoE, 2001b), SIAS (DBE, 2014), and the Draft Policy for LSPID (DBE, 2017a), there is still poor access to education services for learners with disabilities (McKenzie et al., 2017). This dearth in the education system have left many LSPID at a serious disadvantage in terms of educational opportunities, particularly regarding the quality of education in SCCs. The understanding is that the policy documents are not enough as they do not tabulate a step-by-step execution process. However, guidelines provide step-by-step instructions concerning the contexts and execution processes (Wunderink & Waterer, 2014). In the Grant Project for LSPID, guidelines are lacking, which is the nature of the problem. The problem statement for this study focused on the current shortcomings regarding the managing of SCCs for LSPID in Gauteng. Conducting research on LSPID centres is critical for refining management methods, optimizing resource allocation, increasing staff satisfaction, and, ultimately, providing better care and instruction to learners. Without studies like this, many concerns may go unsolved, negatively impacting the centres and the learners they serve.

1.3 PRELIMINARY LITERATURE REVIEW

Intellectual disability is characterised by cognitive impairments and difficulties in conceptual, social, and practical areas of daily living (DBE, 2017a). The American Psychiatric Association (2020, p. 13) defined intellectual disability as "a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains". According to Bullen et al. (2018), persons with intellectual disability experience challenges perceiving and processing new information, learning quickly and efficiently, applying knowledge and skills to solve problems, thinking creatively and flexibly, and responding rapidly and accurately. Examples of challenges include difficulties in communication, social participation, and activities for daily living. Thus, persons with intellectual disabilities demand integrated care and support to reach their full potential. To provide integrated care and support, SCC managers are required to possess a variety of skills to maintain successful centre leadership and management.

LSPID fall within the most severe range of intellectual disability, and have challenges in the three main functioning domain levels, namely conceptual (written language,

concepts of numbers, quantity, time, and money), social (speech or gestures), and practical (physical care, health, and safety; DBE, 2017a). They seem to function at a very low level of adaptive functioning, and a substantial part of their day is likely to be spent on caring activities such as feeding, toileting, and dressing.

International policies provide clear direction for a rights-based approach to service delivery for LSPID. Globally, policies like the *United Nations Convention on the Rights of the Child* (UNCRC; UN, 1989a) acknowledged the importance of all children with disabilities to access all the help they need to function to their full potential (Geiger, 2012). The UNCRC (1989a) furthermore stated that children with disabilities have the right to develop through effective access to education and other health services.

Worldwide, countries are ratifying the UNCRC and the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD; UN, 2007), but there are peculiarities in each member state of EFA. For instance, in certain European countries, such as Cyprus, Lithuania, Maita, Portugal, and Scandinavian countries, such as Norway, Denmark, Finland, and Sweden, more than 80% of learners with intellectual disabilities are educated in inclusive schools and not in SCCs (European Agency for Development in Special Needs Education, 2010; Hehir et al., 2016). In the USA, LSPID has enjoyed a nationally protected right to a "free and appropriate public education in the least restrictive environment" since 1974 (Hehir et al., 2016, p.6). Furthermore, countries like the USA and the Netherlands are fully promoting inclusive education, meaning mainstream schooling for all, and not segregation schooling such as special schools and SCCs (Hehir et al., 2016). These developed countries have moved to largely provide advanced support for all learners with disabilities in their communities as they are moving away from the institutionalised medical model (Barrie-Watts, 2019). On the other hand, Hehir et al. (2016) found that in India, nearly half of LSPID do not go to school due to a lack of political will by the government.

In many African counties, educating LSPID is a challenge as discriminatory practices are still prevalent, which undermines the countries' legislation. For instance, countries like Zambia, Eswatini, Mozambique, Botswana, South Africa, and Kenya have ratified the UNCRC (UN, 1989a) and UNCRPD (UN, 2007) by enacting legislation in each member state. However, these countries have not made adequate provisions to aid learners with intellectual disabilities, and as a result, LSPID encounter some form of

discrimination (Phiri, 2017; Barrie-Watts, 2019). Without undermining African states' efforts to educate LSPID, most states lack resources to advance disability policy and services thereof (Barrie-Watts, 2019; Murphy, 2014).

The South African education policy is liberal as it affirms that education is a fundamental right for all learners (DoE, 2001b; RSA, 1996a, 1996b). However, the execution of this progressive policy has been unhurried, especially for LSPID. According to McKenzie et al. (2013a), the lack of urgency is due to confined resources and the notion that LSPID are uneducable. Without undermining the efforts of the Government to educate LSPID, plaudits should be given to the state for undertaking initiatives to promote EFA. For instance, the White Paper 6 (DoE, 2001b) and SIAS policy documents (DBE, 2014) are indicative of the positive efforts on education provisions for learners with special education needs.

1.4 RESEARCH QUESTIONS

The discussion above led to the following main research question for this study: How should SCCs for LSPID be managed effectively in the Gauteng province of South Africa? This main research question led to the following sub-research questions:

- What are the tasks and places of SCCs for LSPID?
- What are some of the problems SCC managers experience managing centres for LSPID in Gauteng?
- How well prepared are SCC managers in Gauteng to engage with these management challenges?
- Which strategies and other measures have SCC managers adopted to deal with the complex management challenges in LSPID centres in Gauteng?
- Which guidelines can be introduced for SCC managers in Gauteng to manage facilities more effectively?

1.5 RESEARCH AIM AND OBJECTIVES

This study aims were to determine how SCCs for LSPID should be managed more effectively in the Gauteng province of South Africa. The study had the following specific objectives:

- Describe the task and place of SCCs for LSPID;

- Establish the problems that SCC managers experience managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;
- Find out which strategies and other measures have SCC managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng; and
- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

1.6 RESEARCH METHODOLOGY

1.6.1 Research design

According to Salkind (2018), the research design is the plan chosen by the researcher to conduct the study. It is a blueprint for conducting the study that maximises control over factors that could interfere with answering research questions (McMillan & Schumacher, 2014). Burns and Grove (2011) stated that designing a study helps to plan and implement the research in a way that helps obtain the intended results, thus increasing the chances of obtaining information that can be associated with a real scenario. The three primary types of research designs that govern research are qualitative, quantitative, and Mixed Methods Research (MMR) designs. The MMR research methodology served as the basis for this investigation.

1.6.2 Mixed method research design

According to Kaplan (2017) the research methodology aims to describe the design and the research paradigms. Furthermore, Kaplan (2017) suggested that the methodology aims to help the researcher understand the process of conducting the study. In this study, a mixed methods design involving both qualitative and quantitative methods was adopted. According to Tashakkori and Creswell (2007. p 4), mixed methods can be defined as “research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study”. This study used a sequential exploratory mixed methods design with three distinctive phases (McMillan &

Schumacher, 2014). In this research design, the first phase was qualitative data collection, and the findings from Phase 1 were used to develop an instrument to collect quantitative data in the Phase 2. The third phase was triangulating Phases 1 and 2.

Bryman (2006) reviewed 232 social science mixed methods papers and identified 16 reasons for conducting mixed methods studies. For this study, the following six benefits were identified as appropriate for the research:

- **Triangulation:** This allowed for greater validity in the study by seeking corroboration between the quantitative and qualitative data;
- **Completeness:** Using a combination of research approaches provided a more complete and comprehensive picture of the phenomenon;
- **Offsetting weaknesses and providing stronger inferences:** Using a mixed methods approach allowed for the limitations of each approach to be neutralised while building on the strengths, thereby providing stronger and more accurate inferences (Bryman, 2006; Creswell, 2016);
- **Answering different research questions:** Creswell and Plano Clark (2017) argued that mixed methods research helps answer the research questions that cannot be answered by quantitative or qualitative methods alone, and provides a greater repertoire of tools to meet the aims and objectives of a study;
- **Explanation of findings:** Mixed methods studies uses one research approach (i.e., quantitative or qualitative) to explain the data generated from a study using the other research approach; and
- **Instrument development and testing:** The qualitative study generated items for inclusion in a questionnaire that were used in the quantitative phase of the study.

As noted above, the advantage of using the mixed methods design was that it provided in-depth analysis of the research problem as the use of both qualitative and quantitative methods contributed to a more complete investigation (Cook & Kamalodeen, 2019; Creswell, 2015). Tashakkori and Teddlie (2021) similarly argued that any one viewpoint or methodology (qualitative or quantitative) does not hold the authoritative key to truthfully answering the research questions; hence, mixed methods research was preferred as it helped trying to solve a problem that is present in a complex schooling or social context (Mertens, 2017).

1.6.3 Research paradigm

To answer research questions and achieve the aim of the study, this research was located within a pragmatist paradigm. According to Tashakkori et al. (2020), paradigms are the philosophical models used in any field of study. Johnson and Christensen (2019) defined a paradigm as the framework of ideology and assumptions through which a researcher understands and relates to the world. In this research, the pragmatic paradigm was identified as appropriate as it helped shape the study as it is not committed to a single philosophical system. Furthermore, Tashakkori et al. (2020) stated that as a research paradigm, pragmatism is based on the proposition that researchers should use the philosophical approach that works best for the research problem that is being investigated. Hence, pragmatism is concerned with effective applications or workable solutions to the research problem. Thus, I drew data from both qualitative and quantitative assumptions (mixed method approach) to answer the research questions to achieve the aim of the study.

Furthermore, the pragmatic paradigm advocates a relational epistemology (Kivunja & Kuyini, 2017). The understanding of rational epistemology is that relationships in research are best determined by what the researcher deems appropriate for a particular study. Further, the pragmatic paradigm advances a non-singular reality ontology. In this study, non-singular ontology assumed that there is no single reality, and participants had different interpretations of reality (Kivunja & Kuyini, 2017). This implies that pragmatists acknowledge that individuals interpret the world differently, that no single point of view can give the entire picture of the problem, and that there are multiple realities.

It is worth noting that qualitative research is subjective and quantitative research is objective, and pragmatism acknowledges the strength and weaknesses of each. In this study, pragmatism was appropriate as at one stage during the research, I adopted a subjective approach by interacting with participants to construct realities, and at another stage, it was necessary to take a more objective approach by not interacting with the subjects (Tashakkori et al., 2020). This was attained by combining interviews (qualitative) and a questionnaire (quantitative) to bring together the advantages of the breadth and depth associated with the pragmatism approach (Tashakkori & Teddlie, 2021).

Pragmatism was suitable for this research because it engages in practical problem-solving in the real world rather than being built on an assumption about the nature of knowledge (Creswell, 2014a; Shannon-Baker, 2016). Furthermore, the advantage of pragmatism was that it promoted 'action-oriented' research procedures (Cameron, 2011; Maarouf, 2019). Hence, pragmatism was appropriate as the study started with a problem and aimed to contribute practical solutions that will inform future practice guideline development (Lewis, 2009).

1.6.4 Population and sample for the study

According to Parahoo (2014, p. 258), a population is "the total number of units from which data can potentially be collected". In research, it is often not feasible to recruit the entire population of interest; hence, the researcher recruits a sample from the population of interest to be included in a study. In this study, the objective of the research was to generalise the findings from the sample to the entire population (Van den Broeck et al., 2013). The choice of participants was determined using inclusion and exclusion criteria. Swift and Wampold (2018) described inclusion criteria as the major characteristics of the population of interest, whereas exclusion criteria are those that may impede data collection. The study population comprised 45 SCCs (n=45) that are registered with the Department of Health under Mental Health and supported by the Departments of Education and Social Development.

1.6.4.1 Population and sample for the qualitative phase

Maree (2017, p. 79) defined sampling as "the process of selecting a portion of the population for the research". The participants were purposively selected based on their position and experience of the phenomenon being investigated. According to Leedy and Ormrod (2018), purposive sampling is when people or other units are chosen for a purpose. Purposeful sampling was appropriate because I selected participants who had knowledge about or experience with the phenomenon being investigated (Creswell & Plano Clark, 2017). In addition, purposeful sampling was suitable as the choice of participants was based on availability and preparedness to take part and being able to communicate experiences and opinions in an articulate, expressive, and reflective way (Bernard, 2017; Palinkas et al., 2015). While Leedy and Ormrod (2018) did not offer a specific number of participants, Tharenou et al. (2007) recommended

that the minimum sample size should be based on a reasonable coverage of the phenomenon being researched. At SCC level, the centre managers were asked to give personal accounts of their management and leadership experience. Therefore, for Phase 1, the research participants or sampled for the study consisted of 10 SCC managers out of 45.

1.6.4.2 Population and sample for the quantitative phase

The objectives of sampling in Phase 2 (quantitative) were to obtain a numerical representative sample from the population of interest so the inferences and research findings from the sample represented real associations in the population of interest (Majid, 2018). For Phase 2, the sample were all 45 SCC managers in Gauteng. As the Grant Project supports 45 SCCs, I adopted whole population sampling. Hence, all managers (n = 45) in Gauteng were part of the population for the study.

1.6.5 Pilot study

Before I embarked on actual data collection, I conducted a pilot study in two of the participating SCCs to help me understand the context (Creswell, 2016). Maxwell (2012, p. 76) maintains that “a pilot study is used to generate an understanding of concepts and theories held by people you are studying”. Further, he suggested that “it provides the researcher with an understanding of the meaning that these phenomena and events have for actors who are involved in them and the perspective that inform actions” (p. 79). The pilot study helped me to familiarise myself with the ambiguity and lack of structure in the research process (Creswell, 2016). Oppenheim and Pollecutt study of 2000 (as cited in Cohen et al., 2009, p. 127) stated that a pilot study can be used “to increase the reliability, validity and practicability” of a study. In addition, the pilot study helped me refine the types of questions I asked and generally improved the quality of my data gathering tools. As suggested by Bloor and Wood (2006), the pilot study was used to test the time individual interviews took, focus areas, interview guides, and potential ethical issues.

1.6.6 Research instruments

According to Creswell (2014a), a research instrument is used to assess, monitor, and record data. The research instruments are tools used to collect, measure, and analyse

data to answer the research questions. Examples of research instruments are questionnaires, interviews, and observations. This study used two distinctive approaches for gathering data, namely qualitative and quantitative.

The study was an exploratory sequential mixed methods design with a first phase (Qualitative) and second phase (Quantitative). Hence, the design for this study dictated that data collection started with semi-structured interviews followed by a survey in the form of a questionnaire.

1.6.6.1 Research instruments for the qualitative phase

There are many types of qualitative research tools, and in this study, the choice was influenced by the research aim, objectives, and research question. Since the study aimed to determine how SCCs for LSPID should be managed more effectively, this required participants to give an account of lived experience leading and managing SCCs. Further, managing SCCs effectively requires documented structures. Thus, the suitable tool for the qualitative phase was delineated into document analysis and semi-structured open-ended interviews.

Firstly, according to Scot's study of 1992 (as cited in Johnson, 1994, p. 60), a document is "an artefact which has as its central feature an inscribed text". The overall value of documents lay in their stability, unobtrusiveness, precision, and broad coverage (Yin, 2015). I started requesting all written correspondence relating to the day-to-day functioning of the SCC. The documents included minutes of meetings, correspondence (letters, reports, circulars, and directives) from the DBE and GDE, and mental health and SCCs policies. The documents gave insight into what is happening in the day-to-day functioning of the respective SCCs. They also helped me prepare for the interviews and provided information from both the distant and more recent past (Wald, 2014). The advantages of using document analysis were that I could access the documents at my convenience and that the documents provided the participants' language and words (Creswell, 2014b). On the other hand, the expected limitation of document analysis was that there was a slight probability that SCC managers may be reluctant to provide access to documents for fear of exposing management and leadership flaws. To mitigate this limitation, I assured the SCC managers that the findings were for academic purposes only.

Secondly, Johnson (1994, p. 66) stated that “interviews are initiated by the interviewer, to gather certain information from the person interviewed”. The aim of using semi-structured open-ended interviews was to obtain information from several people without adopting a standardised approach (Wald, (2014). The advantage of using semi-structured open-ended interviews was that the line of inquiry was defined while allowing for probing and clarification (Creswell, 2014b). According to Berg’s study of 2000 (as cited in Struwing & Stead, 2001), they allow participants to discuss phenomena beyond the confines of the questions. Using semi-structured open-ended interviews, I was able to obtain multiple responses to the research question. On the other hand, a limitation was that semi-structured open-ended interviews were time-consuming and required training. I alerted and guarded myself against interviewer’s biases by creating clear guidelines (Adhabi & Anozie, 2017; McMillan & Schumacher, 2010).

1.6.6.2 Research instruments for the quantitative phase

A survey was used during the quantitative stage and a closed-ended questionnaire was the instrument. Sukamolson (2007) described a survey as a form of quantitative research that is concerned with “sampling questionnaire, questionnaire design, questionnaire administration” for the sake of acquiring information from the group/population under study and then examining the collected data to clearly comprehend their behaviour and characteristics. Further, according to Davidson-Shivers et al. (2018), surveys are the best option as they target a population or representative sample to collect views or opinions about a given topic or issue. As already stated, one of the main survey instruments was the close-ended questionnaire. In this study, a questionnaire was used to obtain opinions and perceptions about leadership and management and demographic data on the SCC managers (Boulmetis & Dutwin. 2014). The questionnaire items typically were in the form of a statement with limited, closed-ended choices on a Likert scale. The Likert scale measured attitudes, perceptions, and experiences by asking participants to respond to a series of statements about the research questions in terms of the extent to which they agree or disagree (Subedi, 2016). In Phase 2, I developed questionnaire items using quotes, codes, and themes generated from the qualitative data. The questionnaire was tested for reliability and validity and administered to a large sample

to determine (a) whether the qualitative results confirmed the quantitative findings, and (b) what correlations could be made between the data of both phases.

1.7 DATA ANALYSIS AND PRESENTATION

1.7.1 Data analysis

Data remain meaningless unless it is analysed and interpreted (McMillan & Schumacher, 2014). Kawulich (2014) defined data analysis as the exercise of reducing larger amounts of collected data to a story and its interpretations. This study was a sequential exploratory mixed methods study, and data were analysed differently for Phases 1 and 2.

1.7.1.1 Data analysis in the qualitative phase

In the qualitative phase, data were analysed in two strands. Firstly, the documents were analysed. Bowen (2009) defined document analysis as the systematic procedure of reviewing or evaluating documents that can be used to provide context, generate questions, supplement other types of research data, track change over time, and corroborate other sources. During document analysis, I adopted the read, extract, analyse, and distil (READ) approach. According to Dalglish et al. (2020), the READ approach consists of the following steps: (1) Read the materials, (2) extract data, (3) analyse data, and (4) distil the findings. In this study, the information gained from the documents informed the data analysis of the semi-structured interviews.

I conducted one-on-one semi-structured interviews with 10 SCC managers. The SCC managers were asked to reflect on how they experience leadership and management in managing the centres. I retained an accurate, confidential list of participants' names, and alpha-numeric pseudonyms were used to ensure the participants could not be identified and possibly victimised or persecuted. The individual interview sessions were audio recorded to help with transcribing and coding the data for analysis. Currently, there are several different software available to analyse qualitative data, but I chose Atlas-Ti because I am familiar with the software The Atlas-Ti was suitable as it can distil massive amounts of data from the transcribed interviews to determine themes. The outputs (quotations and codes) and network diagrams were used to deliver the research report.

1.7.1.2 Data analysis in quantitative phase

Quantitative data is numerical, and in this study, it was collected using a close-ended questionnaire (Save the Children, 2014). In the questionnaire, participants were expected to rate their experiences leading and managing SCCs by scoring or ranking questions assigned on a Likert scale. SPSS computer software was used for the quantitative data analysis.

For this study, data that were collected may have had some inconsistencies in the participants' responses that required rectification. These inconsistencies were corrected and filtered in the dataset coding in the software. By and large, this underlined the need for specific statistical software that required the data to be organised into a predefined layout for easy processing (Delwiche & Slaughter, 2008). Organising data involved explaining the inferential statistics details. Measures of frequency and central tendency (mean) were used to describe data obtained from the questionnaire. For the inferential statistics, conclusions were derived from the use of the survey monkey of SPSS computer software.

1.7.2 Data presentation

The data are presented sequentially and concurrently, which is consistent with the research design (Bentahar & Cameron, 2015). In this study, the research design dictated that data collection begins with the purposive sampling of participants to be interviewed (qualitative phase), which was followed by a survey using a questionnaire (quantitative phase; Creswell, 2014a).

1.7.2.1 Data presentation in the qualitative phase

In Phase 1, face-to-face semi-structured interviews were conducted. The primary purpose of using semi-structured interviews for data collection was to obtain information from participants who have personal experiences, attitudes, perceptions, and beliefs related to the topic being studied (DeJonckheere & Vaughn, 2019). According to Maree (2017), face-to-face interviews promote cooperation and bonding, which helps generate more meaningful data.

The qualitative phase involved organising and preparing the data for analysis. Firstly, I transcribed the interviews and read through all transcripts several times for better

comprehension of the text. Secondly, I coded the transcripts to separate text into meaningful segments to represent a category of meaning. During coding, I coded the database into categories and subsequent emerging themes from the transcribed text. Thirdly, codes were allocated to categories of text that emerged as similar in meaning to each other. Fourthly, the codes were labelled, and the segmented texts were arranged according to their codes. Fifthly, the themes were generated and described. Lastly, the description of themes was presented narratively and an extract description of the events in the transcripts was identified (McMillan & Schumacher, 2014)

1.7.2.2 Data presentation in quantitative phase

Data collection in the quantitative phase study was done using a questionnaire. Upon collection of completed questionnaires, the data were presented on Microsoft Excel and SPSS was used to capture, analyse, and interpret the data. To minimise errors during data presentation, I cleaned, coded, and organised the data, and validation was achieved using Microsoft Excel to negate wrong and double entries. To ascertain the quantities, closed-ended questions were assigned numbers according to the Likert scale. According to Batterton and Hale (2017), a Likert scale is an ordered scale from which participants choose one option that best aligns with their view of the construct. In this study, the Likert scale was appropriate as it measured participants' attitudes and perceptions by asking the extent to which they agree or disagree with a question or statement. It was used to generate descriptive and inferential statistics. Thus, the quantitative data presentation included tables, graphs, and statistical numbers.

1.8 TRIANGULATION OF DATA OBTAINED IN THE TWO PHASES

In Phase 3, findings from Phase 1 (Qualitative) and Phase 2 (Quantitative) were integrated using triangulation. According to Braun and Clarke (2013), triangulation is capturing multiple voices and truth on a topic, unlike using the one 'right' result. In this mixed methods research, triangulation was used to generate a complete result with the help of two partial findings that could not stand on their own (Kelle et al., 2019). In this study, triangulation involved the views and perspectives from two different samples in Phases 1 and 2, respectively, and were used to triangulate the qualitative and quantitative samples.

1.9 TRUSTWORTHINESS, VALIDITY, AND RELIABILITY OF THE STUDY

According to Anney (2014), trustworthiness points to the assessment of the quality of the study, and the validity and reliability of study are about the “likelihood that it [the study] will present the same results if someone else were to repeat the research” (Grossoehme, 2014, p. 111).

1.9.1 Trustworthiness in the qualitative phase

Irrespective of the research design or the type of data collected, I did my best to make sure that the measures applied produced plausible, robust research and demonstrated rigour (Gunawan, 2015).). According to Koch’s study of 2006 (as cited in Ryan et al., 2007), in qualitative research, rigour or trustworthiness is established when a reader can audit the actions and developments of the researcher. To ensure trustworthiness, I drew from Guba’s (as cited in Shenton, 2004) naturalistic paradigm that delineates rigour into credibility, transferability, dependability, and conformability. I discuss how each was used in the following subsections.

1.9.1.1 Credibility

Credibility is about establishing whether the findings of the study are believable. According to Holloway’s study of 2002 (as cited in Anney, 2014), and Macnee and McCabe study of 2008 (as cited in Anney, 2014), credibility is the confidence that can be placed in the truth of the research findings. Credibility allows the researcher to check for consistency between the participants’ views and the researcher’s representation of the findings (Cope, 2014). Credibility was established by adopting the following strategies:

- **Prolonged engagement in field or research site:** I stayed at the research site for a long time to gain an understanding of the traditions and customs of the participants and to build trust (Anney, 2014);
- **Use of peer debriefing:** I requested a colleague or other person to provide scholarly guidance;
- **Triangulation:** I homed in on research evidence from several points of view to examine whether the data are in ‘agreement’ (Wald, 2014);

- **Member check:** This was a continuous process in which I afforded participants the opportunity to examine data, analytical categories, explanations, and conclusions to check for consistency;
- **Negative case analysis:** When the findings did not produce the same results, I conducted a negative case analysis;
- **Persistent observation:** As suggested by Guba's study of 1981 (as cited in Anney, 2014), I looked in depth at the phenomena being studied and gained an understanding of the essential characteristics of the setting.

1.9.1.2 Transferability

Transferability refers to the degree to which the research findings can be transferred to other contexts (Anney, 2014; Weise et al., 2020). In this research, transferability was enhanced by providing a detailed description of the study and the method, and by purposefully selecting participants (Moser & Korstjens, 2018).

1.9.1.3 Dependability

Dependability ensures that the findings of the inquiry are consistent and could be repeated under similar circumstances (Lishner, 2015; Moser & Korstjens, 2018). Steps were taken to ensure that each stage in the inquiry was reported in detail. As suggested by Lishner (2015) and Anney (2014), dependability was enhanced by establishing an audit trail, a code-recode strategy, stepwise replication, and peer examination.

1.9.1.4 Conformability

According to Baxter and Eyles's study of 1997 (as cited in Anney, 2014), conformability questions the degree to which the findings of the study can be confirmed or corroborated by other researchers. To avoid biases and distortion of the findings, I ensured, "conformability was enhanced through audit trial, triangulation, and a reflective journal" (Shenton, 2004, p. 72).

1.9.2 Reliability and validity in the quantitative phase

Reliability in quantitative research is the extent to which measures are free from error (Mellinger & Hanson, 2020). McMillan and Schumacher (2014) explained that error is

measured by estimating how consistently a trait is assessed. Reliability was attained by developing an instrument with answers on the scale rather than right or wrong.

The quality of the study in Phase 2 was attained by ensuring that the instrument and process were valid and reliable. According to Grossoehme (2014, p. 111), the validity and reliability of the research is "likelihood that it [the research study] will present the same results if someone else were to repeat" the study. To test for validity and reliability, the instrument was tested on a sample before administration.

In a quantitative study, validity is the intent of an instrument (Jackson, 2015). Jackson (2015, p. 87) explained that "it is the true and accurate representation of information obtained about a phenomenon and is often referred to as construct validity". In this study, validity was firstly attained using appropriate steps to develop the instrument, and secondly, I developed an instrument that took advantage of the richness of qualitative findings (Creswell & Creswell, 2018).

Validity can be classified as internal or external. Internal validity in quantitative research refers to the ability to draw causal conclusions from obtained data (Sadık, 2019). Internal validity was achieved in this study by verifying that changes in the dependent variables were caused solely by the independent variables and not by other potentially contradicting variables. Hence, internal validity was enhanced as I warded off threats by carefully, culturally, and nationally adapting the instrument. On the other hand, external validity is "generalising the research sample to other or larger populations and settings" (Malakoff's Blog, 2012). In the quantitative phase, I enhanced external validity by carefully selecting sampling techniques that were suitable to establish a truly representative sample of the study populace.

1.10 ETHICAL CONSIDERATIONS

Ethics in research deals with the interaction between the research participants and the researcher. Ethical guidelines include informed consent, deception, confidentiality, anonymity, privacy, and caring (McMillan & Schumacher, 2010). Schwandt (1997, p. 98) clarified that "the ethics of qualitative inquiry … are concerned with the ethical principles and obligations governing conduct in the field and writing up accounts of fieldwork". I first obtained research clearance from the faculty ethics committee of UINISA (Helsinki Declaration of 2008, as cited in Maree, 2017), and then I obtained

permission from each centre manager of the participating SCCs. Throughout my research, I abided by Leedy and Ormrod's (2018) ethical guidelines concerning informed consent, anonymity, confidentiality, the right to withdraw, and protection from harm.

1.10.1 Informed consent

All participants were told about the nature and expectations of the research so they understood what it was about, who would participate, and how the data would be collected (Manti & Licari, 2018). I used a form suggested by Leedy and Ormrod (2018) which contained the following information:

- A brief description of the nature of the study;
- A description of what participation would entail in terms of activities and duration;
- A statement indicating that participation is voluntary;
- A list of the potential risks and discomfort that participants could encounter and how the information will be collected;
- My name, information about me, and an offer to share the findings; and
- A place for the participant to sign and date the letter, indicating their agreement to participate in the research.

1.10.2 Anonymity

I respected the research participants' right to privacy. I did not report, either orally or in writing, how participants responded or behaved, except with their written consent (Leedy & Ormrod, 2018). I informed participants that the findings and their names will remain anonymous and that pseudonyms will be used.

1.10.3 Confidentiality

Leedy & Ormrod (2018) suggested that both the research participants and research must have a clear understanding of the confidentiality of the findings of a study. I ensured that the data was kept private and that the results were presented anonymously to protect the identity of the participants (Maree, 2017). I assured the

participants of confidentiality for them to 'act and reply' as honestly as possible so that a true picture of events was captured (MacIntyre, 2016).

1.10.4 Right to withdraw and protection from harm

I ensured that the research participants were not exposed to any undue physical or psychological harm (Leedy & Ormrod, 2018). I informed them that participation was voluntary and that they could terminate their participation at any time (Leedy & Ormrod, 2018).

1.11 CONTRIBUTIONS OF THE STUDY

The South African government has made great strides towards addressing inequalities in the education sector through policy reforms such as White Paper 6 (DoE, 2001b), SIAS (DBE, 2014), and Draft Policy for LSPID (DBE, 2017a). However, according to McKenzie et al. (2017), there is still poor access to education services for learners with disabilities. Further, McKenzie et al., (2017) argued that these deficiencies in the education system have left many LSPID at a severe disadvantage in terms of educational opportunities, particularly regarding the quality of education in SCCs. Without undermining efforts made by the South African government by developing policy for LSPID, these documents are not enough as they do not tabulate a step-by-step execution process. Thus, this research explored the barriers, challenges, and opportunities experienced by managers in leading and managing SCCs. Thereafter, the findings were used to provide a general framework for the development of guidelines for SCCs. This study contributed to the limited existing body of knowledge on challenges experienced by SCC managers. It was expected that this new knowledge would likely lead to centre managers running SCCs that are efficient, sustainable, and effective in supporting LSPID.

Currently, the South African government is implementing the policy for LSPID (DBE, 2017a), but guidelines are lacking. The advantage of having guidelines in place is that they provide step-by-step process for the contexts and implementation of the policy. This study provide guidelines for leading and managing SCCs for LSPID, which may pave the way for better focused and more effectively and efficiently managed SCCs with improved outcomes. The contributions of the study are delineated as follows (McMillan & Schumacher, 2014):

- **The study adds to knowledge:** Since there are limited studies conducted on leading and managing SCCs for LSPID, this study adds knowledge to the limited existing research. Furthermore, all education departments, locally and internationally, are likely to benefit from the study as they gain some insight into the challenges of leading and managing SCCs.
- **The study is likely to help improve practice:** This study was used to develop guidelines so that centre managers have step-by-step guidance leading and managing SCCs. These guidelines may enable centre managers to develop a framework for managing SCCs efficiently and effectively.
- **The study is likely to help improve existing policy:** The data generated from this study has the potential to improve existing practices and policies regarding the management of SCCs in Gauteng. Such insight will enable all stakeholders in education to become more sensitive and responsive when dealing with LSPID.

1.12 LIMITATIONS AND DELIMITATIONS OF THE STUDY

The scientific field of research on leading and managing SCCs for LSPID was found to be non-existent. Up until this point, most literature has been centred in the health care domain and not on leading and managing educational services in SCCs. This study primarily focused on leading and managing SCCs for learners with intellectual disabilities. Hence, the limitations of the study included legal and ethical considerations as these are sensitive subjects (McMillan & Schumacher, 2014). To mediate legal and ethical limitations, I was responsible for protecting the rights and welfare of participants who took part in the study.

The other limitation in this study was the subject effects. According to Flick (2014b), subject effect refers to changes in behaviour initiated by participants themselves in response to the research situation. For instance, participants may want to increase positive or desirable behaviour by trying to act competent and emotionally stable, which might affect the data collected. To mitigate the subject effect, I used interviews, document analysis, and a questionnaire to enhance the validity and reliability of the data collected.

Regarding the delimitation of the study, geographically the research was undertaken in Gauteng province. It should be noted that different provinces may have different

views on the topic. For instance, the differences could be due to social, economic, geographic, and political differences that would affect SCC managers' experiences in leading and managing.

1.13 DEFINITIONS OF KEY TERMS IN THE TITLE

1.13.1 Learner

According to Collins Dictionary (McKeown None et al., 2011, p. 94), a learner is "someone who is learning something, gains knowledge of something or acquires skill in some art or practice". For this study, the term 'learner' is used to represent a person attending an SCC.

1.13.2 Severe intellectual disability

Severe intellectual disability is defined by the newly developed LSPID policy document (DBE, 2017a) using the following levels of functioning:

- **Conceptual domain:** Attainment of conceptual skills is limited. The individual generally has little understanding of written language or of concepts involving numbers, quantity, time, and money;
- **Social domain:** Spoken language is quite limited in terms of vocabulary and grammar. Speech may be single words or phrases and may be supplemented through augmentative means; and
- **Practical domain:** The individual requires support for all activities of daily living, including meals, dressing, bathing, and elimination. The individual always requires supervision.

1.13.3 Profound intellectual disability

Profound intellectual disability is defined by the newly developed LSPID policy document by the following levels of functioning (DBE, 2017a):

- **Conceptual domain:** Conceptual skills generally involve the physical world rather than symbolic processes. The individual may use objects in a goal-directed fashion for self-care, work, and recreation;

- **Social domain:** The individual has a very limited understanding of symbolic communication in speech or gesture. They may understand some simple instructions or gestures; and
- **Practical domain:** The individual is dependent on others for all aspects of daily physical care, health, and safety, although they may be able to participate in some of these activities as well.

1.13.4 Special care centre

According to the LSPID policy document (DBE, 2017a), these are places where LSPID are cared for daily. They are often run by mothers of disabled children. Some of these centre are registered with the Departments of Health or Social Development but many of them are not registered and run on minimal resources.

1.14 CHAPTER DIVISION

The research was delineated as follows:

- **Chapter 1** is an orientation of the research and primarily focuses on the statement of the problem, aims of the research, research design and methodology, assumptions, limitations and delimitations, concept clarification, and ethical issues;
- **Chapter 2** presents the literature review;
- **Chapter 3** discusses the theoretical framework used in this study;
- **Chapter 4** describes the research methodology for the study;
- **Chapter 5** is the presentation and discussion and analysis of the qualitative and quantitative data; and
- **Chapter 6** summarises the study, presents the findings from the study, including the contribution of the study, and concludes with recommendations from the study.

1.15 CHAPTER SUMMARY

The research presents the nature of the problem through the main question, aims, and objectives of the study. To answer the main question and achieve aims and objectives, an empirical investigation was necessary to provide solutions to the problem. The

appropriate research methodology was outlined to answer the questions as mixed methods research. The chapter also focused on a preliminary literature review and theoretical framework. Thereafter, the statement of the problem, aims of the research, assumptions, limitations, delimitations, and concepts of the study were clarified. Ethical considerations and contribution of the study to the existing body of knowledge were discussed. This chapter has succinctly described the problem and the topic generated by proffering a clear overview of the whole study.

In Chapter 2, I provide an in-depth literature review from international, regional, and national research relating to disability and education provisions.

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

The focus of this study was the management of SCCs for LSPID in Gauteng, South Africa. This chapter is the literature review on the important concepts dealt with in this thesis. In any research study, the literature review is an important component as creates a firm foundation of deep knowledge. According to Watson and Webster (2020), a literature review is important because it advances theory development, closes areas where a plethora of research exists and exposes areas for future research.

This literature review deals with several aspects, namely the concept of disability, models of disability, and different types of disabilities. Further, the chapter contains a discussion on the history of special education, a global view on special education, and provisions for special education. Lastly, the reviewed literature offers insight into LSPID as well as education provisions for LSPID learners in South Africa, and concludes with operations in SCCs.

2.2 THE CONCEPT OF DISABILITY

The WHO (2011) estimated that more than one billion people worldwide are disabled. Barrie-Watts (2019) stated that out of these one billion people with disabilities, about 200 million are confronted with difficulties in their daily lives due to disabilities. Persons with disabilities are more likely to have challenges accessing health, education, and social services (Devandas-Aguilar, 2017). Thus, persons with disabilities have higher rates of unemployment and poverty.

Disability is difficult to define as it is a complex phenomenon. However, according to the UNCRPD (UN, 2022) and the WHO (2011), disability is defined as a concept obtruded by communities when an individual with physical, psychosocial, sensory, neurological, or intellectual impairments is restricted from taking part in daily activities. Interestingly, this definition is derived from disability models that have evolved over time as disability is not a fixed concept but a progressive one (Bianquin & Bulgarelli, 2017).

2.2.1 The meaning of disability in a few selected countries

According to Kumbier and Starkey (2016), countries define disability differently as there is no global consensus on the definition. Interestingly, however, there are two main models of disability that countries have adopted in their definitions, namely the medical and social models. As stated by Retief and Letšosa (2018), the medical model views disability as a medical problem that needs to be prevented, cured, and contained, but the social model considers disability as something that is socially constructed. To illustrate the medical and social models, the UN Human Rights Commission (2014) provided examples for the two models as personal conditions (e.g., the medical model sees the problem as wheelchair bound) and environmental conditions (e.g., the social models sees the building as inaccessible). Thus, the medical model views impairment as a medical problem that can be cured by a doctor, and the social model regards disability as a societal problem that can be managed with community support (Hari, 2016). Hari's (2016) views were supported by Haegele and Hodges (2016) as they stated that in the medical model emphasis is on rehabilitation and disability is viewed as an individual tragedy, and in the social model, disability is viewed through the barriers created by communities (Lecerf, 2017).

Although the definition of disability is acknowledged and embraced worldwide, there are peculiarities in individual countries, states, and continents. For instance, in the European Union, the definition of disability differs from one country to the next because of historic, cultural, economic, and social differences (O'Mahony, & Quinlivan, 2020). Owing to the stated difference, some member states defined disability through the lens of the social, medical, or both models (Lecerf, 2017). For instance, in the United Kingdom, disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on individuals' ability to carry out normal day-to-day activities (Fell & Dyban, 2017). In Germany, the definition of disability is also influenced by both the medical and social models, but in Spain the definition refers only to the social model (Lecerf, 2017). In Germany disability is defined as a deviation of physical functions, mental capacities, or psychological health for more than six months from the condition, which is typical for the respective age and whose participation in the life of society is therefore restricted (Lecerf, 2017). On the other hand, in countries like Denmark, Greece, the Czech Republic, Poland, Slovakia, and Belgium there is no legal framework to define disability to avoid stigmatisation caused

by the definition (Lecerf, 2017). The understanding is that the definition of disability can overshadow important aspects of impairments, such as principles of participation, citizenship, and equality of opportunities, which is what disability policies are based on.

Canada defined disability by combining the social and medical models, and the Canadian government defined disability by incorporating underlying health conditions and inability to perform tasks aligning with current knowledge and the role of society on disability (Human Resources Development Canada, 2003). Further, the *Federal Disability Reference Guide* defined disability by reflecting interactions between impairments, activity constraints, and participation limitations (Government of Canada, 2009). Simply put, the definition is based on impairments, functionality, and environmental factors, which means it includes the medical and social models. In the USA, disability is defined in terms of limitation of functionality and mitigation of interventions and accommodations as drivers of equitable access for disabled persons (Francis & Silvers, 2016). Further, the *110th Congress of the USA Act* (USA, 2008) defined disability as any physical and mental impairment that considerably restricts one or more crucial major activities of a disabled person. These definitions conform to the medical and social models.

Most countries in East Asia and the Pacific have different definitions of disability in wording but not in context. For example, previously in Cambodia, there was a dearth of lawful or formal definitions of disability; however, since 2009, the *Cambodian Law on the Protection and the Promotion of the Rights of Persons with Disabilities* (Republic of Cambodia, 2009) defined disability as any person who lacks any physical organ or capacity or suffers any mental impairment, which creates limitation for them to take part in daily activities and is in possession of a medical certificate. This disability definition incorporates both the medical and social models. Similarly, the *Public Act of the Government of Indonesia* (Undang-Undang Negara Republik Indonesia, 1997), Article 1, defined disability as any physical and/or mental abnormality that could hinder an individual from performing normal activities. Lastly, The Fiji National Council of Disabled Persons (1994) Act, Part 1, Article 2, defined disability as result of physical, mental, or sensory impairments, an individual is constricted from taking part in activities believed to be normal for humans. In sum, all three definitions were derived from both the medical and social models.

In most African states, the definition of disability is adopted from the *Convention of Rights Persons with Disability* (UN, 2007). Most of African countries concurred with the UN (2006) that disability is a negating concept. Furthermore, the definitions acknowledged interactions between persons with impairment and attitudinal and environmental constrictions. Thus, African countries adopted both the medical and social models. For example, in Central Africa, Zambia defined disability by linking the Disability Act (Republic of Zambia, 2012) and the Constitution (Republic of Zambia, 1996). Zambia defined disability as everlasting physical, mental, intellectual, or sensory impairment that alone, or a mix with social or environmental hurdles, prevents a person from fully effectively participating in society on equal basis as others (Republic of Zambian, 2012). In West Africa, Nigeria defined a disabled person as an individual who has received an initial or permanent certificate of disability to have a condition that is anticipated to continue permanently or for a considerable length of time that can reasonably be expected to considerably limit the person's functional ability so they cannot perform their everyday routine (Federal Republic of Nigeria, 1993). In Southern Africa, Swaziland defined disability as any physical, sensory, neurological, intellectual, cognitive, or psychiatric condition that can affect a person's lifestyle in taking part in activities for daily living (Swaziland Government, 2010). Lastly, South Africa, according to *White Paper on the Rights of Persons with Disabilities*, defined disability as an interaction between persons with impairments and attitudinal and environmental barriers (RSA, 2016). To have a clear understanding of the link between the UNCRPD (UN, 2007) definition and disability, a discussion on different types of disabilities is relevant.

In summary, as observed in the discussion, countries defined disability differently because of historical, cultural, economic, and social backgrounds. Central to the differences is the recognition that countries define disability using the medical or social models or both. The discussion on definitions is relevant as it makes a valuable contribution to understanding how disability is viewed globally. Additionally, a discussion of disability definitions is critical for ensuring that research on the difficulties confronting SCC managers is based on a clear, consistent understanding, resulting in more effective analysis, solutions, and practical suggestions.

2.3 DIFFERENT TYPES OF DISABILITIES

2.3.1 Introduction

Disability can be categorised into various physical and mental impairments that can hinder or lessen people's ability to carry out their day-to-day activities (Dong & Lucas, 2014). Disability can be broken down into four main categories and 22 broad subcategories. The four main categories of disabilities are physical, intellectual, mental, and multiple (including deaf and blindness) disabilities caused by neurological conditions and blood disorders.

2.3.2 Physical disability

According to Ioannis et al. (2017), physical disability is defined as a physical or mental impairment that has considerable long-term adverse consequences on individuals' abilities to carry out daily activities. The subcategories of physical disability are loco-motor, visual impairment, hearing impairment, and speech and language.

2.3.2.1 Loco-motor disability

Khazem (2018) defined loco-motor disabilities as people's inability to carry out activities associated with moving both themselves and objects when the inability is due to the affection of the muscular-skeletal and/or nervous systems. The following are examples of locomotors disabilities:

- **Cerebral palsy:** This is a group of disorders that hinders individuals' ability to move and maintain balance and posture. Cerebral means it is about the brain, and palsy means challenge of using the muscles. Cerebral palsy is caused by abnormal brain development or damage to the developing brain that affects a person's ability to control their muscles.
- **Muscular dystrophies:** This is a group of diseases caused by deformity in a person's genetic code(s). Over time, there is reduction in muscle tone, and this decreases mobility, and as a result, the individual fails to perform activities for daily living. Some examples of muscular dystrophies are congenital muscular dystrophy, such as spinal curvature, respiratory insufficiency, intellectual disabilities, learning disabilities, eye defects, or seizures; Becker muscular dystrophy, which affects voluntary muscle, named after the German doctor

Peter Emil Becker; and distal muscular dystrophy, which affects distal muscles, which are the lower arms, hands, lower legs, and feet (Kumar et al., 2020).

2.3.2.2 Visual impairment

According to Hrushikesava Raju et al. (2021), visual impairment is decreased visual performance that cannot be corrected by refractive correction (spectacles or contact lenses), surgery, or medical methods. Further, as described by The International Classification of Diseases (WHO, 2018), visual impairment is a broader term that is classified into the following:

- **Mild:** Visual acuity worse than 6/12 to 6/18;
- **Moderate:** Visual acuity worse than 6/18 to 6/60;
- **Severe:** Visual acuity worse than 6/60 to 3/60; and
- **Blindness:** Visual acuity worse than 3/60

2.3.2.3 Hearing impairment

Todd and Laury (2015) defined hearing impairment as an affliction of hearing that is either permanent or fluctuating. Simply put, hearing impairment is about the reduction in hearing acuity (Adegbiji et al., 2018). Hearing impairment includes both the hard-of-hearing (partially hearing) and the deaf. Davis and Hoffman (2019) defined hard-of-hearing as hearing loss with enough residual hearing that can be amplified using auditory devices (hearing aid or FM system) to process speech. On the other hand, deafness is a hearing impairment that is so severe that an individual has difficulty processing linguistic information through hearing, with or without amplification (Adegbiji et al., 2018).

The term ‘hearing loss’ covers different kinds of deafness. Kushalnagar (2019) defined hearing loss as an individual’s ability to hear the intensities of sound or frequencies associated with verbal language. There are four levels of hearing loss, defined by the quietest sound that people can hear, and they are measured in decibels (dB):

- **Mild hearing loss:** Quietest sound is 25–39 dB, and an individual has difficulty following speech, especially in a noisy place;
- **Moderate hearing loss:** Quietest sound is 40–69 dB, and an individual requires hearing aids to following speech;

- **Severe hearing loss:** Quietest sound is 70–94 dB, and an individual requires to lip-read or use sign language, even with hearing aids; and
- **Profound deafness:** Quietest sound is 95 dB+, and an individual requires to lip-read or use sign language.

2.3.2.4 Speech and language

According to Adebayo and Mabuku (2014), speech and language disorders refer to afflictions of speech or sound production, fluency, voice, or language that considerably affect an individual's performance acquiring new skills or their social, emotional, or vocational development. Mostly, an individual with speech and language impairment may stutter or experience problems with verbal expression as they may have a lisp or voice disorder. For clarity, speech impairment is a disorder of articulation of speech sounds, fluency, and/or voice, and a language disorder is impaired comprehension and/or use of spoken, written, and/or other symbol systems. Speech disorders can be delineated into the following:

- **Articulation:** An individual produces sounds incorrectly;
- **Fluency:** An individual's flow of speech is disrupted by sounds, syllables, and words that are repeated, prolonged, or avoided; and
- **Voice:** A person's voice has an extraordinary pitch, resonance, or loudness.

However, the main features of language disorders can be tabulated as follows:

- **Expressive:** Difficulty expressing ideas or needs;
- **Receptive:** Difficulty understanding what others are saying; and
- **Mixed:** A mix of expressive and receptive difficulties.

2.3.3 Intellectual disability

Intellectual disability is characterised by cognitive impairments and difficulties in conceptual, social, and practical areas of daily living (DBE, 2017a). The APA (2013, p. 13) defined intellectual disability as "a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains". According to Bullen et al. (2018), persons with intellectual disability experience challenges perceiving and processing new information, learning quickly and efficiently, applying knowledge and skills to solve

problems, thinking creatively and flexibly, and responding rapidly and accurately. Examples of challenges include difficulties communicating, social participation, and activities for daily living. Evidently, this disability originates before the age of 18 (Bullen et al., 2018).

This brings us to a more constructive and pragmatic definition that defines intellectual disability in terms of the support needs of an individual (Lee et al., 2019). This social approach defines intellectual disability as something that is not static and that can be increased or decreased by environmental factors. The understanding with the social definition of intellectual disability is that it does not rely on the capacity of the person being set in stone but also on the environment and the support they receive (Lee et al., 2019). Thus, persons with intellectual disability demand integrated care and support to reach their full potential.

The following three main domains of adaptive functioning are observed in persons with intellectual disability (APA, 2013):

- Conceptual skills (communication, language, time, money, academic)
- Social skills (interpersonal skills, social responsibility, recreation, friendships)
- Practical skills (daily living skills, work, travel)

Further, according Tassé and Grover (2021), an individual has an intellectual disability if they fulfil the following three criteria:

- Has an IQ below 70–75;
- Has significant limitations in two or more adaptive areas (skills that are needed to live, work, and play in the community, such as communication or self-care); and,
- The condition manifests itself before the age of 18.

According to Patel et al. (2020), the classification of intellectual disability is based on an individual's intellectual and adaptive functioning, and the intensity of supports required. For clarity, Table 2.1 tabulates intellectual disability classifications adopted from Patel et al.

Table 2.1 Intellectual disability classifications

Severity	IQ	SD below mean	Basic skills	Support needed
Borderline	70–80	1 to 2	Can manage to do normal daily activities. If experiencing challenges can ask for assistance.	Require minimal support as they can function normally.
Mild	55–70	2 to 3	Can manage basic self-care, home, and work activities. Can arrive on time, stay at task, interact with co-workers, and use public transportation.	Intermittent: Support episodic or short-term on a need basis. Most likely achieve independent living and be employed as adults with support.
Moderate	40–55	3 to 4	With support can master basic self-care, and home and work activities with supervision or cue. Can use public transportation with some supervision.	Limited: Most require consistent support to achieve independent living and employment as adults.
Severe	25–40	4 to 5	Usually, have motor impairments and require daily support and supervision. Some may acquire basic self-care skills with intensive training.	Extensive: Regular, consistent, lifetime support in school, work, or home activities. Care dependent.
Profound	Under 25	More than 5	Have motor and sensory impairments and require daily support and supervision.	Pervasive: High need support needed all the time. Restrictions of self-care, continence, communication, and mobility; need custodial or nursing care. Care dependent.

2.3.3.1 Types of intellectual disabilities

There are several types of intellectual disability, and the causes range from health conditions, genetic problems, environmental factors, and problems during pregnancy and birth. However, the discussion on different types of intellectual disability is centred on the following five common types of intellectual disability namely:

- **Down syndrome:** This is also known as trisomy 21 as it occurs when a person is born with an extra gene from chromosome 21, one of the 23 human chromosomes (Dickson & Kabari, 2021). As pointed out by Dickson and Kabari (2021), scientifically it is assumed that all human chromosomes occur in pairs, with one copy inherited from a person's mother and the other from the father. However, persons with Down syndrome have a full extra copy of chromosome 21, and as a result, they have three copies instead of the usual two. The consequence of this extra chromosome is that the individual is slow in acquiring

new skills, and has limited attention span, impulsive behaviour, and delayed language and speech development. Additionally, individuals with Down syndrome have oriental coast physical features (flattened facial and nose, upward slanting eyes, and small head, ears, and mouth) and may have several health conditions, such as heart abnormalities, hearing loss, vision problems, and respiratory conditions (Dickson & Kabari, 2021).

- **Cerebral palsy:** Upadhyay et al. (2020) defined cerebral palsy as a disorder of muscle coordination caused by impairment of part of the brain. Generally, individuals with cerebral palsy have challenges with mobility and have disturbances in cognition, perception, sensation, behaviour, and communication, and epilepsy and musculoskeletal problems (Upadhyay et al., 2020). Normally, symptoms of cerebral palsy manifest during infancy or the toddler years. Symptoms include rigidity or floppiness of the trunk and limbs, involuntary movements, abnormal reflexes, unsteady walking, and abnormal posture (Sadowska et al., 2020).
- **Fragile X syndrome:** According to Crawford et al. (2020), fragile X syndrome is the most common recognisable cause of intellectual disability that can be passed from parent to child. Interestingly, fragile X syndrome affects both men and women, but women have milder symptoms than men. Men with the syndrome usually have a mild to severe intellectual disability, while women have normal intelligence. In fact, individuals with fragile X syndrome have greater chances of having autism spectrum disorder, anxiety disorder, attention-deficit-hyperactivity disorder, self-injury, and aggression (Crawford et al*,* 2020).
- **Autism spectrum disorder:** According to the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013), autism spectrum disorder is a developmental disorder that affects the communication and behaviour of individuals. People with autism spectrum disorder are described as having difficulties with communication and interaction, restricted interests, and repetitive behaviours, and have symptoms that affect their ability to function in areas of activities for daily living (APA, 2013). Autism is known as a ‘spectrum’ disorder because there is a huge variation in the type and severity of symptoms

presented by persons diagnosed with autism spectrum disorder (Ryan et al., 2014).

- **Foetal alcohol spectrum disorders:** This is a group of conditions that can occur when a foetus is exposed to alcohol when the mother drinks during pregnancy (Hubberstey et al., 2015). The disorder includes foetal alcohol syndrome, partial foetal alcohol syndrome, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects, and out of these, foetal alcohol syndrome is the most severe. Further, according to Denny et al., (2017), foetal alcohol spectrum disorders are related to neurocognitive impairment that results in low intelligence, behavioural impairments, poor social judgement, and general difficulty performing activities of daily living. These disorders have adverse effect on body organs like the heart and kidneys.

2.3.4 Mental disabilities or illnesses

To have a clear understanding of mental disabilities or illness, a discussion on mental health is relevant. Dogra and Cooper (2017) defined mental health as an individual's ability to effectively function in daily activities (work, school, caregiving), maintain healthy relationships, and have the capacity to adapt to change and cope with adversity. Sisti et al. (2013) posited that mental health encompasses mental illness, intellectual disability, personality disorder, substance dependence, and adjustment to adverse life events. On the other hand, Buchanan (2019) described mental illness as a wide range of mental health conditions or disorders that affect a person's mood, thinking, and behaviour. The most common examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviours. Furthermore, Jacobs and Coetzee (2018) cautioned that many people have mental health concerns from time to time. Hence, it is important to promote mental health literacy and screening for mental disorders.

2.3.5 Multiple disabilities

Multiple disabilities is a blanket term that encompasses a combination of various disabilities. For instance, an individual with multiple disabilities may have an intellectual disability and deafness or cerebral palsy and autism. Sadly, each disability

generally has negative impact on the other, which causes more inaptitude (Duzkantar et al., 2020). Individuals with multiple disabilities suffer from numerous medical problems that include seizures, sensory loss, hydrocephalus, and scoliosis. Due to multiplex medical problems, persons with multiple disabilities have serious difficulties living independently. Hence, they require intensive support and care for life because they have difficulties in motor, cognitive, social, and self-care skills (Duzkantar et al., 2020). The intensive support is usually through coordinated efforts of multiple experts. The team of experts may include doctors, physiotherapists, occupation therapists, speech therapists and psychologists.

As already stated, a person with multiple disabilities may have physical impairments (deaf and blindness), a disability caused by neurological conditions (seizures and scoliosis), and blood disorders like anaemia. Anaemia as a blood disorder in which the blood has low affinity for oxygen because of a lower than normal number of red blood cells or a depletion of haemoglobin that contains iron (Allali et al, 2017). Consequently, insufficient of iron may result in iron deficiency anaemia and impair cognitive development, which leads to intellectual disability (Pasricha et al., 2014). If the blood has a low affinity for oxygen, individuals exhibit symptoms like eye bruising, fever, and an enlarged spleen or liver. Other symptoms may include weakness and fatigue, pale skin and gums, irregular heartbeat, faintness or dizziness, loss of appetite and glossitis. These symptoms are most likely to impair cognitive development, and as a result, the manifestation of intellectual disability is likely to occur.

2.3.6 Summary

This section looked at different types of disability as a way to show that disabled persons cannot be managed as one size fit all. Heads of learning institutions of disabled persons are expected to familiarise themselves with and understand different types of disabilities so they render appropriate services. Therefore, if an institution head is familiar with different types of disabilities, they will provide services that remove barriers that limit participation in activities offered by the institutions. For instance, a learner who is physically impaired will be accommodated in a building that is accessible. Hence, the discussion on the different types of disabilities helped answer the research question on how to efficiently and effectively manage an SCC.

2.4 THE HISTORY OF SPECIAL EDUCATION

Special education is a 'specially' designed guide to meet the unique needs and abilities of exceptional learners (Dushimiyimana, 2018). Historically, people with disabilities were usually confined in hospitals, asylums, or other institutions that provided little or no education. According to Ysseldyke and Algozzine (1995), in the 16th century, Francisco Lucas of Saragossa, Spain, made letters on wood to help people with vision impairment read. Thereafter, Girolamo Cardano invented a device to help people with vision problems to read and write through the sense of touch, using a method like modern Braille (Ysseldyke & Algozzine, 1995).

The closing of the 18th century is regarded as the beginning of special education as Jean-Marc Gaspard Itard (1774–1838) studied the field of intellectual disability. Itard was a French physician and educator who was one of the earliest teachers to argue that special teaching methods could be effective in educating disabled children (Constant, 2014). According to Constant (2014), between 1801 and 1805, Itard used systematic techniques to teach a boy named Victor how to communicate with others and perform daily living tasks, such as dressing himself. Victor was a wild boy who walked on four legs, lay flat on the ground when drinking, fought with his teeth, was unused to normal food, showed low intelligence, and could not speak (Tremblay, 2007) Itard's goals were to interest Victor in social life, improve his environmental awareness, extent his range of ideas, teach him how to speak and communicate (using pictures and words), and exercise the operations of his mind upon his physical wants. The results of the teachings where in line with Itard's earlier assumptions that special teaching methods are appropriate to teach disabled children. This was evident as Victors' sleeping and eating habits were regular, he developed an acute sense of touch and smell, his circle of wants increased, and he learnt monosyllabic words and sequencing of objects (Tremblay, 2007).

The first special school was opened in 1830 by Eduard Seguin (1812–1880) after he migrated to the USA (Trent, 2016). In 1848, Seguin, who had studied with Itard in France, developed several guidelines for educating learners with special needs (Stuckey, 2014). According to Tremblay (2007), Seguin emulated Itard's instructional procedures by focusing on activities that involve imitation, motor-coordination, and sensory activities. Seguin's education programs emphasised the importance of

developing independence and self-reliance by presenting disabled learners with a combination of physical and intellectual tasks. These teaching strategies were adopted by Maria Montessori and became the basis of methods used in special schools today (Marshall, 2017).

Marshall (2017) described Maria Montessori's (1870–1952) education as a flow experience learners gain through practice, and thereby, learners build on continuing self-construction (daily, weekly, and yearly) for the duration of the activity. Fundamentally, Montessori's method of education has a dynamic troika of child, educator, and environment. The assumption of Montessori's concept is that the "prepared environment" can be planned to facilitate maximum independent learning and exploration by learners (Tremblay, 2007). For instance, the teacher is expected to guide learners by preparing the environment, or the classroom, and methodologies that accommodates the child's intellectual, physical, emotional, and social development through active exploration, choice, and self-learning (Marshall, 2017). Simply put, the goal of Montessori education is to allow learners' maximum intellectual, physical, emotional, and social development to unfold in a structured environment (Marshall, 2017).

The work of Maria Montessori laid a firm foundation that impelled Ovide Decroly (1871–19340) to invent a new pedagogy. Decroly's pedagogy proposed that "the school will be located wherever the nature is, wherever life is, wherever the work is" (Tremblay, 2007, p. 26). Decroly's major contribution to special education was that in 1901 he founded a school that catered for learners with mild disabilities where he practiced his pedagogy, and in 1907, he founded another school for 'ordinary' children where he perfected the same pedagogy (Tremblay, 2007). Tremblay (2007) pointed out that Decroly's pedagogy emphasised that hobbies and interests must guide learning, learning globally without order, class is everywhere (shops, streets, and dining room), and that the natural environment provides situation discovery for learners.

However, the 1911 New York study by Dr Anne Moore suggested draconian interventions towards persons with intellectual disabilities, and was centred on the management of the 'feeble minded' (persons with intellectual disability), and how to increase their mortality and reduce reproduction (Moore, 1911). The study had the

following adverse findings against humanity: For starters, the atrocities committed against intellectually impaired people were not exaggerated; secondly, the crisis was neither confined nor local; and finally, there was a need for a concerted effort to address the situation. Moore (1911) acknowledged that the ‘feebleminded’ were a menace to the society and caring for them was mandatory and could not be ignored any longer (Tremblay, 2007). In addition, Moore (1911) alleged that “the deformity” was usually genetic and incurable, and therefore, intellectually disabled persons are affected by poverty, degeneracy, crime, and disease. Unfortunately, the study suggested solutions that went against the welfare of intellectually disabled persons. She proposed lifelong segregation and sterilisation to cartel reproduction (Moore, 1911). These unfavourable solutions were justified by a panel of senators as they stated that “this remedy must in the opinion of this committee be the principal agent used by society in cutting off the supply of defectives” (Vogel, 1995, p. 125).

However, in the 20th century, disability was viewed as biological problem, and because disability was viewed in terms of sickness, great emphasis was placed on the medical model that proffers the institutionalisation of disabled persons. Consequently, from 1900 to 1950, there was a structured education system that created classes or schools for the mentally disabled, blind, and deaf as part of the compulsory education system (Tremblay, 2007). After World War II (1939–1945), a special education system was formed that was managed alongside the ordinary education system. This marked the beginning of the structured special education system.

This section provided the history of special education to contextualise how and why the existing systems have evolved. The history of special education also offers insight into how individuals with disabilities have been treated, and specifically, educated. This was necessary because without a historic perspective, learning institutions cannot find better ways to support learners with disabilities as past mistakes and achievements are not acknowledged. Furthermore, the history of special education looked at some of the important issues that guided the provisions of education services for learners with disabilities. Scrutinising the past sheds light on both past endeavours and the present dilemmas. The history of special education provides many lesson to inform contemporary management issues that create opportunities to efficiently and effectively manage SCCs through guideline development.

2.5 SPECIAL EDUCATION: INTERNATIONAL, REGIONAL, AND NATIONAL DISCOURSE

The UN has been concerned with special education for a long time, and internationally, no human right has been as widely recognised as the right to education (Tesemma, 2011). This is evident through the efforts of the UN to promote the right to education, which dates to 1948 with the *Universal Declaration of Human Rights* (UN, 1948). The discussion in the following subsections offers an international, regional, and local perspective of special education to give a clear understanding of the global discourse.

2.5.1 International discourse

At international level, several key documents provide a useful history of policy development from 1948 to the present. It is worth noting that the UN involvement with disability issues began in 1948 with the *Universal Declaration of Human Rights* (UN, 1948) that advocated the rights of all human beings. The emphasis in the Declaration was equal dignity for all human beings, and Article 26 emphasised the right to free, compulsory primary education. However, for a long time this was not the case for learners with intellectual disabilities. By end of 1959, the *UN Declaration of Rights of the Child* provided more guidance on the rights of children, tabulating special rights to children with physical, mental, or social disabilities to receive education and special care services (Moody, 2015). As part of achieving the rights of children, the *General Conference of UNESCO* (UNESCO, 1960), meeting in Paris 1960, provided guidelines in Articles 1–6 on how member states can eliminate and prevent discrimination in education by promoting equal opportunities.

For persons with intellectual disability, the turning point was in the 1970s as two major declarations on persons with disabilities were adopted by the UN General Assembly (Bayles, 2018). Firstly, the *UN Declaration on the Rights of Mentally Retarded Persons* was adopted in 1971, which promoted individual rights to education, training, rehabilitation, and guidance for persons with disabilities to develop to their full potential (UN, 1971). Fundamentally, the Declaration provided a blueprint for future comprehensive sets of principles that seek to integrate persons with disabilities into their immediate communities. Secondly, in 1975, the General Assembly adopted the *Declaration on the Rights of Disabled Person* (UN, 1975). These rights were premised

on persons with disabilities being entitled to the same political and civil rights as others, including activities that lead to self-sufficiency (Moody, 2015). Furthermore, the Declaration recapitulated the rights of persons with disabilities to education, medical services, and right placement (UN, 1975).

As part of commitment to integrating disabled persons in communities, in 1976, the General Assembly declared the year 1981 International Year of Disabled Persons, stating that the year be devoted to integrating persons with disabilities into society (UN, 1981). In the same year, the *Sundberg Declaration* was organised by UNESCO, and emphasised the primary role of education in relation to disabled persons (UNESCO, 1981). The Declaration stated that education for disabled persons should promote self-fulfilment and accommodations to foster full participation in all spheres of life (Herr, 2019). The Declaration acknowledged the importance of governments and national and international organisations providing the necessary resources to ensure disabled persons participate to the fullest. These resources can include facilities and equipment necessary for the disabled person to have access to education and training (Herr, 2019).

As already stated, 1981 was declared International Year of Disabled Persons, and 1983–1992 was the UN Decade of Disabled Persons (UN, 1981). During this decade, the UN launched the *World Programme of Action* in 1982 concerning disabled persons (UN, 1982). The Programme tabulated three goals concerning disabled persons, namely prevention, rehabilitation, and equalisation of opportunities for all people despite disabilities. Clarity on how to achieve Programme goals was discussed in the *Tallinn Guidelines for Action on Human Resources Development* that emphasised the promotion of education and training (UN, 1989a). The Tallinn Guidelines recommended developing and implementing cost-effective alternatives in education and training programmes (UN, 1989b).

The UNCRC (UN, 1989a) was the first human rights treaty that clearly acknowledged that disabled children are entitled to all human rights without discrimination (UN, 1990). The UNCRC focused on looking at the child holistically as it addressed the full development of the child. Furthermore, the right to education was codified in Articles 28 and 29. Article 28 advanced free compulsory primary education, and Article 29 stressed that the child has the right to a full and amicable development of personality

and preparation to live a responsible life in communities (UN, 1989a). However, the landmark was the *World Declaration on EFA* in Jomtien, Thailand, in 1990 that moved closer to a social model of disability that advances the notion of teaching for inclusion. EFA stresses universal access and equity in education sector-inclusion (UN, 1990). EFA was followed by the *Standard Rules on Equalisation of Opportunities for Persons with Disabilities* in 1993 (UN, 1993). The Rules addressed opportunities for disabled persons as they expanded the scope of rights to access in communities for people with disabilities. Rule 6 explained the expectations of member's states to provide equal access to education to all learners (primary, secondary and tertiary institutions) and ensure education for disabled persons is an integral part of educational system (UN, 1993).

The *World Congress on Special Needs Education* in Salamanca in 1994 was unique as it set the policy agenda for inclusive education on a global basis and represented a linguistic shift from integration to inclusion as a universal descriptor (UNESCO, 1994). The Salamanca Statement reaffirmed that education is a human right, and revived the 1990 conference on EFA to ensure there is no discrimination in education systems. The *World Congress on Special Needs Education* in Salamanca was followed by the *Dakar Framework of Action on EFA* in 2000, which focused on checking the progress made by individual member states in fostering EFA (UNESCO, 2000). During the conference, members states acknowledged that minimal advancement have been made towards EFA. For instance, 10 years after EFA was developed, there were more than 113 million children unable to access primary education and 880 million illiterate adults (UNESCO, 2000). To ensure the realisation of the EFA goals, the *Dakar Framework of Action* member states committed to, inter alia, expand and improve early childhood education, increase the enrolment of vulnerable children, and increase funding in the education sector (UNESCO, 2000).

The UN General Assembly passed UNCRPD in 2006 (UN, 2007). The UNCRPD was ratified to ensure inclusion is practiced at all levels of education and throughout life (Hari, 2016; Rossa, 2017). The UNCRPD emphasised viewing disability from the medical model to social model, and valued the participation and dignity of all human beings (UN, 2007). The understanding was that societies should not discriminate based on disability but address environmental factors to accommodate disabled persons to participate fully in community activities (Rossa, 2017). As for education, the

UNCRPD recognised special needs for disabled children, acknowledged the importance of support, and promoted equal access to education as a fundamental right (UN, 2007).

The UN put forward the Millennium Development Goals (MDGs) to reduce poverty in developing countries through education (UN, 2005). However, the Goals that focused mainly on reducing poverty in developing countries by 2015 failed to include disability in the agendas (Hari, 2016; WHO, 2011). The Goals clearly articulated the goals of reducing poverty, hunger, women emancipation, and children's health and education, but there was no clarity on disability (Hari, 2016). The UN clarification on disability was done 15 years later in the Sustainable Development Goals (SDGS) in 2015 (UN, 2014). Additionally, the UN gave the deadline of 2030, and stressed inclusion and equitable quality education, with equal access for both boys and girls, and promoting learning opportunities for all despite disability (UN, 2014).

In summary, these documents provide a chronological evolutionally order of the academic international disability discourse. The aim of discussing international discourse in special education was to introduce disability as a universal social policy and identify important milestones in disability policy formulation and development. Consequently, the international discourse guided answering the research question by analysing global policy documents and comparing them with the lived experiences of heads of institutions catering for learners with intellectual disabilities.

2.5.2 Regional discourse

The African Union (AU) has taken several legislative and policy steps that indicate commitment to advancing the rights of persons with disabilities. However, without undermining the efforts of the AU, significant policy gaps have been noted. For instance, Abbay (2015) noted that the content of policy documents lacks detail, clarity, and overall influence. Correspondingly, Oyaro (2015) pointed out that regional disability policy documents fail to meet international standards like the UNCRPD (UN, 2007) that advocated for a holistic view of disability.

Fernandez et al. (2017) studied 55 African countries to determine the progress made on ratifying the UNCRPD (UN, 2007), and they found that 44 countries ratified the UNCRPD and that of these 44 countries, 35 have developed disability policies. There

is growing recognition in Africa that regional documents have been developed to promote EFA in Africa as a response to the international calling. Examples include the 1981 *African Charter on Human and Peoples' Rights*. Articles 2 and 13 of the *African Charter* stipulated the promotion and protection of human rights in Africa, and Article 17 focused on the right to education for every child (AU, 1981). Another regional policy document of significance is the *African Charter on Rights and Welfare of the Child* of 1990 that emphasised the right to free, compulsory basic education in line with international calling for EFA (AU, 1990).

In 1992, the Southern African Development Community (SADC) Treaty was developed, and it discussed support to be rendered to socially disadvantaged persons through regional integration (SADC, 1992). The Treaty stipulated the expectations of member states. For example, Article 6.2 of the Treaty expected member states to develop and implement non-discriminatory policies on any grounds, be it gender, disability, or culture, to mention a few (SADC, 1992). The policy on discrimination against socially disadvantaged was broad, and in 2003 the *Protocol to African Charter on Human and Peoples' Rights on the Rights of Women in Africa* was enacted (AU, 2003). The sole purpose of the Protocol was to promote a non-discriminatory education sector, especially for the girl child.

In 2006, the *African Youth Charter* (AU, 2006) was enacted, and this was a landmark document as it recognised the rights and needs of the youth in fields of education and health in Africa. The Youth Charter stipulated equal and effective access to education and health by providing special care facilities to eliminate any form of barriers to accessing services (AU, 2006). To reinforce equal access, the *SADC Protocol Gender and Development* was enacted in 2008, and Article 11 emphasised development of gender sensitive policies and equal access to education (SADC, 2008). To achieve equal access in education at regional level, the *Continental Plan of Action for the African Decade for Persons with Disabilities* (2010–2019) was created (AU, 2010). Goal 2(1) of the Plan of Action emphasised inclusive policies to promote quality EFA, including early childhood development (AU, 2010).

Another critical regional document is the *Protocol to the African Charter on Human and Persons' Rights on Rights of Persons with Disabilities in Africa* of 2018 (AU, 2018). Article 16 of the protocol expanded the scope of access to compulsory free education

from basic to secondary school. The expanded scope was further endorsed by the Southern African Youth Forum, also known as the Malawi Declaration, of 2021 (AU, 2021), which emphasised the ratification and domestication of the *Protocol to the African Charter on Human and Persons' Rights on Rights of Persons with Disabilities in Africa* through education and youth development programmes.

It is apparent that international and regional policy documents recognise the rights of disabled persons, and in as far as possible, there are several civil society actors who advocate, facilitate, and monitor the ratification of UNCRPD (UN, 2007) in Africa. A notable example is the African Disability Alliance, which is directed to facilitate the execution of the *Continental Plan of Action for Persons with Disabilities*, UNCRPD, and the Millennium Development Goals (Swedish International Development Cooperation Agency, 2015). It is worth mentioning that all major regional disability organisations are affiliated with the African Disability Alliance. Another civil society is the African Disability Forum, which aims to unify and amplify the voices of persons with disabilities, including their families and organisations that advocate for inclusions in all activities (Swedish International Development Cooperation Agency, 2015). The Pan African Federation of Organizations of Persons with Disabilities is a confederacy that promotes networks among National Federations and Unions of Associations of persons with disabilities in the region (Swedish International Development Cooperation Agency, 2015). Inclusion Africa is another example of a civil organisation in Africa, and it is a family-based organisation advocating for full inclusion in immediate communities for persons with intellectual disabilities. Lastly, the African Youth with Disabilities Network aims to unify all youth disability clusters, their families, companions, and supporters to speak with one voice in ratification of the UNCRPD (Swedish International Development Cooperation Agency, 2015).

2.5.3 South African discourse

In the last two decades in South Africa, there has been a steady trend of raising awareness about disability. This is evident in several disability policies that have been enacted in response to the *Universal Declaration of Human Rights* (UN, 1948) and the ratification of the UNCRPD (UN, 2007).

The Constitution of South Africa (RSA, 1996b) guarantees the right to equality without reservations or prejudice. The rights to equality are also guaranteed to persons with

disabilities as enshrined in the Bill of Rights. Furthermore, to achieve the rights to equality for disabled persons, the government has developed the *Integrated National Disability Strategy* in 1997 that worked towards the development of policies and programmes aimed at serving people with disabilities (RSA, 1997). The services, inter alia, included free health care, social assistance, and inclusive EFA for children and adults (Foskett, 2014). This indicated that the South African government had shifted from the medical model to the social model and viewed disability as an environmental problem.

Despite the proclamation in the Constitution (RSA, 1996b) of a non-discriminatory education system and the *Integrated National Disability Strategy* (Presidency of South Africa, 1997), children with disabilities were being discriminated against in accessing education services. To address discrimination in the education sector, the 1998 *Admission Policy for Ordinary Public Schools* reemphasised the notion that education is a human right, and as such, no child should be denied admission (DoE, 1998). Clarity on education provisions was tabulated in the South Africa Schools Act, no. 84 of 1996, (RSA, 1996a) which emphasised the right to basic education, which was to be achieved by making schooling compulsory to all children of school-going age. Thus, schools must enrol all children without discrimination and serve their education needs without distinction.

The turning point for the South African education system and for children with disabilities was in 2001 when two major policy documents were enacted. First was the *Education White Paper 5 on Early Childhood Development* (DoE, 2001a), which is about protecting children's rights by developing them to their full cognitive, social, and physical potential. The second was the *Education White Paper 6 on Special Needs Education: Building an Inclusive and Training System* (DoE, 2001b), which advocates for an education system that promotes inclusion and equal participation in society.

In the health and social services sector, two notable acts advocate for disability rights, namely the Mental Health Act, no. 17 of 2002 (DoH, 2002) and the Children's Act, no. 38 of 2005 (RSA, 2005). The Mental Health Act (DoH, 2002) emphasises the protection of disabled persons, and states that people working with disabled persons are expected to act in the best interest of their clients. The Children's Act codifies the

rights of the child by promoting and advocating for respect and protection as enshrined in the Constitution (RSA, 1996b).

The landmark judgement for the Western Cape Disability Forum for Intellectual Disability vs. Government of the RSA and the Western Cape provincial government (Case no. 18678/2007) was a turning point for educational provisions for learners with intellectual disabilities (Western Cape High Court, 2011). The court held that the government of South Africa failed to provide the educational needs of learners with intellectual disabilities and that this is a breach to the right to education. The landmark ruling laid out the process to be followed to rectify the lack of educational services in an order of the court with clear timeframes and responsibilities for several different government departments (Foskett, 2014). In response to the court ruling, the *Draft Policy for Provisions of Quality Education and Support for Children with Severe to Profound Intellectual Disability* (DBE, 2017a) and the *Draft Learning Programme for Children with Severe to Profound Intellectual Disability* (DBE, 2017b) were created. The two policy documents sought to improve education provisions for learners with intellectual disabilities in the country.

Other notable documents include the Promotion of Equality and Prevention of Unfair Discrimination Act, or the Equality Act, no. 4 of 2000, (RSA, 2000) that prohibits any form of discrimination, be it due to race, gender, or disability. For instructions in classrooms, the National Curriculum and Assessment Policy Statement was developed in 2011 and provided details of what needs to be taught and assessed on a grade-by-grade basis (DBE, 2011a). For support in the classroom, the SIAS policy document (DBE, 2014) provides standard procedures for learner support and emphasises the provision of equitable education through learner tailored interventions (DBE, 2011b).

The Department of Social Development's (DSD) *National Disability Strategy* (Presidency of South Africa, 1997) and the *White Paper on Rights of Persons with Disabilities* (RSA, 2016) are other significant documents advocating for the rights of disabled persons. The former adopts the social model as it provides a framework for how social services must be rendered, and the latter guides operating procedures for mainstreaming disability to foster an inclusive society.

2.5.4 Summary

The discourse in this section was centred on international, regional, and national dialogue. Firstly, at international level, programmes of action are in place and are led by the UN in the form of conventions, statements, and frameworks, to mention a few. Secondly, at regional level on the African continent, the discussion offered insight into how international callings have been translated by SADC and the AU respectively. Lastly, national discourse offered the current situation in terms of the rectification of the UNCRPD (UN, 2007). The discourse acknowledged several policies developed by the South African government in response to international calling to promote EFA.

2.6 EDUCATIONAL PROVISIONS FOR LEARNERS WITH SPECIAL NEEDS

According to Williams (2007, p. 6), "special education fits within the broad range of support services designed to help all children learn more effectively and benefit from the social experience we call schooling". For centuries, learners have been educated in two streams, namely mainstream and special schools. In recent years, two more models of educating learners with special education needs have been promoted, namely integrated schools and inclusive schools. These two models support the integration of learners with special education needs with non-disabled children. However, learners who cannot be accommodated in these schools are placed in care centres. I discuss each type of school in the following subsections to give a clear understanding of each school.

2.6.1 Mainstream or ordinary schools

Mainstreaming has been used to refer to the selective placement of special education learners in one or more 'regular' education classes. Mainstreaming is defined as placing learners with special education needs in an ordinary classroom during specific time periods based on their needs (Maguvhe, (2015). Proponents of mainstreaming generally assume that a student must 'earn' the opportunity to be placed in regular classes by demonstrating an ability to 'keep up' with the work assigned by the regular classroom teacher. This concept is closely linked to traditional forms of special education service delivery.

2.6.2 Full-service schools

The DBE (2010) defined full-service schools as mainstream education institutions that provide quality education to all learners by fulfilling the full range of learning needs in an equitable manner, and therefore, full-service schools admit learners who need moderate support. These schools are equipped and supported by special schools and district officials to fulfil the full range of learning needs among the learners who require moderate support.

In South Africa, as part of the response to the international call for inclusive education, these schools were set up to provide education indiscriminately to all learners with or without disabilities (Ayaya et al., 2020). As a result, the DoE selected mainstream schools and accredited them with full-service school status. To achieve this status, the hand-picked schools had infrastructure upgrades, were resourced with learning and teaching support materials (LTSM), and the school personnel were up skilled to enable them to operate inclusively (Ayaya et al., 2020). Therefore, the expectation is that learners at a full-service school will benefit from the expertise and available resources at special schools. These benefits can be in form of knowledge exchange, information, skills, technology, and LTSM. Through this exchange, full-service schools are better equipped to render support to learners with specific learning needs.

2.6.3 Special schools

These schools cater for persons with severe disabilities. In this setting, children with similar disabilities are placed in the same school. Examples of such schools are schools for the visually impaired, schools for the deaf, and schools for the mentally challenged. Special schools are still, in many cases, the only logical and preferred way of educating and training learners with severe disabilities, and it is not encouraged to abolish special schools. The aim of special education is to enlarge a child’s knowledge, experience, and understanding, and to enable the child to enter the world after formal education an active participant in society. These aims can be achieved if children with severe disabilities are placed in special schools as they cannot get the right instructions in mainstream, integrated, or inclusive schools.

It is worth noting that special schools admit learners who need intensive support with homogeneous impairments or disabilities. Currently, these schools are resource

centres that support full-service schools together with district-based personnel (Maguvhe, 2013), and by implication, special schools are recognised as institutions that have been resourced with valuable information and resources, including specialist teachers and therapists.

2.6.4 Integrated schools

These schools consist of a resource centre or a unit attached to the main school. Hallahan and Kauffman (1991) defined a unit or resource centre as any instructional setting to which a pupil comes for specialised teaching for a specific time. In an integrated system, a unit or resource centre teaches learners the basic requirements for integration, such as orientation and mobility, Braille, sign language, and activities for daily living. When these skills have been mastered, disabled pupils attend classes with non-disabled learners. While in integrated classes, learners are assisted by resource teachers. The assumption is that placing disabled and non-disabled learners into one class will enhance the traditional low social metric status of disabled persons. This was supported by Ysseldyke and Algozzine (1995) who stated that children with disabilities benefit socially and academically from interactions with non-disabled peers and vice versa because mainstreaming helps all learners develop an understanding and appreciation of diversity in our society.

Integrated schools require adjusting to an education system that can accommodate all learners despite their disabilities and being placed in mainstream education settings with some adaptations and resources, but on the condition that the disabled learners can fit in with pre-existing structures, attitudes, and an unaltered environment. This may mean specialised classes or segregated group activities outside of mainstream classes in an education setting. It can also mean a person with disability being in a mainstream class but having a separate program or not enjoying the same social and learning outcomes as other class members.

2.6.5 Inclusive schools

In inclusive schools, disabled and ‘normal’ learners are placed in mainstream schools and the school provides support to all children. Tremblay (2007) suggested that inclusion is about bringing support services to the child rather than moving the child to the services, and assumed that the child will benefit from being in the class rather than

having to keep up with the other learners. Inclusion is a developmental approach seeking to address the diverse learning needs of all children, youth, and adults with specific focus on those who are vulnerable to marginalisation and exclusion (UNESCO, 1994). In an inclusive system, the teacher is expected to differentiate teaching methods, assessments, and evaluations in the class by identifying learners' barriers to learning and finding creative solutions to removing them. Furthermore, class teacher focuses on classroom interventions and adjusting them to foster a more responsive engagement between teachers and learners. Interestingly, advocates of inclusion believe that a child should always begin in the mainstream class and be removed only when appropriate support cannot be rendered in the regular classroom; hence, inclusion is a process, not a place, service, or setting (Tremblay, 2007).

2.6.6 Care centre

The term care centre can be delineated into several facilities that offer care and support to children with severe to profound intellectual disabilities. Usually, these care centres accommodate children who cannot be admitted into above mentioned schools. These facilities includes the following:

- **Child and youth care centres:** The Children's Act (RSA, 2005) Chapter 13 defines these facilities as institutions that offer residential care to more than six children outside the child's family environment in accordance with a residential care program suited for the children in the facility.
- **Drop-in centre:** The Children's Act (RSA, 2005) Chapter 14 states that these facilities can be run by the DSD or a charity and that persons may attend on an informal basis. The expectation is that these facilities offer a supportive, safe place to meet others who face similar struggles, to share experiences, to find hope, support, and encouragement, and to create a social network of new friends and associates.
- **Partial care:** This is care provided to a person with or without payment, and takes care of more than six children on behalf of their parents/caregiver during specific hours of the day or night, or for a temporary period (RSA, 2005).
- **Partial care facility:** According to the DBE, (2017b) this is any place, building, or premise maintained or used partly or exclusively, whether for profit or otherwise, for the reception, protection, and temporary or partial care of more

than six children apart from their parents/caregivers. The facility is expected to provide care for a relatively short time, and it is expected that the children are still cared for and live with their parents and/or primary caregivers (RSA, 2005).

- **SCCs:** These are places where children with severe to profound intellectual disabilities are cared for daily. SCCs are either residential or day centres. They are often run by mothers of disabled children or a well-established NGO. Some of these centres are registered with the Department of Health (DoH) or the DSD, but many of them are not registered and run on minimal resources. They range from being well-equipped centres that are fully staffed and run by NGOs to single rooms in houses or shacks (DBE, 2017a).
- **Stimulation centres:** These are SCCs that offer daily programs intended to provide not only care but also education and stimulation for children with severe to profound intellectual disabilities (DBE, 2017a). Children who attend stimulation centres are often known as LSPID.

2.6.7 Summary

The reviewed literature in this section looked at education provisions for learners with special education needs. Currently, educational provisions include mainstream, full-service, special, and inclusive schools, and SCCs. It is worth noting that having knowledge of education provisions for learners with special education needs is important as it affords the opportunity for the correct placement and interventions by specialist in relevant institutions.

2.7 LEARNERS WITH SEVERE TO PROFOUND INTELLECTUAL DISABILITY

LSPID fall within the most severe range of intellectual disability. LSPID have challenges in the three main functioning domains levels namely conceptual (written language, concepts of numbers, quantity, time, and money), social (speech or gestures), and practical (physical care, health, and safety; DBE, 2017a). They seem to function at a very low level of adaptive functioning, exhibit significant developmental delays, and frequently experience multiple disabilities (Bullen et al., 2018). Mostly, LSPID need high levels of support in caring, either for a long period of time or on a permanent basis. A substantial part of their day is likely to be spent on caring activities such as feeding, toileting, and dressing. It is therefore not surprising that for a long

time SCCs provided health care activities and not education. Hence, understanding educational provisions was critical for the research.

2.8 GLOBAL AND REGION POLICY RESPONSE TO EDUCATING LSPID

International policies provide a clear direction for a right-based approach to service delivery for LSPID. Globally, policies like the UNCRC (UN, 1989a) acknowledged the importance of all children with disabilities accessing all the help they need to function to their full potential (Geiger, 2012). The UNCRC stated that children with disabilities have the right to develop through effective access to education and health services. It further stipulated that children have the right to "special care", meaning that member states ought to place care and assistance as high priority for children with disabilities by ensuring they have effective access to education and benefit from it. Furthermore, the UNCRPD (UN, 2007) elaborated on the rights of children to be educated in an inclusive education system, to have an opportunity to develop to their full potential, and to have a sense of dignity and self-worth. It is worth noting that important aspects of both the UNCRC and UNCRPD are that the conventions gave children with intellectual disabilities the right to education, and that they must be involved in the implementation process of the provisions.

Worldwide, countries are ratifying the UNCRC (UN, 1989a) and UNCRPD (UN, 2007), but there are peculiarities for each member state. Comparing developed and developing countries, the former is far ahead in implementing EFA (Veerman, 2022). For instance, in European countries, such as Cyprus, Lithuania, Maita, Portugal, Norway, Denmark, Finland, and Sweden, more than 80% of learners with intellectual disabilities are educated in inclusive schools and not in SCCs (European Agency for Development in Special Needs Education, 2010; Hehir et al., 2016). In the USA, LSPID have enjoyed a nationally protected right to a "free and appropriate public education in the least restrictive environment" since 1974 (Hehir et al., 2016). Furthermore, countries like the USA and the Netherlands are fully promoting inclusive education (mainstream schooling for all) and not segregation schooling (special schools and SCCs; Hehir et al., 2016). These developed countries have moved to largely providing advanced support for all learners with disabilities in their own communities as they are moving away from institutionalised care and the medical

model (Barrie-Watts, 2019). On the other hand, a study by Hehir et al. (2016) in India found that nearly half of LSPID do not go to school because of lack political will.

In many African counties, educating LSPID is a challenge as discriminatory practices are still prevalent that undermine the countries' legislation. For instance, countries like Zambia, Eswatini, Mozambique, Botswana, South Africa, and Kenya have ratified the UNCRC (UN, 1989a) and the UNCRPD (UN, 2007) by enacting legislation in each member state. However, these states have not made enough provisions to support learners with intellectual disabilities, and as a result, LSPID experience some form of discrimination (Barrie-Watts, 2019; Phiri, 2017). This is because most African countries lack the resources to promote disability policies and services (Barrie-Watts, 2019). To promote best practices in Africa, Chataika et al. (2012) put forward the following recommendations for UNCRPD signatories as agreed in 2008 during the Africa wide conference on disabled children in Africa:

- The development of inclusive education systems that acknowledge African realities and serve to combat negative stereotypes of disability;
- Family and parental involvement in education, using partnerships to make the best use of limited resources;
- Governments to commit to the provisions of education for disabled children in line with the Millennium Developmental Goals and the UNCRPD; and
- Intersectional collaboration, especially at the level of early childhood development.

On a positive note, it must be acknowledged that great strides have been taken to protect the rights of persons with disabilities in Africa, and this has led to the establishment of various organisations in the continent. These include Inclusion Africa, AU of the Deaf, African Youth with Disabilities Network, African Disabilities Alliance, African Disability Forum, Pan African Federation of Organization of Persons with Disabilities, AU of the Blind, Pan African Network of Users and Survivors of Psychiatry, Disabled Women in Africa, Africa Down Syndrome Network, African Federation of the Deaf-Blind, Pan African Alliance for People with Albinism, African Organization of People Affected by Leprosy, Federation of African Association of Persons with Short Stature, and the African Regional Committee of the International Bureau for Epilepsy (Nyangweso, 2018). Although challenges persist on the continent, the progress that

has been made in terms of policy formulation and advocacy is encouraging. Eide et al. (2014) pointed out that a major drawback has been policy implementation, and more work still needs to be done to promote the rights of persons with a disability and to ensure easy access to the opportunities and services necessary for a full life.

2.9 MILESTONES IN EDUCATING LSPID IN SOUTH AFRICA

The establishment of formalized special education services began in the 1960s, predominantly in white suburban areas, with government policies aimed at improving the welfare of white children with disabilities, often at the expense of other racial groups (Kronenberg, 2010). It was only in the post-apartheid era that significant reforms were made to integrate children with intellectual disabilities into mainstream education and provide equitable access to care. This led to the establishment of many SCCs in South African townships, initiated by parents of disabled children, charitable organizations, and religious institutions (South African Human Rights Commission, 2015). The transition towards inclusive education and community-based care has been ongoing, with a focus on enhancing accessibility and reducing the stigma associated with intellectual disabilities (Lombard & Kritzinger, 2018).

In 1995, the DoE acknowledged the need to include people with disabilities within the educational system. To show commitment towards persons with disabilities, the DoE developed the *White Paper on Education and Training*, notice 196 of 1995 (DoE, 1995), and in response to the White Paper, the DoE commissioned two committees that investigated special needs and education in 1996, namely the 1996 National Commission on Special Needs in Education and Training and the National Committee on Education Support Services. The two committees were tasked with investigating and make recommendations on all aspects of special needs and support services in education and training in South Africa. The recommendations from the two committees led to the *White Paper on Special Needs Education* in 2001, which developed an inclusive educational policy (DoE, 2001b). White Paper 6 advocated for the integration of learners into existing ordinary schools while recognising that they require different support needs.

Prior to White Paper 6 (DoE, 2001b), the government ran two types of schools, namely ordinary and special schools. Special schools catered for children with special needs, classified as moderate to mild intellectual disabilities (IQ levels of 30–70). However,

children with an IQ lower than 35 are severely (IQ levels of 20–35) or profoundly (IQ levels of less than 20) intellectually disabled. Unfortunately, children with severe to profound intellectual disabilities were not admitted to special schools or to any other state schools and were cared for in NGO-run SCCs funded by a subsidy paid by the DoH, and not the DoE, per person.

South African education policy is progressive as it affirms that education is a basic right for all children (DoE, 2001b; RSA, 1996a, 1996b). However, the implementation of this progressive policy has been slow, especially for LSPID. According to Murungi (2011) and McKenzie et al. (2017), the lack of urgency is due to limited resources and the notion that LSPID are uneducable. Not undermining the efforts of South African government in educating LSPID, plaudits should be given to the state for undertaking initiatives in promoting EFA. For instance, White Paper 6 (DoE, 2001b) and the SIAS policy documents (DBE, 2014) are indicative of positive efforts on education provisions for learners with special education needs.

However, in the South African context, achieving quality education provisions for LSPID has been challenging or non-existent for a long time. Thus, in 2010, the South African government and Western Cape DoE were sued by civil society (Western Cape Forum for Intellectual Disability, 2011; Western Cape High Court, 2011). In the Western Cape Forum for Intellectual Disability vs. Government of RSA & others, the applicant sued the state for lack of education provisions and unfair distribution of financial resources. It was alleged that minimal or no resources are being provided to educate LSPID. In support of EFA, the High Court ruled that the South African government, the DBE, and other governmental departments (DoH, DSD, and Department of Public Works and Infrastructure (DPWI) failed to provide reasonable measures to make provisions for the education needs of LSPID. The ruling laid out the processes to be followed to rectify the lack of educational services for LSPID in the country. Furthermore, the order tabulated clear time frames and responsibilities for several government departments. Subsequently, to comply with the court ruling, various national and provincial government sectors were allocated funding by the National Treasury to develop structures and programmes in response to the court order.

Currently, the DBE has developed two more policies that are being implemented. The two policy documents that responds to the needs of LSPID are the *Draft Learning Programme for Learners from Severe to Profound Intellectual Disability* (DBE, 2017b) and the *Draft Policy Framework for Provisions of Quality Education and Support for Children with Severe to Profound Intellectual Disability* (DBE, 2017a). As a policy implementation process, the DBE has adopted a transversal team delivery model. The model is about planning and delivery that acknowledges an integrated service to support LSPID holistically with professionals from health and education. The team consist of five members, namely a special education teacher, a physiotherapist, an occupational therapist, a speech therapist, and a psychologist.

2.10 SPECIAL CARE CENTRES AND STIMULATION CENTRES

In South Africa, SCCs and stimulation centres cares for children with severe to profound intellectual disabilities. Usually, children placed in SCCs have multiple disabilities. The SCCs are often established by parents of disabled children, churches, or NGOs. These centres are managed as NGOs, and registered with either the DSD or DoH (DBE, 2017a). SCCs range from one room in a mud and stick house to well manage institutions with solid infrastructure. They can be classified into two groups, namely day and residential. Special schools in some cases admit LSPID, who are housed in a separate unit in the institution.

The provisions of services at SCCs draws from the *Integrated School Health Policy* (Kolbe, 2019) as a model for interdepartmental collaboration. Currently, the collaboration is largely between the DoH, DBE, and DSD. However, the High Court (Case no: 18678/2007) ruling recommended that the Department of Public Works and the Department of Transport also have major roles to play in ensuring adequate infrastructure to support education as well as the necessary transport to and from SCCs (DBE, 2017a; Western Cape High Court, 2011). To provide quality support to the SCCs, collaboration should occur at different levels of government. Furthermore, the judgement handed by the Western Cape High Court (2011) recommended that the Department of Cooperative Governance and Traditional Affairs should play a significant role in supporting SCCs as the centres fall within the ambit of municipalities (DBE, 2017a)

However, according to the DBE (2017a), the registration and licensing of SCCs are managed by the DSD, DoH, and DBE. The DSD is the main registration authority and registers SCCs in accordance with the norms and standards outlined in Chapter 5 of the Children's Act (RSA, 2005). The Act is derived from the Constitution (RSA, 1996b) and sets out guiding principles relating to the care and protection of children. The DoH licences the centres in accordance with the Mental Health Care Act (DoH, 2002) that stipulates the provision of care, treatment, and rehabilitation for persons who are mentally ill. Lastly, the DBE registers SCCs in terms of its capacity to deliver learning programmes that comply with the criteria set in the *Draft Policy for the Provision of Quality Education and Support for Children with Severe to Profound Intellectual Disability* (DBE, 2017a). In the event that a centre does not comply with the registration requirements, the institution does not receive funding until it complies with all three levels of registration and licensing. To promote checks and balances, all the three departments are responsible for monitoring and supporting SCCs.

The staffing of SCCs includes the centre manager, caregivers, kitchen staff, and auxiliary staff. In well-managed and funded institutions, additional professionals like occupational therapists, physiotherapists, and speech and language therapists are also employed. The centre manager oversees all the staff employed by the centre. However, with instructional activities such as the implementation of a learning program, the manager oversees a group of caregivers who provide care and stimulation programmes under the guidance of an outreach team of professional staff from the Head Office of the GDE. The team from Head Office guides caregivers in implementing the national learning programme for LSPID.

2.10.1 The role of a special care centre manager

The function of the SCC manager is ever changing because the centre environment is not static, which adds to the complexity of institution leadership and management. These positions are potentially more complicated for centre managers who lack experience, academic and professional qualifications, and expertise (Bateman & Bateman, 2014). The *South African Standard for Principalship* (DoE, 2014) and Bateman and Bateman (2014) defined the centre manager roles as follows:

- **Leading and managing instruction:** The centre manager offers an enabling atmosphere for learners with intellectual disabilities to receive education, health, social, and stimulation services.
- **Shaping the centre's direction and development:** The centre manager, in collaboration with other stakeholders, develops the vision, mission, and strategic plan to ensure goals are met.
- **Assuring Quality and Accountability:** The centre manager works with other staff members to develop and maintain effective quality assurance processes.
- **Developing and empowering oneself and others:** The centre manager collaborates with and through others to create a professional learning community.
- **Managing an SCC as an organisation:** The centre manager collects and analyses data to ensure resources are deployed efficiently and effectively.
- **Working with and for the community:** The centre manager and staff members cultivate collaborative relationships and partnerships with both internal and external stakeholders.

Despite the fact that most SCC managers are not trained in centre management because the institutions are non-profit, they are expected to run the institutions efficiently and successfully. This brings us to the topic of centre manager preparation programs, which have the potential to improve institutions' leadership and management.

2.10.2 Preparatory programmes for centre management

Christies' et al. study of 2009 (as cited in Sepuru & Mohlakwana, 2020) stated that choosing the proper person manage a centre and providing them with the necessary skills are crucial to running an SCC for LSPID. Professional development for centre managers is considered a continuum that begins during the pre-service period, continues throughout the newly appointed manager's induction phase, and extends throughout their management careers (Niemi, 2015). This necessitates the participation of centre managers in pre-service and in-service preparation programs.

According to Byrne et al. (2015), pre-service training is primarily based in higher education institutions at the undergraduate (e.g. Bachelor of Education) or

postgraduate (e.g. Postgraduate Certificate in Education) levels, though candidates also use other routes such as employment-based training and further education and training colleges. Simply put, 'pre-service training' refers to training that takes place prior to a person taking on a job that requires specific training.

In-service education is defined by Osamwonyi (2016, p. 83) as "relevant courses and activities in which a serving centre manager may participate to upgrade his professional knowledge, skills, and competence in the leadership and management profession". It includes all forms of education and training provided to a manager who is currently in charge of an SCC for LSPID. According to Osamwonyi (2016), there is little doubt that in-service education will continue to address the gaps generated by a changing society between pre-service education and the performance of centre managers in the workplace.

Unfortunately, many managers do not receive adequate management training prior to beginning their careers, and thus, feel unprepared for the demands of managing an SCC. This is because the majority of SCCs were founded by parents of disabled children with limited numeracy and literacy skills.

2.10.3 Funding of special care centres

Across South Africa, the DSD subsidies SCCs through a Disability Grant that is paid directly to the facility (Foskett, 2014). The DSD funding is in line with *White Paper 5 on Early Childhood Development* (DoE, 2001a), and therefore, the DSD also supports SCCs operating as early childhood development centres. On the other hand, the DoH funds all centres that admit learners with intellectual disabilities (Foskett, 2014). The best hope for NGOs attempting to broaden their financial base is fundraising using their own resources. DBE support includes supplying of LTSM and assistive devices, but there is no financial support from the DBE.

2.10.4 Transport for learners

As previously stated, SCCs are categorised as day or residential centres. LSPID at day centres commute to and from the centre daily. The Western Cape High Court (2011) ruling stipulated that the Department of Transport must play a leading role in transporting LSPID. However, transporting learners is a challenge for most centres

because of limited finances to purchase buses (Foskett, 2014). The Disability Grant from the DoH and the DSD is usually used to buy food, toiletries, and in rare cases, medication. In recent years, the National Lotteries Fund has made significant donations to SCCs; however, there is no consistency to these donations as there is no guarantee of funding at any given time (Foskett, 2014). On a positive note, SCCs have used the funds from National Lotteries to purchase buses. Unfortunately, as noted by Foskett (2014), most of these buses are non-operational as they have broken down and SCCs are unable to maintain them because of lack of funding.

2.10.5 Staffing of special care centres

SCC staff are in involved in delivering the learning program either directly or indirectly. The central person at SCCs is the centre manager, and depending on the type of centre, a manager can be chosen by the board/governing body, or self-elected. The centre manager supervises caregivers who offer basic personal care and education stimulation to learners. LSPID require high support as most of them have multiple disabilities. Due to high support needs, the carer to learner ratio must be high. The DBE policy document for LSPID (DBE, 2017a) propound a carer to learner ratio of 1:4 for children with physical disabilities and 1:6 for children with multiple disabilities. This means that SCCs are expected to employ caregivers to match these ratios and retain them. Unfortunately, SCCs often do not have the resources to retain caregivers, and as a result, the prescribed carer to learner ration is usually unattainable. In many cases, SCCs are unable to retain caregivers as they are usually paid minimum wage (Foskett, 2014).

The policy document for LSPID (DBE, 2017a) accentuated the importance of employing a program implementer at SCCs to serve as the liaison between the DBE and caregivers to ensure the successful implementation of the learning programme. However, unlike the centre manager, the policy document for LSPID (DBE, 2017a) prescribed the minimum qualifications for the program implementer as a Matric and/or and early childhood development qualification at National Qualifications Framework level 5. It was highly recommended that a qualified teacher be employed as the programme implementer (DBE, 2017a).

It is also important to engage parents in SCC activities. Engaged parents are more likely to collaborate with educators, advocate for their child's needs, and contribute to

individualized education plans, which can lead to improved student performance and behaviour (Epstein, 2018). Moreover, consistent parental engagement helps bridge the gap between home and school, ensuring that learners receive a cohesive and comprehensive support system (Jeynes, 2012). Thus, fostering strong parent-school partnerships is essential for the successful development of learners with intellectual disabilities

2.10.6 Infrastructure of special care centres

As previously discussed, SCCs are either established by a parent of a disabled child or an NGO. This means that financial resources differ between centres, and hence, the type of infrastructure in SCCs are not uniform in terms of their quality and functionality (Foskett, 2014). There are differences between an SCC established by a family and a well-established NGO.

The Western Cape High Court (2011) ruling noted that infrastructure is critical to provide quality education for LSPID. The importance of infrastructure was equally emphasised in the Draft Policy for LSPID (DBE, 2017a), which stated that the Department of Public Works must play an important role in ensuring there are adequate infrastructure provisions in SCCs. As noted by Limaye (2016), centres established by parents for disabled children face infrastructure challenges, unlike centres managed by established NGOs. Further, Limaye (2016) held that most of SCCs established by individuals are small, and learners have challenges accessing toilets, playgrounds, and classrooms.

2.10.7 Summary

This section discussed the nature, operation, provisions, and stakeholders in SCCs. This discussion is critical as it offers insight into day-to-day activities at SCCs. The discussion also looked at the resources (transport, staff, funding, and infrastructure) of SCCs as they greatly influence their operation.

2.11 CHAPTER SUMMARY

This chapter discussed the topics relevant to managing SCCs that offer rehabilitation and education services to LSPID. Firstly, the chapter discussed the concept of disability, which provided insight into how impairments are viewed at the international

level, and how individual countries perceive and respond to the challenges experienced by disabled persons. Secondly, the discussion looked at different types of disabilities because understanding the different types of disability leads to the correct placement and support. Thirdly, the chapter discussed the history of special education and described the international, regional, and national discourse. The history shed light on the transitional nature of special education, while the international, regional, and national discourse offered a global perspective of special education. Fourthly, brief description was given of education provisions for LSPID and understanding LSPID. As for education provisions for LSPID, the discussion offered the current global, regional, and national responses to educating LSPID. Fifthly, the discussion looked at the global, and regional responses to educating LSPID. The discussion is relevant as it codifies how countries have implemented disability strategies. Lastly, I discussed the evolution of education provisions for LSPID in South Africa and the general description of SCCs for LSPID, including preparatory programs for centre managers, funding, transportation, staffing, and infrastructure.

The next chapter discusses the theoretical framework of the study.

CHAPTER 3
THEORETICAL FRAMEWORK FOR THE STUDY

3.1 INTRODUCTION

This chapter presents the study's theoretical framework and all aspects relating to the chosen framework. According to Osanloo and Grant (2016), the theoretical framework is the cornerstone from which all knowledge is formed for research efforts, both metaphorically and physically. According to Camp study of 2001 (as cited in Chukwuedo & Uko-Aviomoh, 2015), theoretical frameworks are explanations of the phenomenon being studied. Merriam and Tisdell (2015) argued that theoretical frameworks give the researcher a lens through which to see reality. By providing structures to specify how to approach the research philosophically, epistemologically, methodologically, and analytically, the theoretical framework directs and assists the investigation (Osanloo & Grant, 2016).

This study intended to evaluate through interaction the participants' experience in managing and directing SCCs, which is centred on the fields of education leadership, management, and policy. I needed theoretical and analytical tools to critically examine how different SCC structures affect leadership and management, as well as how leadership is developed and used in institutions, I aimed to understand how SCC managers experience and respond to management challenges as they conduct daily activities.

As previously stated, the study's use of leadership and management theories provided a lens through which to look at how leadership is developed and used in SCCs. Bush's (2020a) subjective, ambiguity, and collegiality models were included in the management theories examined, and the leadership concepts covered included distributed, instructional, and social justice. The Fourth Industrial Revolution require education institutions to be relevant, and this is something that is becoming increasingly acknowledged. If institutions function as learning organisations, this can be accomplished. Thus, centre managers must remain current in management and leadership skills to navigate the complex environment of SCCs.

As suggested by Walsh and Evans (2014), the complexity inherent in education institution research demands a theoretical approach that favours holistic investigation

and accommodates diverse perspectives to generate trustworthy and logical research findings. Hence, contextualising the theoretical framework is crucial as it provides an analysis of concepts surrounding the framework.

3.2 CONTEXTUALISING THEORETICAL FRAMEWORK

The theoretical framework serves as the ‘blueprint’ for every research project, including this study (Imenda, 2014). In other words, the theoretical framework is a structure composed of theories proposed by experts in the subject of study and used to assess data and develop conclusions. The terms ‘theory’ and ‘framework’ are combined to generate the term ‘theoretical framework’, and it is consequently necessary to define both ideas.

According to Kerlinger and Lee study conducted in 2000 (as cited in Kivunja, 2018, p. 44) a theory is “a set of interrelated constructs (concepts), definitions, and propositions that present a systematic view of phenomena by specifying relations among variables, with the purpose of explaining and predicting the phenomena”. The essential takeaway from the definition is that a theory presents a set of propositions made up of well-defined and connected constructs, lays out the relationships between the variables (constructs), and logically explains phenomena (Kivunja, 2018). In this sense, theories are disruptive by increasing existing knowledge or criticising it; explanatory by elucidating the relationships between phenomena; emancipatory by defining the oppression of the people; or predictive by making predictions about the future.

While theory can be used to frame and interpret occurrences, Kawulich (2016) emphasised that it cannot be viewed as an absolute law preceding all other laws independent of place and time. Research theory is a useful tool for interpreting reality, not something that reality must fit into. Theories are developed to anticipate, comprehend, and explain phenomena, as well as to challenge and advance current knowledge within the confines of essential limiting assumptions (Swanson, 2022). A theory typically results from a protracted research process that employs empirical evidence to support claims through the application of deductive and inductive analysis of the facts (Kivunja, 2018). Thus, the research’s observations eventually lead to conclusions regarding relationships based on explicitly stated assumptions, and these discoveries allow the researcher to formulate the central hypotheses from which the abstract theory is then generalised (Glanz, 2017). Then, the emerging theory offers a

conceptual, empirically supported framework for comprehending, using, analysing, and designing novel approaches to relationship investigation and problem-solving in educational and social scientific contexts. This means that a theory's presumptions, statements, and relationship predictions serve as an intellectual foundation for which research findings can be built.

Additionally, the theory's predictions can justify further research into issues that have not yet been examined. They assist researchers in thinking about what is crucial and significant to comprehend actual situations, as suggested by the theory, and how our knowledge and comprehension of contexts in the social sciences and in education may be used to explain behaviour and to address issues (Glanz, 2017; Swanson, 2022). According to Jaccard and Jacoby (2019), each theory consists of a common frame of reference that researchers in a particular discipline can use to determine what is believed to be true or a basis for looking for meaning and truth in our lived experiences, as well as a well-founded manual for research within the discipline.

Varpio et al. (2020) described a framework as a specific collection of guidelines, precepts, or principles that are applied when solving issues or making decisions. Kivunja (2018) suggested that a theory can be used to produce accurate predictions, and because of its ability to do so, it can direct researchers toward asking the right questions for further study. On the other hand, a framework offers a framework for the explanation of the connections between the elements that make up a phenomenon. Simply put, the framework holds the elements of theory.

It is interesting that theories emerge from many sources in each subject, and often more are being developed and used in a variety of fields. Theories help researchers categorise their observations, comprehend and explain linkages, and make sense of interpersonal interactions. This knowledge broadens the body of knowledge in the area and serves as a foundation for additional theorising, investigation, and comprehension. For instance, there are numerous possibilities available for selecting a theoretical framework in the field of educational leadership. As a result, the researcher must select the best theory to use to respond to the study question.

Clearly understanding the problem, goal, significance, and research questions of a study is necessary before choosing a theoretical framework. This is crucial because if the wrong choice is made, it will seem as if the researcher is using the incorrect bolt

to fix a nut. According to Osanloo and Grant (2016), the chosen theoretical framework must highlight the significance and goal of the research. Therefore, the researcher must place the problem in relation to the study's guiding principles to choose an appropriate theoretical context. Adom et al. (2018) suggested that a study's objectives and research questions must clearly incorporate elements of the theoretical framework and concur with the claims made by the theorists of the field. This means that a thorough and deliberate evaluation of the topic, goal, importance, and research questions is necessary before choosing a theoretical framework (Osanloo & Grant, 2016). The understanding is that the problem, purpose, importance, and research questions must all be closely related and intricately entwined for the theoretical framework to support the activity and guide decisions on the study design and data analysis.

Osanloo and Grant (2016) related the function of the theoretical framework to that of a blueprint of the house. To illustrate this point, Osanloo and Grant (2016) suggested that the researcher is the architect who decided what to develop and how to build the property as envisioned, and this concept can be translated into the theoretical framework. Thus, the theoretical framework guides the researcher to ensure the final contribution is scholarly and academic and does not stray from the parameters of the established ideas. Considering this, Brondizio et al. (2014) agreed that the theoretical framework refers to a specific theory or set of theories concerning a particular area of human endeavour that can be helpful in the analysis of occurrences. The theoretical ideas, constructions, notions, and tenets make up a theory's theoretical framework (Adom et al., 2018; Osanloo & Grant, 2016).

The current study investigated and identified relationships and non-relationships between what is experienced, what is happening, and the underlying mechanisms that produce the events (Danermark, 2019). To understand the relationships among the levels, I explored the interactions among social structures or phenomena within an SCC in search of actual evidence to help identify forms of relationships that exist and the generative mechanisms or casual powers that are the source of the relationships, and to explain what transpires in institution leadership and management. This was achieved through observations and interviews. The cultural-historical activity theory (CHAT) was engaged as the main theoretical framework for this study.

3.3 CULTURAL-HISTORICAL ACTIVITY THEORY

The CHAT is a theoretical framework that helps to understand and analyse the relationship between human minds (what people think and feel) and activity (what people do). The CHAT was initially formulated in the 1920s and 1930s by Vygotsky and Leontiev, who were both Russian psychologists (Foot, 2014). Cong-Lem (2022) suggested that the CHAT analyses workplace activities, for example, to uncover how people use both material and conceptual tools and what aspects of tasks they prioritise. Further, Engeström and Daniels study of 2010 (as cited in Mukute, 2015) suggested that the CHAT examines how managers of education institutions with different experiences and perceptions working on the same task can work on recent problems and cooperatively develop new knowledge or tools to address the dilemma. The understanding here is that the approach aims to comprehend intellectual capabilities and changing human life.

Every word in the label ‘cultural-historical activity theory’ has meaning. ‘Culture’ refers to the premise that people are cultured, and that everything they do is shaped by and draws on their cultural values and resources. The term ‘history’ is used with culture to indicate that cultures are based on stories and have evolved over time. Therefore, any analysis of what people are doing at any point in time must be viewed considering the historical trajectory of their actions because it has been culturally and historically modified to convey its location. ‘Theory’ is used in this study to provide a theoretical framework for understanding and explaining human activity.

Engeström (2018) pointed out that the meaning of ‘activity’ is associated with the German or Russian word of doing something to change the object. It is worth noting that the emphasis is on the transformative nature of ‘philosophy’. Further, Gutiérrez, Engeström, and Sannino (2018) asserted that human activity can trigger tensions caused by systematic contradictions. It is in this sprit that the CHAT focuses on understanding human beings and their interactions in their natural everyday life circumstances through an analysis of the genesis, structure, and purpose of their undertakings. It should be noted that the CHAT places great emphasis on culture, calls for primary attention to the system as the historical currier of culture, and acknowledges the importance of capturing the multi-voiced engagement of actors in the system as they foster change (Edwards, 2017).

Additionally, in this research, as a theory the CHAT was organised through a second- and third generation activity system while simultaneously providing a framework for investigating education institution leadership and management. On the other hand, as an analytical tool, the CHAT helped examine and understand the way participants act when they engage and interact in performing management duties.

The study was concerned with how SCC managers can transform the centre environment, how they deal with the dynamics of change and tension, and how they craft and implement intervention programs. Organisation change includes tensions and resistance. Witkop et al. (2021) suggested that the CHAT is the ideal framework as it allows a researcher to examine an activity as a continuous process of conflict and development, which does not have linear cause-and-effect assumptions.

According to Engeström's study of 2007 (as cited in Batiibwe, 2019 p. 4), the CHAT approach offers "bridges between imagined, simulated and real situations that require personal engagement with material objects and artefacts (including other human beings) that follow the logic of an anticipated or designed future model of the activity". Furthermore, Batiibwe (2019) argued that the CHAT is a useful theoretical framework for better understanding practices in complex work environments. In this context, a complex environment can be understood as an environment in which multiple people work together within the context of a single organisation or multiple organisations, and SCCs is no exception.

It is worth noting that the CHAT has three generations, and each builds on the one before it (Batiibwe, 2019). As a result, as the levels rise, so does the complexity. The three generations of the CHAT were devised by the Vygotsky (first generation), Leontiev (second generation) and Engeström (third generation) (Batiibwe, 2019). The first generation is based on Vygotsky's conception of mediation from the individual's point of view (Vygotsky, 1978), the second generation builds on Leontiev's conception of activity systems with an emphasis on the collective (Leontiev, 1978), and the third generation is based on the idea of multiple interacting activity systems, partly focusing on common objects and the crossings between them (Engeström, 2001).

This study was based on the second and third generation of the CHAT because the first generation was only partially suitable for answering the research question because it focuses on the three concepts of mediating artefacts/tools, subjects, and

objects. This means that the first generation does not focus on the importance of rules, community, and division of labour in completing tasks in SCCs. Although the second generation is an extension of the first generation, it was a suitable model as it provides all the relevant subunits to answer research questions or to complete activities at SCCs. The second generation is an activity system with seven components, namely subjects, mediated artefacts/tools, objects, rules, communities, divisions of labour, and outcomes. Furthermore, the third generation is an extension of the second generation in terms of applications. In many instances, the concepts of the second and third generation are the same. However, the difference is the expansion that the third generation offers by providing an in-depth activity system that includes a network of activity systems for SCC managers to deal with the tensions and contradictions they face in accomplishing their tasks. Therefore, second and third generations are good frameworks because they provide a realistic and integrated approach to accomplishing tasks in SCCs. The second and third generation were elected as they represent all the entities that influence leadership and management directly or indirectly in the SCC and are discussed to outline distinctions of each. As a basis for the presentation, this discussion also covers the first generation.

3.3.1 First generation cultural-historical activity theory

The first generation, attributed to Vygotsky and Leontiev, consists of a triad that understands the subject-tool-object of activity systems (Engeström, 2018). Vygotsky's focus was on how the relationship between agents (individuals) and cultural artefacts (tools) resolves the individual/social dualism, which dominated psychological research during his time, and leads to Marxist psychology (Edwards, 2017). Vygotsky's argument was that people learn from culture and history by freely applying conceptual and material tools to transform objects. A breakthrough in his research was his advocacy of connecting individuals to their environments using mediation that departs from the tradition of treating people disassociated from their cultures. After him, Leontiev shifted the focus from mediation tools to triadic objects, arguing that activity is motivated by objects; this established the object-oriented nature of activity (Edwards, 2017). Figure 3.1 shows Vygotsky's contemplative triad.

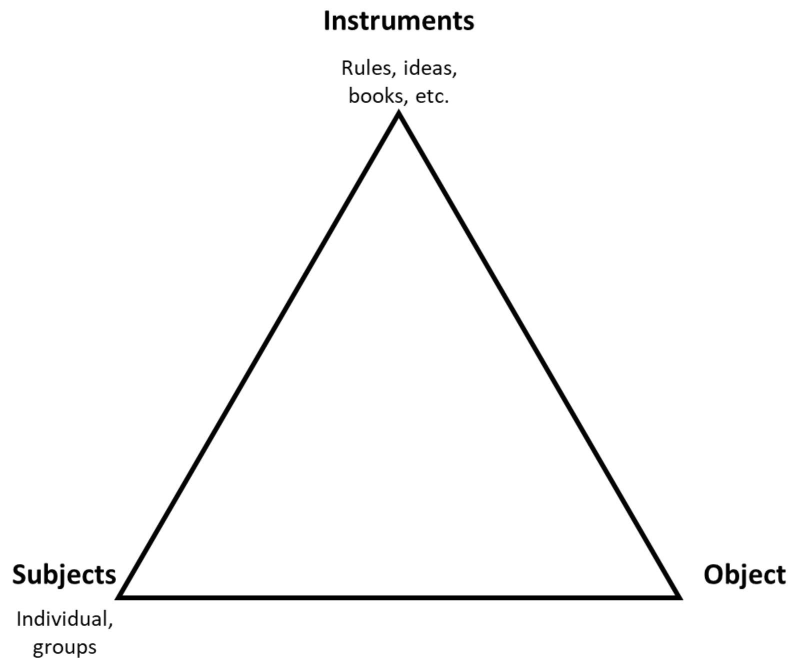


Figure 3.1 Engeström's human activity system, first generation (Engeström, 2018)

An example of the application of the first generation activity theory in SCC leadership and management are managers and supervisors as target audiences who use guidelines, tutorials, books, and other materials as distribution tools. The object is a certificate for training and competence in stimulating activities for LSPID. Interestingly, the first generation fails to acknowledge the importance of rules and division of labour in SCC leadership and management, which is illustrated in the second generation.

3.3.2 Second generation cultural-historical activity theory

After the deaths of Vygotsky and Leontiev, Engeström developed the second generation CHAT by building on the work of the Leontiev, particularly his development initiative for first generation activity theories. Leontiev advocated the understanding that individual behaviour is not only mediated by culture but always stands in the context of historically grown systems of collective practice and behaviour (Holzman, 2016). This means that individual meaning formation and behaviour can only be understood in relation to sociocultural contexts and how society is changed by subsequent individual behaviour. On this basis, Engeström went a step further and described this concept as the second generation CHAT (Engeström, 2018).

The importance of the second generation CHAT is to make the interaction between agents or subjects and their communities a reality (Ahmed, 2014). Engeström's

Vygotsky's mediation triad added the relational concepts of community, rules, and division of labour. These were relational concepts in the sense that the mediation of the subject's 'agent's project' (Archer, 2003) occurs differently at each time point. Furthermore, Engeström (2018) argued that activity systems are heterogeneous and polyphonic because subjects construct the objects of the activity system in various and contradictory ways based on the perspectives formed by their history and position in the division of labour.

Returning to the example used in connection with the first generation CHAT, rules are necessary to mediate the facilitation and management of SCC leadership programs and activities. In addition to facilitation responsibilities, the second generation CHAT requires input from other staff, such as caregivers, administrative staff, and support staff, implying a need for the division of labour mediation. The purpose of mediation in the CHAT is to maximise the likelihood of realising an object's goals. Figure 3.2 illustrates the second generation CHAT.

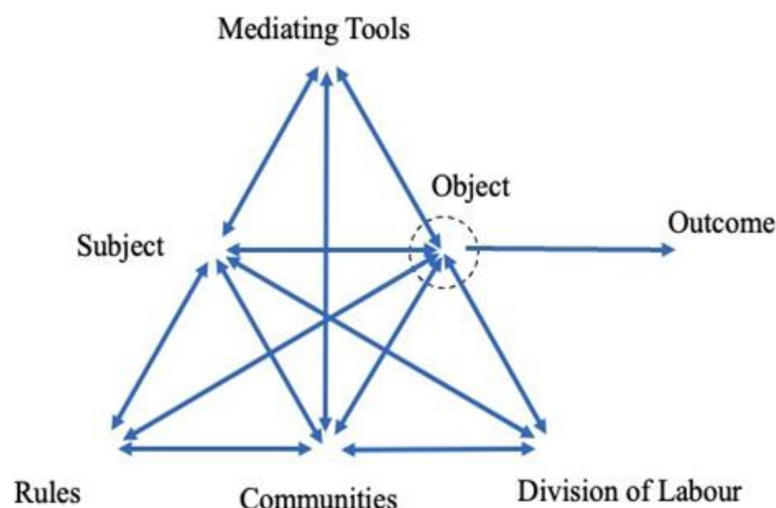


Figure 3.2 Engeström's human activity system, second generation (Engeström, 2018)

Engeström and Sannino (2018) stated that the focus of second generation CHAT is limited to the analysis of a single activity system and cannot involve other activity systems. Furthermore, they proposed that a third generation CHAT that analyses networks is more appropriate as it looks at leadership and management holistically.

3.3.3 Third generation cultural-historical activity theory

As previously stated, this study also used the third generation of CHAT. According to Edwards (2015), the third generation CHAT occurs when two or more active systems

interact. Building on the second generation CHAT, the third generation CHAT emphasises the connected and interactive nature of the activity system. Engeström (2018) stated that the main unit of analysis in third generation CHAT is the collective, artefact-mediated, object-oriented activity system, which interacts with other activity systems that collectively constitute human activity. The theory claims this can be found in network relationships. Edwards (2015) further explained that the CHAT motivates the third generation to practice a transformative agenda that has been the spirit behind the CHAT from the beginning (the Vygotsky meditation triad). Figure 3.3 diagrammatically presents the Vygotskian conceptualisation.

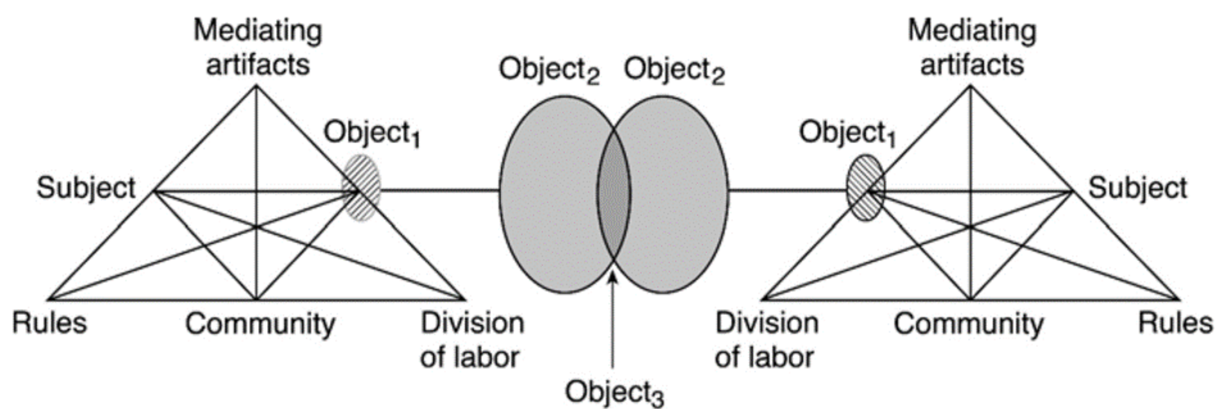


Figure 3.3 Engeström's human activity system, third generation (Engeström, 2018)

As can be seen in Figure 3.3, objects within the activity system can be individuals, groups, or the SCC community. The activities of the SCC operations are facilitated by cultural means. This means that rules, communities, and divisions of labour are strongly shaped by diverse cultural expectations during different periods of history (Naidoo, 2017). This represents the cultural and historical aspects of CHAT. Therefore, understanding the historical context is essential to comprehend why activities take place in their current form (Trust, 2017).

The third generation CHAT assumes that all human actions are mediated through tools and cannot be separated from the social environment in which actions and discussions take place (Batiibwe, 2019). In the context of SCCs, the implication of this assumption is that each member of the institution is expected to perform certain functions. In the end, all role players in the SCC work together to help achieve the goals set by the institution. However, to achieve the set goals, all stakeholders must follow the rules

and use certain tools to complete the tasks, but at the same time, acknowledge the contradictions and tensions that exist within and between systems.

According to Cong-Lem (2022), the purpose of the CHAT is not simply to represent practice in activity systems but also to understand where conflicts and tensions lie as a basis for improved forms of activity. Engeström (2018) explained that contradictions are a form of confusion or dissonance, and when they are resolved, higher systems of activity emerge (Edwards, 2015).

Mukute (2015) and Batiibwe (2019) summarised Engeström's third generation CHAT as follows:

- **Subject:** Individuals or groups of people involved in conducting the activities at an SCC (Hardman, 2015). In this study, these people include SCC managers, caregivers, learners, auxiliary staff, parents, and community members.
- **Object:** Cole and Engeström's study of 1993 (as cited in Batiibwe, 2019) defined objects as the motivational influences behind a subject's participation in an activity. Simply put, this is the subject undertaking the orientation of action. In this study, the object is stimulation and class learning activities for LSPID.
- **Artefacts or tools and signs:** Cole and Engeström's study of 1993 (as cited in Batiibwe, 2019) defined mediating artefacts or tools as symbols, signs, and conceptual understandings that function as physical and psychological tools to mediate activity between subjects and objects (Batiibwe, 2019). This means that subjects conduct the activities, including professional development tactics, resources employed to help in leading and managing, LTSM, assistive devices, symbols, and language.
- **Rules:** Huang and Lin (2013) referred to the rules as directives of appropriate procedures and interactions that are acceptable to the target audience and thus have a cultural heritage. In SCCs, rules are how actions are structured to foster efficient governance and are often historically located. In this study, rules included policies, memorandum of understanding, the Children's Act, and LSPID policies (national, regional, and international).

- **Division of labour:** Division of labour defines how tasks and responsibilities are divided among system participants when engaging in activities (Naidoo, 2017). Simply put, it is how activity is divided into separate actions and undertaken by individuals in coordination with others. In this research, labour was divided among the SCC manager, LSPID, caregivers, and staff.
- **Outcomes:** The consequences of an activity undertaken at SCCs. Outcomes for LSPID include independent living, inclusion in society, and good health, and for managers it is efficient and effective management.
- **Community:** Community means other groups of people involved in SCC activities (Cong-Lem, 2022). In short, all stakeholders who are directly or indirectly involved in leading and managing the institution. Examples include SCC managers, LSPID learners, caregivers, axillary staff, parents, and the transversal team. Community offers insight into the type of environment in which the activity is taking place.

To demonstrate the CHAT in an SCC setting, Witkop et al. (2021) argued that when participants in a study (subjects) act within their education institution (activity system) to develop efficient and effective leadership skills (purpose/subject) to produce outcomes (effective teaching and learning/stimulation), the actors and artefacts become bonded and entangled in a web of activity. This can be observed through psychological tools (sign language) and material tools (physical instruments and artefacts), both of which have an historical origin and cultural meaning and value (Mukute, 2015). Consequently, through their use, they exert a cultural and historical influence.

Engeström (2018) was of the opinion that "local activity resorts to historically formed mediating artefacts, culture resources that are common to society at large". This understanding is critical as the past influences the present and the future. The understanding is that subjects in current situations can solve problems and complete tasks through the meaning created by previous generation (Engeström, 2018). According to Ross et al., in their study of 2005 (as cited in Ruhman, 2019), this means that stories of past situations can be drawn upon to inform participants' understanding of current activity, and relationships can be the subject-instrument-object in which what is done and how it is done are be mediated through tools and signs (e.g., government policies, school policies, leadership workshops) regarding what is and is not

appropriate in education institution management. Contradictions and tensions arising during mediation are critical in providing the opportunity for understanding leadership and management in SCCs. Engeström (2018) called this 'expansive learning'. This means that the CHAT recognises the coexistence of the individual and the environment and postulates that human consciousness is co-formed through participation in activities. In the CHAT, learning and development occurs through practice, and the basic unit of life in an organism is not individual behaviour but collective activity that requires communication and interaction between people (Engeström, 2018).

In addition to Ross et al.'s 2005 study (as cited in Ruhman, 2019), Gormley et al. (2022) advocated for the use of CHAT in research aimed at enhancing context and credibility in institutional management. They believe that adopting CHAT can facilitate effective and efficient management of institutions. To illustrate how CHAT can be used as a theoretical framework in a SCC setting, Gormley et al. (2022) provided an example from the medical sector. In this example, the goal is to establish an efficient and effective management system at an SCC while maintaining staff motivation within the educational institution. This process is mediated by tools (e.g., LTSM, assistive devices) and governed by rules (e.g., local, regional, and national policies), communities (e.g., administrators, LSPID, caregivers, and guardians), and division of labour (e.g., tasks performed by various individuals). This representation can be viewed either as a single activity experienced by a manager (second generation) or as an interactive system of activities (third generation).

In view of the above, the use of the CHAT in this study accounted for the complexities in managing an SCC and identified contradictions within the system that impair activities and prevent desired goals or outcomes from being achieved. The CHAT also considers how practices within the system may evolve in the future in individual and collective experiences through conflict resolution (Trust, 2017). This is achieved when the SCC manager encourages innovations in which all stakeholders can contribute to the development and incorporation of improved methods for managing the SCC (Qureshi, 2021).

3.3.4 Summary

The above discussion was centred on the CHAT as the main theoretical framework for this study. Adopting CHAT provided a strong theoretical basis for the study, and facilitated an inquiry design where individual experiences were appreciated and explored; the causal effects could be investigated; the mechanisms that underlie events could be pinpointed; and the cognitive and emotional processes of centre managers were accepted as part of the reality of practice. This research was centred in education leadership and management, and to complement the main theory, management models and leadership styles were used to the translate theory into practice and to answer the research questions.

3.4 LEADERSHIP AND MANAGEMENT

A single theory that focuses on one aspect of leadership and management does not tell the whole story. Choosing a single approach (theory/model) often means emphasising some aspects, such as certain causal relationships, at the expense of others, thereby providing only a partial understanding. Combining several theoretical approaches (theory/models) can provide a more complete understanding and description of how leadership and management are practiced in SCCs.

As previously discussed, the CHAT was the main theoretical framework used in this study, however, leadership styles and management models guided the development of the surveys instrument for data collection and strengthened the validity and reliability of the study because they provided the framework for evaluating the theory described in the CHAT to explain how leadership and management are experienced in SCCs. For instance, in the CHAT, the division of labour is prioritised, and problems about the allocation of work in SCC can be addressed using a distributed leadership approach as a practice; and in the CHAT, community is viewed as is critical to SCC management, but in practice it can be translated using collegial, subjective, and ambiguity models to answer research questions. Bush's (2020a) management models and leadership styles were most suited to answer questions relating to the CHAT theory. These theories or models were also used to develop an informed professional lens to examine and analyse data, interpret and discuss results, and make

recommendations and conclusions. Table 3.1 illustrates how management models and leadership styles were used to the CHAT to answer the research questions.

Table 3.1 Relating the CHAT, management model, leadership styles, and research questions to each other

CHAT components	Management model/ leadership style	Answered research questions
Subject	Collegial model Social justice	What are the tasks and places of SCCs for LSPID?
Object	Social justice Instructional leadership style Subjective and ambiguity models	What are some of the problems SCC managers experience managing centres for LSPID in Gauteng?
Artefacts/tools	Instructional leadership style Subjective and ambiguity models	How well prepared are SCC managers in Gauteng to engage with these management challenges? Which strategies and other measures have SCC managers adopted to deal with the complex management challenges in LSPID centres in Gauteng?
Rules	Instructional leadership style Social justice Subjective and ambiguity models	Which guidelines can be introduced for SCC managers in Gauteng to manage facilities more effectively? How well prepared are SCC managers in Gauteng to engage with these management challenges?
Division of Labour	Distributed leadership style Collegial management	Which strategies and other measures have SCC managers adopted to deal with the complex management challenges in LSPID centres in Gauteng? How well prepared are SCC managers in Gauteng to engage with these management challenges?
Community	Collegial, subjective, and ambiguity models	What are the tasks and places of SCCs for LSPID? How well prepared are SCC managers in Gauteng to engage with these management challenges? Which strategies and other measures have SCC managers adopted to deal with the complex management challenges in LSPID centres in Gauteng?

To have a clear understanding of the differences between management and leadership, it is critical to discuss both. According to Bush (2020a), the concepts of leadership and management overlap. Bargau, 2015, p. 183) defined leadership as “a process whereby an individual influences a group of individuals to achieve a common goal”, and defined management as “exercising executive, administrative, and supervisory direction of a group or organisation”. A clear distinction between leadership and management was provided by Guba’S in his paper of 1988 (as cited in Bush, 2020a) who linked leadership with change and defined management as a

maintenance activity. In practice, managing an organisation requires both leadership and management. For instance, in a leadership capacity, an SCC manager may give clear directions to achieve goals (leadership) but is still required to manage certain activities to ensure the goals are achieved (Management).

The concept of leadership and management overlap and have been given different emphasis in different contexts over time. Their use varies by country, profession, and culture. In English-speaking countries such as Australia, Canada, New Zealand, the United Kingdom, and the USA, the role of leaders in raising standards and promoting educational institution improvement is seen as a priority, but in Europe, countries such as the Netherlands and Scandinavian countries, this is not the case (Day et al., 2020). This difference in focus reflects the dissimilarity in the functioning of the education system and its historical, national, and regional political contexts, and have different implications for the work of institutions, and thus, the role of SCC managers.

3.5 MANAGEMENT MODELS AND LEADERSHIP STYLES

There are many leadership styles and management theories, but for this study, models and styles were elected as they aligned with the research aim. These management models and leadership styles served as the lens through which the results of the literature review were evaluated. Additionally, for this study, management models and leadership styles were used to understand how SCCs implement theories in practice. Thus, in practice, SCC managers can use several theories to guide interventions, but they can also adopt various practice models and leadership styles to develop intervention programs. The management models and leadership styles are discussed in the theoretical framework and not in the literature review as they complement the CHAT in answering the research questions in Table 3.1. Bush's (2020a) management models (subjective, ambiguous, and collegial) and leadership styles (social justice, distributed, and instructional) were helpful to guide the study since they address what is expected of the centre manager and how the SCC environment affects management of the institution. There are traditional, or formal, and contemporary style management models. These are discussed in the following subsections.

3.5.1 Traditional/Formal management models

Bush (2020a) described traditional management theories as formal models that fail to account for the complexity of educational institution management because these models assume that educational institutional management is a hierarchical system in which the head of the institution uses rational means to pursue targeted goals. In formal models, complex processes like decision-making are viewed as a matter of simple cause and effect. For instance, according to Bush (2020b), formal models assume that when the head of the institution is absent, other members of staff will not perform their duties. One of the shortcomings associated with traditional models is that it is unrealistic to characterise educational institutions as goal-oriented organisations as it’s difficult to ascertain the goals of education (Bush, 2020b). Another weakness of traditional models is that they focus on educational institutions as entities and underestimate individual contributions to the institutions (Bush, 2020a). Traditional models are associated with transactional leadership.

3.5.2 Contemporary leadership styles

Increasingly, educational institutions are viewed as complex organisations operating within a diverse internal and external environment that is turbulent and dynamic rather than static. This means that SCCs with LSPID add to this complexity as they offer high support educational provisions because of the enormous challenges experienced by the learners. This brings us to contemporary leadership theory.

Contemporary leadership is about evolving leadership structures to provide answers to current leadership challenges and how leaders make strategic decisions. In the past, leaders were thought of as heroes, but contemporary leadership suggests that leaders anticipate and serve the needs of their communities (Dimovski & Pearse, 2014). This means that modern leaders are expected to change the way they think about making decisions for themselves and others in order to focus on serving the interests of staff, the institution, and the natural environment.

Since SCC management is about managing diversity, individual needs, and uncertainty, alternative, contemporary theories are more likely to provide a useful framework for understanding SCC managers’ challenges as they navigate their day-

to-day leadership and management activities. Contemporary theories are associated with transformational leadership.

3.5.3 Summary

I have introduced the management and leadership theories and explained why they are discussed in the theoretical framework and not in the literature review. I also clarified the differences between formal/traditional models and contemporary leadership styles as the basis of the discussion to follow. These discussions laid the foundation to comprehend why management models and leadership styles were selected and co-opted in the theoretical framework and not in the literature review. Additionally, the study was centred in education leadership and management, and Bush's (2020a) models were pertinent in answering the research questions.

Bush (2020b) offered six models (formal, collegial, political, subjective, ambiguity, and cultural) of education management, but only three of the models were used this study. This is because, out of the six, only three models, collegial, subjective, and ambiguity, were relevant to the study as they captured most of the aspects represented in SCC management. The work of 19th-century Jesuit scholar Luigi Taparelli (Behr, 2019). , who first used the term 'social justice' in the 1840s, was used as the fifth paradigm in addition to the three models proposed by Bush. The leadership styles used are distributed leadership and instructional leadership. Because SCC leadership is concerned with establishing fairness and providing learners with equal opportunities, social justice leadership was chosen. In social justice, the manager strives to provide a vision and framework that recognize diversity within the SCC, which necessitates collaboration with other staff members (Terzi, 2014). Thus, distributed leadership is suited to provide a framework to answer the questions for the study. Additionally, an SCC for LSPID provides stimulation and instruction services. To provide LSPID with quality educational opportunities, instruction leadership was used in the study to provide answers to the research questions.

3.6 MANAGEMENT AND LEADERSHIP CHALLENGES IN SPECIAL CARE CENTRES

In the 21st century, there is a growing general perception that education systems, at least in many developing countries, face serious and complex problems. Victor

Ordonez, former director of UNESCO's Basic Education division, pointed out that there is growing evidence that the educational structures that exist today have outlived the environments for which they were originally designed (Tarragó & Wilson, 2010). Inextricably linked to this problem is the similarity in the way education systems are managed: Educational management structures are so universal and enduring that they are deeply ingrained in society, and therefore, completely unchallenged (Tarragó & Wilson, 2010). According to Radó (2020), interpreting the serious challenges that arise in the SCC environment, such as understanding the educational goals that should be pursued, the preferred ways to support learners, or how SCC should be run and the how systems should be managed, is not an easy task. This means that understanding management and leadership challenges were considered useful to help answer the research questions by complementing the CHAT theory and ensuring the research is conducted in an orderly manner. Furthermore, according to Nilsen (2015), the objectives of using management models and leadership styles are to (1) describe and/or guide the process of putting research into practice, (2) comprehend and/or explain what determines implementation outcomes, and (3) evaluate implementation. These objectives can be achieved if management models and leadership styles are discussed in the theoretical framework and not in the literature review as they describe how the research will be put into practice, and explain the process of achieving the outcomes and evaluation of the research process (Nilsen, 2015). This means that the models and styles explain how management ought to be practiced in SCCs if institutions want to achieve efficiency and effectiveness. This view is supported by and Osanloo and Grant's (2016) statement that leadership styles and management models provide a common worldview or a lens from which to support the researcher's view as it relates to the challenges of leadership in SCC. Therefore, the management models and leadership styles aided the study by providing theoretical explanations of how leadership and management are experienced and practiced in SCCs.

The management models and leadership styles were used to complement the CHAT components by translating theory in practice. For instance, in the CHAT, subject and community were complemented by the collegial, subjective, and ambiguity models. These management models and leadership styles were elected as they helped answer research question, collect data, and explain how the past influences leadership and management in SCCs. I now turn to management models and leadership styles.

3.6.1 Subjective model

In the management of SCCs, the central figure is the manager, and this leads to the subjective model of Bush (2020b). The focus of the subjective model is SCC managers rather than the institutions or its subunits. The premise of the subjective model is that educational institutions are the creations of the people within them (Bush & Glover, 2014), and therefore, SCCs have a different meaning for each employee and exists only within each employee’s experience (Bush, 2020a). In other words, an organisation has different meanings for its members, and based on the subjective model, its relationship with the external environment is seen as subordinate, and therefore, little attention is paid to this interplay from a subjective stand (Bush, 2020a).

Additionally, Shava and Heystek (2019) noted that the ability of SCC managers to manage the institution depends on their individual skills, knowledge, and experience regarding institutional management. However, Vergunst et al. (2022) found that these skills, knowledge, and experience are lacking, and this creates a challenge for SCC managers as they manage the day-to-day activities of the institution.

According to Ghasemy and Hussin (2014), postmodern and emotional leadership are consistent with the subjective model. The postmodern approach as a new leadership model has been explored by several scholars. For instance, Keough and Tobin’s study of 2001 (as cited in Ghasemy & Hussin, 2014) cited several postmodernism characteristics such as the diversity of reality, the failure of language to accurately portray reality, the stress on numerous meanings, and the evaluation of local-level circumstances with a focus on diversity (Ghasemy, & Hussin, 2014). Emotional leadership, on the other hand, as related to the subjective model, deals with feelings and emotions. Crawford’s study of 2009 (as cited in Ghasemy, & Hussin, 2014) posited that emotions imply the importance of individual motivations and events rather than fixed and stable concepts or facts, and understanding emotions in leadership is essential for leadership performance and is central to long-term sustainability.

3.6.2 Ambiguity model

Managing institutions is characterised by uncertainty and ambiguity for SCC managers. Bush and Glover (2014) argued that the ambiguity model includes all the management approaches that emphasise uncertainty and unpredictability in an

educational institution. The assumption is that turbulence and unpredictability are dominant features in an institution management system (Bush, 2020a). This model acknowledges that institutional life is unstable and complex. This is one of the reasons why SCC managers encounter enormous management challenges as they embark on day-to-day management activities.

According to Cohen and March's study of 1986 (as cited in Ghasemy, & Hussin, 2014), in USA institutions of higher education, ambiguity is a major feature, with trash bins emerging as the most common perspective of ambiguity that rejects the rational process of decision-making introduced in formal models. Based on this concept, the decision-making process and the choices within it are viewed as basic fuzzy activities, akin to a trash can into which various kinds of problems and solutions are thrown (Ghasemy, & Hussin, 2014). Additionally, under the dustbin premise, these scholars suggested that decisions are made based on four independent streams and interactions between them, namely problem, solution, participants in the decision-making process, and choice of possibilities.

A study by McKenzie and McConkey (2016) in SCCs in South Africa found that leaders have difficulties reconciling ambiguous perspectives with normal institutional processes and exaggerate levels of anxiety in centres, and they also found that there are minimal practical guidance for managers to lead and manage efficiently and effectively. However, there is a shift in thinking in favour of collaboration to counteract the ambiguity model, which leads to the collegial model.

3.6.3 Collegial model

All organisations consist of people with different skills who are expected to work in harmony. In SCCs, managers are tasked with harmonising diverse personnel, and this calls for a collegial management model. According to Singh (2014), the collegial model acknowledges that SCC management is not the prerogative of the manager alone but of all stakeholders. Additionally, collegial management suggests that all SCC personnel should play a participatory role in the management of the institution. This means that in collegial management, decision-making authority rests with all the stakeholders of the organisation (Singh, 2014). The driving force for collegial leaders is that they are motivated and inspired by the shared vision of the organisation.

According to Singh (2014), collegial leaders can be classified as liberators because they contribute extensively to creating an environment that fosters inclusion in SCC management. For instance, the emancipation of caregivers as decision-makers and leaders refers to creating an SCC climate that encourages custodians to participate in institutions' collaborative leadership development and processes of change. Emancipation in a collegial setting means that caregivers empowered through their expertise are given the same opportunities and leadership as those placed in positions of hierarchical power (Singh, 2014). Consequently, caregivers are comfortable with their competence as decision-makers and unafraid of basing their decisions on professional work ethics and collegial principles. Nonetheless, Singh (2014) cautioned that emancipation does not imply unconditional freedom for caregivers but involves them taking responsibility and accountability in their respective fields of expertise.

According to the collaborative approach, members of staff in an SCC must be able to trust their manager to support their efforts and trust that their contributions are seen as meaningful (Zulkifly et al., 2020). This implies that without that trust, cooperation is unlikely to succeed as the environments' good faith is viewed with suspicion. Hence, the collegial model can be described as a way for caregivers and centre managers to share a sense of trust built on shared values, common goals, accountability, and empathy (Singh, 2014).

The collegial leader should promote the articulation and sharing of a vision as well as fostering group goals (Bratton, 2020). This view was supported by the DBE (2017a) as it strongly believed that parents, teachers, learners, and other stakeholders must participate in school decision-making. Following the collegial management model is likely to reduce the management challenges faced by centre managers as there is power sharing and increased stakeholder buy-in.

As explained earlier, SCC managers are expected to manage and lead, and the other contemporary leadership styles that informed the study are distributed and instructional leadership styles. The choice of distributed leadership is premised on the fact that SCC management encourages distributing leadership roles in the institution, and therefore, instructions for teaching, learning, and stimulation for LSPID are conducted efficiently and effectively; hence, instruction leadership also informed the study.

3.6.4 Leadership for social justice

All human beings have certain obligations to society, and these obligations must not be denied or ignored. Therefore, social justice is the most critical issue today because people's actions can affect other people. Hence, social justice leadership is about democratic, inclusive, and transformative practices to change social structures and influence all stakeholders to collectively promote equality and equity in learning institutions, and SCCs are no exception.

In SCCs, social justice is about reducing learners' disadvantages in the classroom, institution, family, community, and wider society. According to Shields (2016), the entanglement of multiple levels of disadvantage permanently impedes the educational and social progress of individuals and subgroups in communities. Shaked (2019), argued that theorists and philosophers such as Plato, Aristotle, Aquinas, Locke, Marx, and Rawls all wrestled with the virtues of equality and freedom that define social justice. Additionally, most of these scholars described a collaborative approach to social justice that is associated with the communitarian perspective that assumes people are "fundamentally interdependent" (Shaked, 2019).

As mentioned earlier, traditional leadership theories are managerial or task oriented, but newer leadership theories are more human-oriented and transformational. This means that addressing diversity requires recognition not only of personal orientation but also of a moral imperative to establish fairness, equal opportunity, and social justice (Zimba, 2012). According to Bogotch (2014), social justice is a conscious intervention by leaders who require the moral use of power. Further, Shields (2014) noted that to implement such a deep moral and transformational dialogue and relational agenda, educational leaders need to think carefully about how to move forward to ensure their actions and decisions remain focused on social justice as the main agenda. Shields (2014) argued that it is important to have some guiding standards to refer to so actions and decisions are about equity and equality.

In SCCs, social justice is attained when leaders at all levels develop the habit of asking learner-centred questions when making decisions and taking actions that affect SCC policies and day-to-day institutional life (Shields, 2016). Shields (2014) further suggested that synthesising these concepts provides educational leaders with a synthetic litmus test or a framework for reflecting individual and collective behaviours

and beliefs and to guide their daily lives. Hence, social justice claims to provide a framework that allows for social inclusion practice today for institutions that are providing education services to LSPID. Additionally, one of the central tenets of social justice is that it provides a vision, structure, and incentives aimed at promoting the social, emotional, and academic growth of all learners in an SCC (Shields, 2016). As a result, managers and caregivers in SCCs must act with the vision, structure, and incentives in mind. This is by definition moral behaviour and not a commentary on how things should be done but rather how things ought to be done in SCCs. Despite the challenges associated with leadership for social justice in practice, there has been a burgeoning interest in distributed leadership as an effective theory.

3.6.5 Distributed leadership style

Leithwood et al. (2020) suggested that successful educational institution leaders develop and count on leadership contributions from others as they cannot conduct the leadership role by themselves, and SCC leaders are no exception. In SCCs, leadership needs to be distributed to respond to the increased external and internal demands of the institutions. Hence, distributed leadership emphasises a shift from developing leaders to developing "leaderful" organisations by promoting current, collective, and compassionate leadership with collective responsibility (Harris, 2015). The aim is to develop SCC leadership by developing leadership processes and skills in a variety of institution stakeholders. Additionally, distributed leadership acknowledges that there are many leaders in SCCs, and that leadership is therefore shared among staff members according to their skills and capabilities and do not reside solely in one person (Botha & Triegaard, 2015). This means that emphasis is placed on the importance of interconnectedness and teamwork rather than a top-down governance framework as in the traditional management style. However, to maintain ambitious standards of education provisions, Botha and Triegaard, (2015) suggested that SCC leadership teams are encouraged to regularly reflect on their progress and make the necessary corrective measures to improve outcomes.

The purpose of distributed leadership is to increase leadership capacity within an SCC so the institution can improve and grow in authentic ways. When leaders in an SCC are guided by the same vision and values and work together towards a common goal, the SCC can become a truly effective institution (Solly, 2018). Additionally, Azorín et

al. (2020) suggested that SCC managers should identify caregivers who have exemplary knowledge and skills who can share these through mentoring and coaching with other staff members to capacitate others. The advantage of distributed leadership is that when an SCC manager lacks these leadership skills, the centre will have broad stakeholder support. Such support is critical for managers as SCCs are complex organisations that require diverse types of expertise and leadership that is flexible enough to meet the changing challenges and new demands of the institutions (Spillane et al., 2015).

Botha (2018) suggested that the purpose of distributed leadership is therefore to connect all SCC employees to the goals and values of the institution, and to alleviate the diverse responsibilities of the manager. Taking this into account, distributed leadership requires all SCC staff members to share responsibility for the institution's wellbeing. However, distributed leadership is not synonymous with the delegation of duties. According to Kongnyuy (2020), delegation means that a superior grants or delegates authority to a subordinate to perform a specific task, but distributed leadership is based on the idea that all staff can and must lead and contribute to leadership (Botha & Triegaardt, 2014). In the first scenario (delegation), one person is chosen to perform the task, while in the second scenario (distributed leadership), all employees are given the opportunity to accept the challenge. Delegation is assigning a manager's job to someone else, and this is not a healthy culture to develop with a leader of an SCC. If a manager is continually distributing responsibilities, work is pushed down the chain of command, leaving other staff members with less time to work on their assignments, resulting in a management crisis.

In such a complex and demanding work environment, one leader alone cannot guarantee success in terms of equitable and quality education. Spillane's study of 2006 (as cited in Sol, 2021) emphasised that it is unrealistic to expect one person to single-handedly lead a complex organisation like an SCC. Taking all this into account, Sol (2021) argued that scaling within and across SCCs require a range of skills and expertise. Therefore, leadership should be distributed so other staff can engage in administrative responsibilities. However, according to Dampson et al. (2018), the success of distributed leadership depends on the quality of distribution, the method and purpose of distribution, and the quality and willingness of those to whom leadership responsibilities are delegated. To attain distributed leadership in an SCC,

Harris (2015) highlighted two key components necessary for successful leadership allocation. Firstly, leadership should be distributed to those who have, or can develop, the knowledge and expertise necessary to perform the expected leadership roles (Sol, 2021). Secondly, effective distributed leadership should be coordinated, preferably in a planned way (Sol, 2021). However, distributed leadership also has received some critique, as discussed next.

Critics of distributed leadership view it as delegation in disguise. Distributive leadership is commonly seen as leadership that projects a positive image of leadership practice, although its effectiveness in practice is not entirely understood (Sol, 2021). The well-known critics of distributed leadership are Lumby (2013) and Hertley (2010). Lumby argued that distributed leadership is a convenient way to squeeze out extra work for a little extra recompense. Hertley (2010), on the other hand, argued that distributed leadership practices are intended to focus on individual development but are instead usually focused on improving the effectiveness and efficiency of organisations. This argument typically downplays the importance of distributed leadership in institution leadership and management.

According to Spillane et al. (2015), distributed leadership is primarily concerned with how leadership influences instructional improvement, and hence, instructional leadership was appropriate to help answer the research questions related to teaching and learning in SCCs.

3.6.6 Instructional leadership style

In an era of increasing accountability in education systems, it is important to remember that the core business of an education institution is teaching and learning. As instructional leaders, SCC managers must work relentlessly to improve educational provisions by focusing on the quality of instruction (Mestry, 2017; Syed, 2015). Fullan (2014) and Mestry (2017) defined instructional leadership in terms of curriculum, instruction, and assessment. Having knowledge of best practice in these areas is advantageous for managers so they can manage instructional processes in SCCs (Mestry, 2017). However, if they are not equipped with the best practices, the opposite is true.

According to Ng (2019), instructional leadership does not require managers to be exemplary leaders or caregivers. However, managers must have the skills to build caregiver capacity, expand opportunities for innovation, allocate resources, provide guidance and support to guardians, and enable carers to take personal and collective responsibility, and they must be able to create the necessary organisational conditions for the stimulation of learners in the SCC.

As an educational theory, instructional leadership has received a great deal of attention because of its focus on enhancing teaching, learning, and activity in educational institutions (Ng, 2019). For instance, as a mentor, a centre manager addresses effective stimulation by providing caregivers with clarity and support, and by procuring the necessary resources to maximise the effectiveness of learner stimulation in the SCC.

Additionally, a framework developed by Bossert et al., in 1982 (as Hallinger et al., 2016) proposed three dimensions for leadership roles, namely defining the institution's mission, managing the educational program, and developing a positive institution learning environment. Firstly, when defining the mission of the institution, the SCC manager's role is to ensure the centre has a clear mission focused on LSPID's academic progress. Murphy and Torre (2014) argued that clear missions and goals provide an "essential framework" for institutional improvement. This aspect does not assume that the manager defines the SCC mission on their own, but that the leader ensures an academic mission exists and that it is effectively communicated to staff, learners, and the community (Sun & Leithwood, 2015). The second dimension is the education program management that focuses on the institution's "technical core management" (Murphy & Torre, 2014). Although managers must share and delegate many tasks related to the oversight and development of SCC educational programs, overall coordination remains a key leadership responsibility of managers (Hallinger et al., 2016). The third dimension is forward-looking and consistent with the concept that successful institutions create an "academic press" through the development of an organisational environment characterised by lofty standards and expectations, competence development, and continuous improvement (Hallinger et al., 2016). Therefore, SCC managers must apply the three dimensions when managing SCCs to foster the continuous improvement of outcomes at their institution.

3.6.7 Summary

This section discussed the subjective, ambiguity, and collegial management models, and also looked at the social justice, distributed, and instructional leadership styles. This research is positioned in the field of education leadership and management, and as such, these management models and leadership styles provided a theoretical lens to explain how leadership is developed, and how management is practiced and experienced by SCC managers. Furthermore, the models and styles offered practical frameworks for making sense of the organisational realities because SCC management is about managing diversity, human needs, and uncertainty. Bush's (2020a) management models (subjective, collegial, and ambiguity) and leadership styles (social justice, distributed, and instructional) were therefore suited to guide the study because they consider institutions' varied internal and external environments. These models were also chosen because they helped answer the research questions by offering theoretical explanations of how efficient and effective leadership and management are practiced and experienced in an education institution.

3.7 CHAPTER SUMMARY

In this chapter, the discussion is centred on the theoretical framework. I first defined and explained why the CHAT theoretical framework was selected. This helped explain the theories related to the study in order to answer the research questions. Secondly, I discussed the CHAT as the main theory that informed the study. Thirdly, I looked at the leadership and management theories that acted as lenses to view how management and leadership are practiced in SCCs. Fourthly, the leadership and management challenges were discussed to provide a theoretical perspective. Fifthly, to overcome leadership and management challenges in SCCs, different management models and leadership styles were used to provide theoretical remedies. The management models were the subjective, ambiguity, and collegial models, and the leadership styles were the social justice, distributed, and instructional styles, and these models and styles were used to help answer the research questions. These theories helped me provide a theoretical explanation of leadership and leadership development in SCCs and were also used to discuss the findings.

The next chapter deals with the selection of a suitable research design and research methodology to address the research problem.

CHAPTER 4
RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

This chapter discusses the justification for using mixed methods research and the paradigms associated with it. It examines the purpose of the study and how it influences the research design and methodology, which are critical components of any scholarly endeavour. The chapter also addresses the reliability, validity, and credibility of mixed methods research (MMR) design, and provides a clear understanding of related terms. Lastly, the chapter considers the participants in both the qualitative phase (Phase 1) and the quantitative phase (Phase 2).

4.2 PURPOSE OF THE STUDY

The study investigated how SCC managers respond to leading and managing the processes in centres. There is minimal previous research on the leadership and management experiences of SCC managers in South Africa, but Geiger (2012) conducted a study on communication training for centre-based carers; McKenzie et al. (2013b) looked at the health conditions and support needs in SCCs; Malapela et al. *(*2017) investigated caring for mental health care users; and Manaka et al. (2018) looked at nursing care for people with severe and profound intellectual disabilities. The studies were centred in the health care domain and not in leading and managing SCCs.

This research focused on the management of SCCs that offer health, rehabilitation, and education services. The research interest springs from my professional experiences supporting SCCs in Gauteng. For the past five years, I have worked for the Grant Project for LSPID. In this time, I became aware of several challenges experienced by SCC managers in leading and managing centres, such as members of staff's inability to work with multidisciplinary personnel, parents, or other stakeholders, and difficulties implementing the learning programme. These challenges indicate the degree of complexity leading and managing SCCs for LSPID. Hence, the study investigated how SCCs for LSPID can be managed effectively in Gauteng

province, South Africa. To do this, the study answered the research questions and realised the study objectives using an appropriate research design and methods.

The potential value of this study is that it will break ground in managing SCCs that provide health, rehabilitation, and educational services. Furthermore, the study will provide a deeper understanding of the management implications of SCCs that may help policy makers design suitable LSPID policies and implementation strategies. The findings could also inform SCC managers on how to manage effectively and efficiently, and provide a platform for further investigations.

4.2.1 Research questions

The following secondary research questions were developed to answer the main research question:

- What are the tasks and places of SCCs for LSPID?
- What are some of the problems SCC managers experience managing centres for LSPID in Gauteng?
- How well prepared are SCC managers in Gauteng to engage with these management challenges?
- Which strategies and other measures have SCC managers adopted to deal with the complex management challenges in LSPID centres in Gauteng?
- Which guidelines can be introduced for SCC managers in Gauteng to manage facilities more effectively?

4.2.2 Study objectives

The purpose of this study was to determine how to manage SCCs for LSPID more effectively in Gauteng, South Africa. To achieve the aim, the study had the following objectives:

- Describe the task and place of SCCs for LSPID;
- Establish the problems that SCC managers experience managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;

- Find out which strategies and other measures have SCC managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng; and
- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

4.3 RESEARCH DESIGN

The goal of a research design is to translate research questions into a framework of tactics and procedures to allow the researcher to methodically respond to these issues. Depending on how the research question is worded, different tactics and approaches can be employed. According to Salkind (2018), the research design is the plan chosen by the researcher to conduct the study. It is a blueprint for conducting the study that maximises control over factors that can interfere with answering the research questions (McMillan & Schumacher, 2014). I agree Burns and Grove (2011) statement that designing a study helps plan and implement the research in a way that will obtain the intended results, thus increasing the chances of obtaining information that can be associated with a real scenario.

Additionally, McMillan and Schumacher (2014) defined a research design as a plan that describes the conditions and procedures for data collection and analysis. The procedures for conducting a study include when, from whom, and under what conditions the data will be obtained. The purpose of a study design is to establish a plan for generating empirical evidence that can be used to answer the research questions. The intention is to use designs that yield the most valid and credible conclusions by answering the research questions. It is important that the basis of a research design is firmly grounded in rigour and objectivity. Personal, procedural, or methodological biases associated with a research design affect the entire research process. Thus, developing a sound research design is a very important aspect of any research project. This study employed a mixed methods research design, which is discussed in the next section.

4.3.1 Mixed methods research design

After quantitative and qualitative methods, mixed methods research is referred to as "a third methodological movement" after qualitative and quantitative (Tashakkori, &

Teddlie, 2021, p. 5). It is an approach that entails combining qualitative and quantitative techniques at various points along the research process, from logical presumptions to data collection and analysis (Li et al., 2015). According to Bulsara (2015), mixed methods research is a methodology for conducting research that involves collecting, analysing, and integrating (or mixing) quantitative and qualitative studies (and data) into a single study or longitudinal research programme. The purpose of this form of research is to combine both qualitative and quantitative research to enable a better understanding of the research problem or topic than using either research approach alone. Furthermore, Creswell (2014a) suggested that mixed methods research provides specific directions to the procedures used in the study, including data acquisition, instrumentation, data analysis, and data presentation. Additionally, Gray (2014) emphasised that in mixed methods research, both qualitative and quantitative data are collected sequentially, and data synthesis occurs at one or more stages of the research process. McMillan and Schumacher (2014) argued that qualitative findings usually support and corroborate quantitative results, and therefore, these approaches complement each other. This means that in mixed methods research, data are used in one form to support the analysis of data in another form. Consequently, in this dual analysis approach, data are analysed in one form and then manipulated into another form (Scherman et al., 2018). This line of thought was supported by Wilson's (2016) suggestion that the use of methods from the alternative methodological tradition can help identify and address validity threats resulting from the use of qualitative or quantitative research, and it can also help assure good scientific practice by strengthening the validity of research methods and conclusions. Alternatively, it can be used to link together complimentary findings that come from the use of techniques from the various methodological traditions of qualitative and quantitative research to develop a more complete picture and better understanding of the topic being studied (Wilson, 2016).

The central tenet of the mixed methods design is the use of both qualitative and quantitative data. Quantitative research is defined as a "formal, objective, systematic process used to describe variables, test relationships between variables, and investigate cause-and-effect relationships between variables" (Burns et al., 2015, p. 510). Quantitative research generates numerical data, is primarily informed by positivist or post-positivist paradigms, and is based on a set of assumptions (Davies

& Fisher, 2018), such as belief in a single truth or reality, objectivity, and deduction. As such, quantitative research seeks to discover the correct answer by testing hypotheses using objective and unbiased scientific methods (Davies & Fisher, 2018).

On the other hand, Aspers, and Corte (2019) defined qualitative research as a multi-method approach with an interpretative, naturalistic approach to its subject matter. This means that qualitative researchers investigate phenomena in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings that people assign to them. Additionally, the purpose of qualitative research is to answer the 'how', 'why', and 'what' questions about a phenomenon (Green & Thorogood, 2014). According to Grossoehme (2014), qualitative research frequently uses language as its data, whether written or oral; although photos, videos, or other types of behavioural recordings may also be used. Qualitative data are frequently collected through interviews, focus groups (structured group discussions), or observation. Qualitative research seeks to reveal the perspectives of the subjects or stakeholders concerned with the research question. It employs an "emergent design", which refers to an iterative process that incorporates data analysis, preliminary data inspection, and data collection (Aspers, & Corte, 2019).

Creswell and Creswell (2018) stated that the defining criterion for mixed methods research is combining qualitative and quantitative operations and materials to produce the desired research result. This basic definition generally means that both the data collection and data analysis involve qualitative and quantitative operations. This study adopted a sequential mixed methods research design, and there are three types of sequential mixed methods research designs, namely explanatory, exploratory, and embedded. Although only one sequential mixed approach was used in this study, all three types are discussed as a foundation for this presentation.

4.3.1.1 Explanatory sequential design

One of the most popular designs used in mixed methods research is the explanatory sequential design. The initial quantitative phase and the subsequent qualitative phase are two separate interacting phases that make up this process. The explanatory design is typically used when the researcher needs qualitative data to explain quantitative significant or no significant results, or when the researcher wants to create groups based on quantitative results and then conduct follow-up qualitative research

with the groups (Creswell & Plano Clark, 2017). Figure 4.1 provides a visual illustration of the explanatory sequential design.

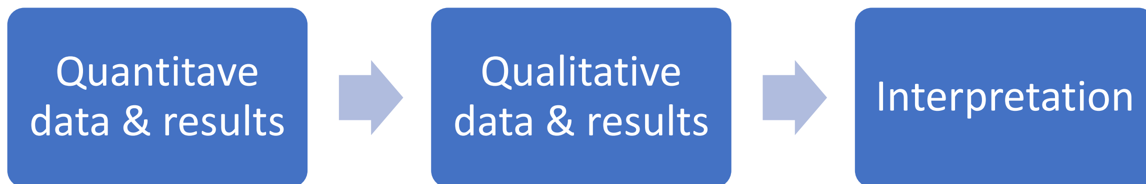


Figure 4.1 Explanatory sequential design

4.3.1.2 Exploratory sequential design

In an exploratory design, qualitative data is first gathered and examined, and subsequent themes are then used to guide the creation of a quantitative instrument to further investigate the research problem (Creswell & Plano Clark, 2017). This design allows for three stages of data analyses: The primary qualitative phase, the secondary quantitative phase, and the integration phase, which joins the two data strands and expands the preliminary qualitative exploratory discoveries (Creswell & Plano Clark, 2017). Figure 4.2 provides a visual illustration of the exploratory sequential design.

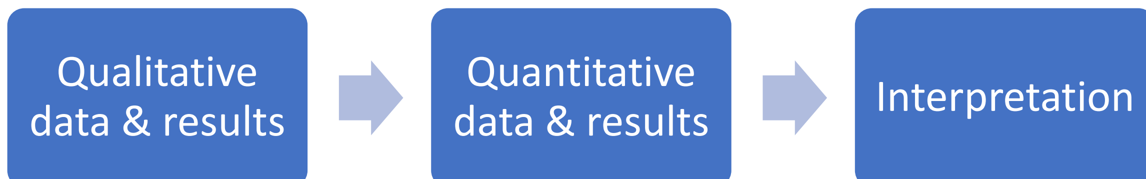


Figure 4.2 Exploratory sequential design

4.3.1.3 Embedded sequential design

According to Creswell and Plano Clark (2017), an embedded mixed methods design is when a researcher collects and analyses both quantitative and qualitative data as part of a typical quantitative or qualitative research design. Creswell and Plano Clark (2017) suggested that the goal of the embedded design is to collect quantitative and qualitative data simultaneously or sequentially, and to have one type of data serve as a pillar for the other. Figure 4.3 provides a visual illustration of the embedded sequential design.

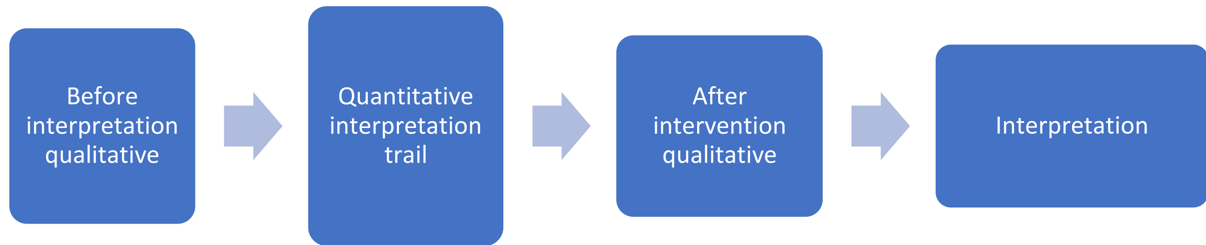


Figure 4.3 Embedded sequential design

Interestingly, compared to a single threaded systems, a mixed methods approach is typically seen as being more technically difficult. This is due to two key factors: (a) The researcher must be skilled in numerous approaches or work with individuals who have expertise in complementary ways; and (b) the researcher must understand how to properly combine multiple methodologies (Creswell & Plano Clark, 2017). For this study, the exploratory sequential design was adopted, and it is discussed in more detail in the next section.

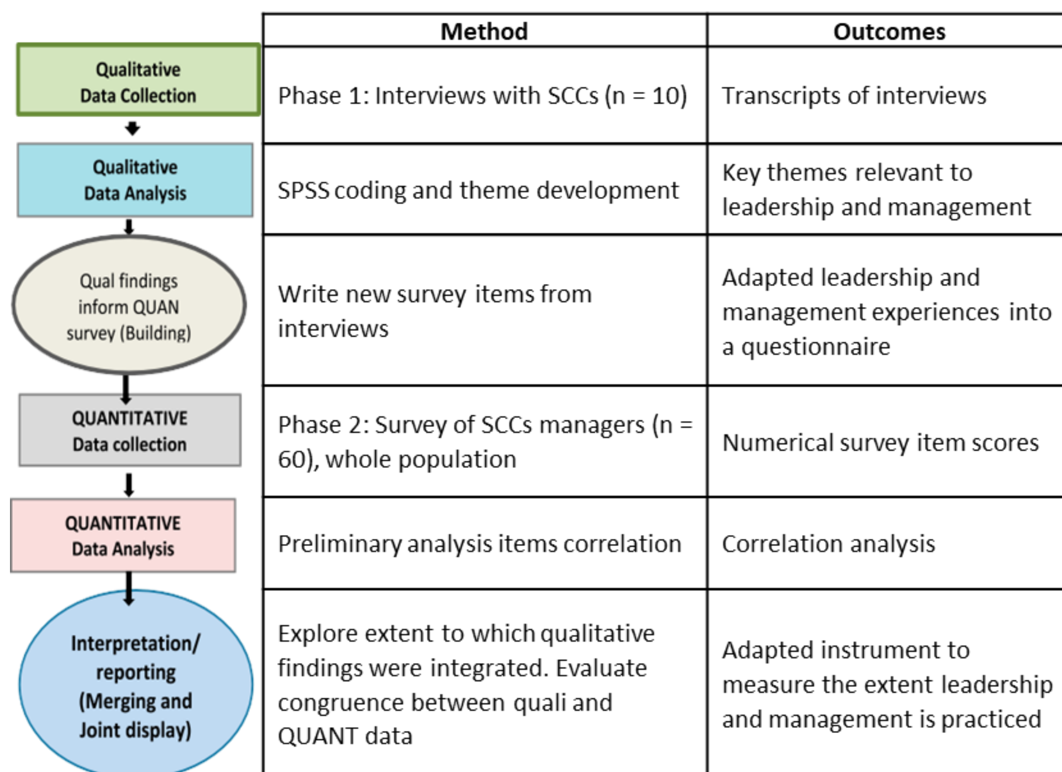
4.3.2 Exploratory sequential research design

As the term suggests, exploratory research designs are concerned with the study of phenomena. This design is ideal for exploring new phenomena. Exploratory research looks for fresh perspectives on phenomena and clarifies murky circumstances. An exploratory sequential design is a mixed methods study design in which a quantitative phase of data collection and analysis follows a qualitative phase of data collection and analysis (Shiyanbola et al., 2021). According to Chiarini and Kumar (2021), an exploratory sequential mixed method design begins with a qualitative phase in which qualitative data are collected and analysed. In this study, interviews were used to collect data during the qualitative stage. The results of this phase were used to develop and inform the subsequent quantitative phase during which surveys were developed as the quantitative data collection tools (Creswell & Plano Clark, 2017). The convergence of the two phases is called the ‘intersection’, and exploratory sequential designs can prioritise either the qualitative or the quantitative phase (Albsoul et al., 2019).

Creswell and Plano Clark (2017) referred to exploratory sequential design as more qualitative and focused on topic development, and therefore it is QUAL → Quant rather than a Qual → QUANT. This means that the QUAL → Quant approach, which focuses

on more inductive and qualitative topics, was appropriate for this study. This is because it included an initial investigation of the research topics to generate the variables to be measured (Creswell & Plano Clark, 2017). This approach was selected because the variables were unknown and there was no existing theory or model to use as a guide. Therefore, the main purpose of choosing this approach was to assess the potential for generalising the qualitative findings to larger samples.

Figure 4.4 shows that exploratory sequential mixed methods research adopts a two-phase approach with three steps in each phase. In Phase 1, the steps that were followed are interviews with the SCC managers (n = 10), and used data analysis and themes from Phase 1 to develop a questionnaire. Phase 2 was surveys that were completed by the whole population of centre managers (n = 45). An exploratory sequential mixed methods approach aims to first collect qualitative data to examine a phenomenon, and then quantitative data to explain the relationships revealed in the qualitative data set.



Method	Outcomes
Phase 1: Interviews with SCCs (n = 10)	Transcripts of interviews
SPSS coding and theme development	Key themes relevant to leadership and management
Write new survey items from interviews	Adapted leadership and management experiences into a questionnaire
Phase 2: Survey of SCCs managers (n = 60), whole population	Numerical survey item scores
Preliminary analysis items correlation	Correlation analysis
Explore extent to which qualitative findings were integrated. Evaluate congruence between quali and QUANT data	Adapted instrument to measure the extent leadership and management is practiced

Figure 4.4 The exploratory sequential mixed methods process for instrument development (Shiyanbola et al., 2021)

4.3.3 Significance of the exploratory sequential mixed methods research

According to Creswell (2016), the main objective of the mixed methods study design is to offer a better and deeper understanding of the research topic by offering a richer picture that helps improve the description and understanding of the phenomena. This is made possible by using both quantitative and qualitative data, which yields stronger inferences than either methodology alone (Creswell, 2014a). It is important to remember that the relevance of mixed methods research lies in the deliberate blending of methods used in data collection, data analysis, and evidence interpretation. Purposeful data integration has the benefit of allowing the researcher to seek a more panoramic picture of their research terrain by looking at occurrences from various angles and using a variety of research lenses (Shorten & Smith, 2017).

There has not been many studies on management and guideline formulation in SCCs in South Africa, and therefore, an exploratory study was appropriate because the subject needs to be thoroughly explored. This study did not aim to draw a conclusion but instead aimed to explore the issue and the areas surrounding it. This research design helped me establish a solid foundation for investigating my ideas by selecting the best study design and identifying variables that are genuinely crucial for the analysis of the data.

4.3.4 Assumptions of the mixed method research design

This study used a mixed methods design to guide data collection, processing, and evaluation when investigating how SCC managers experience leadership and management in Gauteng. The research design made the following assumptions:

- Ethical aspects in the study were observed;
- The constructs used in this study—leadership and management—were difficult to measure but not impossible. These constructs have different meanings to different people;
- The selected SCCs were unique and do not represent all SCCs in Gauteng;
- The pilot study served as a means of assessing content validity;
- Recordings were transcribed;
- Semi-structured interviews were conducted as part of the research;
- Participants completed the questionnaire as part of the study;

- Interviewees responded to the interview questions freely and openly, and;
- The semi-structured interviews aimed to unveil how leadership and management are experienced and practiced in SCCs.

4.3.5 Summary

In this mixed methods study, both quantitative and qualitative theoretical and applied knowledge were merged to achieve the study's goal while considering a variety of viewpoints. Because the findings of one technique were used to influence the other methodologies, I converged the findings from the mixed research procedures.

4.4 RESEARCH APPROACH

According to Cohen et al., (2017), a research methodology aims to describe the approach and research paradigms. Cohen et al., (2017), suggested that the methodology aims to help the researcher to understand the process of conducting the study. In this study, a mixed methods approach involving both qualitative and quantitative methods was adopted.

4.4.1 Mixed methods approach

According to Tashakkori and Creswell (2007. P 4), mixed methods can be defined as "research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study". This study was a sequential exploratory mixed methods with three distinctive phases (McMillan & Schumacher, 2014). The first phase was qualitative data collection, and the findings from Phase 1 were used to develop an instrument to collect quantitative data in Phase 2. The third phase triangulated Phases 1 and 2.

In this study, the use of mixed methods research was appropriate because it suited the (1) research questions; (2) research aims; (3) choice of theoretical paradigms; and (4) epistemological perspectives. A researcher can use these four characteristics of mixed methods research as the cornerstones for design choices to select the strategy used to construct the boundary assumptions that direct their research effort (Creswell, 2014b).

Bryman (2006) reviewed 232 social science mixed methods papers and identified 16 reasons for conducting mixed methods studies. For this study, the following six benefits were identified as appropriate for the research:

- **Triangulation:** This allowed greater validity in the study by seeking corroboration between the quantitative and qualitative data.
- **Completeness:** Using a combination of research approaches provided a completer and more comprehensive picture of the study phenomenon.
- **Offsetting weaknesses and providing stronger inferences:** Using a mixed methods approach allowed for the limitations of each approach to be neutralised while building on the strengths, thereby providing stronger and more accurate inferences (Creswell, 2016).
- **Answering different research questions:** Creswell and Plano Clark (2017) argued that mixed methods research helps answer research questions that cannot be answered by quantitative or qualitative methods alone, and provides a greater repertoire of tools to meet the aims and objectives of a study.
- **Explanation of findings:** I used one research approach (i.e., quantitative, or qualitative) to explain the data generated using the other research approach.
- **Instrument development and testing:** The qualitative study generated items for inclusion in the questionnaire that was used in the quantitative phase of the study.

There is more involved in mixed methods research than merely compiling qualitative and quantitative data into a single study. The methodological approach to mixed methods research calls for several considerations during the implementation to guarantee the rigour of the design. According to Halcomb and Hickman (2015), the following eight crucial factors must be kept in mind when planning and conducting mixed methods research:

- Assess the justification for using mixed methods research;
- Investigate the philosophical perspective;
- Comprehend the different mixed methods designs;
- Evaluate the skills needed to conduct mixed methods research;
- Review the project management factors;
- Plan and justify the integration of the qualitative and quantitative elements;

- Ensuring rigour is shown; and
- Proudly share the mixed methods research.

With the above considerations, the advantage of using the mixed methods research is that it provided an in-depth analysis of the research problem as the use of both qualitative and quantitative can contribute to a more complete investigation (Cook & Kamalodeen, 2019; Creswell, 2015). Tashakkori and Teddlie (2021) argued that no one viewpoint or methodology (qualitative or quantitative) holds the authoritative key to truthfully answering the research questions. Hence, mixed methods research is preferred as it can be used to solve complex problem, such as the problems present in complex SCC or social contexts (Mertens, 2015). These views are supported by Creswell's (2014b, 2017) suggestion that mixed methods is preferred to a single method as it provide more evidence and better reflect "real life", while quantitative and qualitative approaches alone only offer various "images".

4.5 RESEARCH PARADIGM

Choosing a research philosophy marks the starting point of the research process. To answer research questions and achieve the aim of the study, this research was located within the pragmatist paradigm, adopting a mixed methods approach with an exploratory sequential design. The qualitative phase consisted of document analysis and semi-structured interviews to investigate how concepts and themes were portrayed and experienced. In contrast, the quantitative phase used surveys to quantify relationships identified during the qualitative phase. Structured questionnaires were created using findings from the qualitative research to ensure that key variables are measured accurately. In addition, management and leadership theories were adopted to offer the theoretical perspective of the investigation.

According to Tashakkori and Teddlie (2021), paradigms are the philosophical models that are used within any field of study. Johnson and Christensen (2019) defined a paradigm as the framework of ideology and assumptions through which a researcher relates to and understands the world. By referring to paradigms as "theoretical frames", Dieronitou, (2014) argued that philosophical concerns come before deciding on a method and so provide a better understanding of the benefits and drawbacks of quantitative and qualitative approaches. In this research, the pragmatic paradigm was identified as appropriate as it helped shape the study that was not committed to a

single philosophical system. According to Tashakkori and Teddlie (2021), pragmatism is based on the proposition that researchers should use the philosophical approach that works best for the research problem being investigated. Hence, pragmatism is concerned with effective applications or workable solutions for the research problem. Thus, in this study, data were drawn from both qualitative and quantitative assumptions (mixed methods approach) to answer the research questions to achieve the aim of the study.

According to the pragmatic paradigm, the goal of research is to address current issues rather than to acquire timeless knowledge (Schoonenboom, 2019). This means that research is seen as a series of experiences in which prior beliefs are modified in response to research acts. Schoonenboom (2019) suggested that during the process of conducting research, a pragmatist researcher must regularly switch from the research outcomes to the current beliefs to see whether the former matches the latter This implies that the researcher's current beliefs must be revised if the results contradict them. These revised beliefs then become the new 'current beliefs', and serve as the foundation for a new round of data analysis (Schoonenboom, 2019). This explanation supports the assertion that a researcher's paradigm is expressed in their ontology (beliefs about the nature of reality), and epistemology (beliefs about how knowledge is gained (Johnson & Christensen, 2019).

According to Al-Saadi (2014), the term 'ontology' derives from the ancient Greek verb *v/on*, which means to exist. Ontology is therefore understood in the social realm to refer to the types of things that exist. Ontology is concerned with how participants view reality (Daniel & Harland, 2018). Because it affected my understanding of the reality of perceptions of leadership and management in SCCs and how managers and staff perceive the day-to-day operations in centres, the ontological aspect of the research was significant in this study. Interestingly, the pragmatic paradigm advances a non-singular reality ontology, which assumes that there is no single reality, and that participants have different interpretations of reality (Kivunja & Kuyini, 2017). This implies that pragmatists acknowledge that individuals interpret the world differently, that no single point of view can give a complete picture of the problem, and that there are multiple realities.

The principles that support pragmatism are that knowledge is always dependent on experience (Al-Ababneh, 2020). This means that social interactions have an impact on how we perceive the world. Since each person's experiences are unique, so are the ways in which they shape their knowledge. Epistemology, as Collis and Hussey (2014) reminded us, is concerned with what constitutes legitimate knowledge or accepted knowledge in a certain area. This study's focus was what constitutes actual knowledge and how it might be obtained (Jackson, 2013). It is important to note that while theory is concerned with how we come to have real knowledge, the fundamental epistemological challenge for a researcher is whether the same methods, values, and ethos should be used in a particular study. This study explored the nature of true knowledge of reality while attempting to determine what true knowledge is and how it might be attained. As a result, epistemology assisted me in determining whether the information under examination may be attained directly or indirectly as part of the quest of the truth. The goal of any research is to bring about good change in the world, and pragmatic approaches to mixed methods research often recognise the epistemological distinctions between qualitative and quantitative techniques but do not view these modes of inquiry as incommensurable. Other worldviews that are typically associated with pragmatism and make it suitable for MMR include rejecting objective-subjective dualism, viewing scientific truths as tentative and reachable through a variety of sources of experience and experimentation, and viewing knowledge as both constructed and grounded in the real world (Johnson et al., 2014). This implies that the pragmatic paradigm advocates a relational epistemology (Kivunja & Kuyini, 2017). The understanding of relational epistemology is that relationships in research are best determined by what the researcher deems appropriate for a particular study

It is worth noting that qualitative research is subjective and quantitative research is objective, and pragmatism acknowledges the strengths and weaknesses of each. In this study, pragmatism was appropriate as at one stage of the research I adopted a subjective approach by interacting with the participants to construct realities, and at another stage I took a more objective approach by not interacting with the subjects (Tashakkori & Teddlie, 2021). This was accomplished by combining interviews (qualitative) and a questionnaire (quantitative) to bring together the advantages of the breadth and depth associated with pragmatism (Tashakkori & Teddlie2021).

According to Creswell (2014a) and Shannon-Baker (2016), pragmatism is suitable as it engages practical problem-solving in the real world rather than being built on an assumption about the nature of knowledge. Further, the advantage of pragmatism is that it promotes "action-oriented" research procedures (Cameron, 2011; Maarouf, 2019). Hence, pragmatism was appropriate as the study started with a problem and aimed to contribute practical solutions to inform future practice guideline development (Saunders et al., 2009).

In a single research study, the pragmatic method supports the use of both positivist and interpretivist approaches as components of inferential reasoning. According to pragmatism, the choice of the method and paradigm to be applied in the research inquiry is determined by the research question. The positivist paradigm is predicated on the idea that there is only one tangible reality that can be comprehended, recognised, and measured (Park et al., 2020). For instance, because causal conclusions depend on association, lack of confounders, and temporal precedence (i.e., for X to cause Y, X must precede Y in time), explanation and prediction in a causal framework can operate naturally as a result (i.e., no other factors besides the identified factors affect the outcome; X is the only cause of Y within the space identified). According to Park et al. (2020), positivists suggest that knowledge can and must be developed objectively, free from the values of the researchers or participants. This means that when knowledge is properly developed, it becomes truth, which is certain, exact, and consistent with reality. The understanding is that absolute isolation between the research participant and the researcher is required for truth to be developed in an effective manner.

On the other hand, the foundation of interpretivism is the idea that reality is arbitrary, complex, and socially produced (Rehman & Alharthi, 2016). Therefore, we can only comprehend another person's reality by their own experience of it. This experience may be distinct from another person's and influenced by the person's historical or social context. Inquiry-based techniques focus on observation and questioning to unearth or create a comprehensive and in-depth understanding of the topic being studied (Rehman & Alharthi, 2016). In this study, it was assumed that attention would be given to two levels of interpretation: The first was viewing or experiencing phenomena from the subjective viewpoint of social participants, and the second was comprehending the significance of the participants' experiences to present a "detailed

description" or a rich narrative of the phenomenon of interest that can explain why the participants behaved in the way they did (Bhattacherjee, 2012). The methodological question is what needs to be addressed after the researcher has defined their ontology and epistemology, or how they sees the world and what can be understood about it.

4.6 POPULATION AND SAMPLE FOR THE STUDY

4.6.1 Study population

According to Parahoo (2014, p. 258), a population is "the total number of units from which data can potentially be collected". This definition of population can be extended to mean a collection of elements or cases, whether people, things, or events, that meet certain characteristics and for which the study's findings will be generalised. The theoretical population or the universe are other names for this group. In research, it is often not feasible to recruit the entire population of interest, and therefore, the list of components from which the sample is chosen, also known as the survey population or sampling frame, frequently differs from the target population (McMillan & Schumacher, 2014). The theoretical population in this study consisted of all SCC managers in the province of Gauteng. The intervention's target population is the group of people from who the data are collected that is used to draw conclusions. The study population comprised 45 SCCs (n=45) that are registered with the Department of Health under Mental Health and supported by the Departments of Education and Social Development.

4.6.2 Sampling

A sample is a group of relatively few individuals chosen from a population for research purposes, and the procedure used to obtain a sample from a population is known as sampling (Alvi, 2016; McMillan & Schumacher, 2014). The whole population can also serve as the sample.

The participants were selected using inclusion and exclusion criteria. Kamangar and Islami (2013) defined inclusion criteria as the main characteristics of the population of interest, and exclusion criteria as the characteristics that may interfere with data collection. In this study, the inclusion criteria were SCCs in Gauteng registered with the DoH and supported by the GDE. Common exclusion criteria are traits of eligible

participants that made them very likely to be lost to follow-up, miss visits to collect data, offer erroneous data, and have comorbidities that could skew the study's findings, or raise their risk for adverse events (Patino & Ferreira, 2018). In this study, the exclusion criteria were SCCs that were not registered with the DoH, were operating outside the legislative framework, were not supported by GDE, and were located outside Gauteng. The objective of the research was to generalize the findings from the sample to the entire population (Van den Broeck et al., 2013); therefore, the sampling methods (number and procedure) in the qualitative and quantitative phases differed.

4.6.2.1 Population and sample for the qualitative phase

As previously stated, the study population is a subset of the target population from which the sample is drawn. Maree (2017, p. 79) defined sampling as "the process of selecting a portion of the population for the research". In the qualitative phase, the participants were purposively selected based on their position and their experience managing SCCs. According to Leedy and Ormrod (2018), purposive sampling is when people or other units are chosen for a purpose. Purposive sampling is a non-probability sampling technique in which a researcher deliberately selects some elements or people to be included in the sample based on their ingenuity and judgement (Strydom, 2014). Purposive sampling was appropriate because I selected participants who had the knowledge about or experience with the phenomenon being investigated (Creswell & Plano Clark, 2017). In addition, purposive sampling was suitable as the choice of participants was based on availability and preparedness to take part and being able to communicate experiences and opinions in an articulate, expressive, and reflective way (Bernard, 2017; Palinkas et al., 2015).

Purposive sampling is based on the idea that information-rich samples should be chosen to gain a comprehensive understanding of the phenomenon (Shaheen et al., 2016). Only after several visits to the SCCs for observations did I choose the participants. These visits aided in the selection and location of a sample that was appropriate for the study's purpose and objectives. Thus, criteria like age, gender, experience, functional role, or organisational ideology were used as starting points to narrow down the study population (Shaheen & Pradhan, 2019).

While Leedy and Ormrod (2018) do not offer a specific number of participants needed for qualitative research, Tharenou et al. (2007) recommended that the minimum

sample size should be based on a reasonable coverage of the phenomenon being studied. At SCC level, centre managers were asked to give personal accounts of their management and leadership experience. Therefore, for Phase 1, the research participants or the sample for the study consisted of 10 SCC (n=10) managers out of (45) of the whole population. SCCs are owned by churches, NGOs, or the parents of disabled children. This means that the qualifications, experience, institution size, and leadership and management practices of SCC managers vary significantly.

4.6.2.2 Demographic analysis in qualitative phase

The main interview process yielded 10 complete interviews as well as two pre-test interviews. Identical interview questions were asked to all informants. The demographic profiles of participants are shown in Table 4.1. Three of the 10 interviewees (30%) had more than 20 years of experience managing SCCs, four (40%) had more than 10 years' experience, and only three (30%) had less than 10 years' experience. Regarding gender, most participants (7; 70%) were women, and only three (30%) were men.

The participants' ages ranged from the 40 to in their 60s, and the group consisted of three participants (30%) aged 40 to 49 years and 50 to 59 years, respectively, and four participants (40%) between the ages of 60 and 69. In terms of academic credentials, seven participants (70%) had Matric or below, two (20%) had diplomas, and one (10%) had a bachelor's degree. Finally, with regard to specialised qualifications, one participant (10%) had a qualification in special/inclusive education and one (10%) in leadership and management, and the rest (9; 90%) did not have either. It is worth noting that the participant number (P#) also represents the number of the centre. For instance, P#4 corresponds to centre number 4.

Table 4.1 Background information of the participants in the qualitative phase

SN	Participant (p)	Gender	Age range	Academic qualification	Qualification in special/ inclusive education	Qualification in leadership and management	Experience as centre manager (years)
1	P#01	F	60–69	Gr. 11	No	No	26
2	P#02	F	60–69	Gr. 12	No	No	24
3	P#03	F	40–49	Gr. 12	No	No	13
4	P#04	F	50–59	Gr. 12	Yes	No	19
5	P#05	M	50–59	BA degree	No	Yes	14
6	P#06	F	40–49	Diploma	No	No	2
7	P#07	F	50–59	Gr. 11	No	No	15

SN	Participant (p)	Gender	Age range	Academic qualification	Qualification in special/ inclusive education	Qualification in leadership and management	Experience as centre manager (years)
8	P#08	M	40–49	Gr. 12	No	No	2
9	P#09	M	60–69	Diploma	No	No	4
10	P#10	F	60–69	Gr. 11	No	No	24
	%			Gr. 11 30			
		F 70	40–49 30	Gr. 12 40			
		M 30	50–59 30	Dip 20	No 90	No 90	
			60–69 40	BA 10	Yes 10	Yes 10	

4.6.2.3 Description and analysis of centre information

This study included 10 SCCs, and the demographic information for the centres are in Table 4.2. Two centres (20%) are owned by established NGOs, two (20%) by a church, one (10%) by an individual with a love for service and knowledge of disability, and five (50%) by parents of disabled children. Four centres (40%) are managed by mothers of disabled children, three (30%) by former volunteers, one (10%) by a person with experience in disabilities, and one (10%) by a pastor. Furthermore, all 10 centres (100%) are supported by the GDE and the Gauteng DoH, with the exception of one (10%) centre that receives additional assistance from the Gauteng DSD.

Geographically, three (30%) SCCs were selected from the Sedibeng and Tshwane regions, respectively, and two (20%) are in the districts of Johannesburg and Ekurhuleni, respectively. Surprisingly, eight (80%) centres are in townships, and two (20%) are in the suburbs.

Table 4.2 Centre information

CN	Region in Gauteng	Supported by GDSD, GDE, & GDoH	Established by	Managed by	Location
1	Johannesburg	GDE & GDoH	Mothers of disabled children	Mother of a disabled child	Township
2	Sedibeng	GDE & GDoH	Mother of a disabled child	Mother of a disabled child	Township
3	Sedibeng	GDE & GDoH	Mother of a disabled child	Mother of a disabled child	Suburb
4	Ekurhuleni	GDE & GDoH	An individual with disability experience	Former worker in disability institution	Township
5	Tshwane	GDE & GDoH	Church	Pastor	Township

CN	Region in Gauteng	Supported by GDSD, GDE, & GDoH	Established by	Managed by	Location
6	Tshwane	GDE, GDoH, & GDSD	Mothers of disabled children	Former volunteer and a physically disabled person	Township
7	Sedibeng	GDE & GDoH	Mothers of disabled children	Former volunteer	Township
8	Johannesburg	GDE & GDoH	Mother of a disabled child with disability experience	Brother of a disabled child and former volunteer	Township
9	Tshwane	GDE & GDoH	Church	Former volunteer	Suburb
10	Ekurhuleni	GDE & GDoH	Mother of a disabled child	Mother of a disabled child	Township

4.6.2.4 Population and sample for the quantitative phase

On occasion, leaving out certain cases from the sample may be analogous to having an incomplete puzzle with obvious missing pieces, and total population sampling is the best sampling method to use in this case. Total population sampling is a research technique in which the entire population that meets the criteria (e.g., specific skill set, experience, etc.) is included in the study (Etikan et al., 2016). During the quantitative phase, the entire population was used as the number of SCCs is minimal. When the number of cases being investigated is small, total population sampling is often used.

In this study, the objectives of sampling in Phase 2 (quantitative) was to obtain a numerical representative sample of the population of interest so the inferences and research findings from the sample represented real associations in the population (Majid, 2018). For this study, in Phase 2, the sample was all 45 SCC managers in Gauteng. The Grant Project supports 45 SCCs, and therefore, total population sampling was adopted.

4.6.3 Summary

The summary of the SCC managers' population and the sample size drawn from the study are illustrated in Table 4.3. As previously stated, the study population comprised 45 SCCs (n=45) registered with the Department of Health under Mental Health and supported by the Departments of Education and Social Development. The qualitative sample consisted of ten participants (n=10) selected purposively, while the quantitative sample included thirty-one participants (n=31), with fourteen participants (n=14) unable to return the questionnaires

Table 4.3 Population and sample size of SCC managers in the study

Phase	Participants	Total population	Actual sample size	Sampling techniques used
Qualitative phase (Phase 1)	SCC managers	45	10	Purposefully sampling
Quantitative phase (Phase 2)	SCC managers	45	31	Total population sampling

4.7 PILOT STUDY

In social science research, a pilot project can be referred to as a small-scale version or a trial run done in preparation for the larger study, and it is also often called a feasibility study (Polit et al., 2001). A pilot study, however, can also be the pre-testing or “trying out” of a certain research tool (Van Teijlingen & Hundley, 2001). This means that a pilot study investigates whether something is possible, whether it should be pursued by the researchers, and if so, how. Additionally, a pilot study also has the special design aspect that it is undertaken on a smaller scale than the main investigation. Pilot studies are crucial for enhancing the effectiveness and quality of the main study.

Before I embarked on actual data collection, I conducted a pilot study in two of the participating SCCs to help me understand the research design and methods of the study (Creswell, 2017). Maxwell (2012, p. 76) maintained that “a pilot study is used to generate an understanding of concepts and theories held by the people you are studying.” Furthermore, Maxwell (2012, p. 76) suggested that 'it provides the researcher with an understanding of the meaning that these phenomena and events have for the actors involved and the perspectives that inform their actions. The pilot study helped familiarize me with the ambiguity and lack of structure in the research process (Creswell, 2014b). Furthermore, Cohen et al., (2017, p. 127) stated that a pilot study can be used “to increase the reliability, validity and practicability” of a study. In essence, a pilot study is carried out to avoid the occurrence of a fatal flaw in a study that is expensive in terms of both time and money. The primary goal of a pilot study is not to provide answers to specific research questions but rather to stop the researcher from beginning a large-scale study without sufficient knowledge of the methods suggested (Polit & Beck, 2017).

Large-scale investigations use pilot studies before the main survey is carried out, and in this study, pilot studies were done for both the quantitative and qualitative phases.

To develop the subsequent quantitative portion of the project, I started with "qualitative data collection and analysis on a relatively uncharted issue" (Tashakkori & Teddlie, 2021). In-depth interviews were used during the first stage of the pilot to identify the issues that were covered in the large-scale questionnaire survey. Next, the questionnaire was tested to see how it reads, how the questions are arranged, and how many options there are for multiple-choice questions.

4.7.1 Pilot study for qualitative phase

As part of this study, two centre managers from two SCCs were selected to pilot the interviews. In the qualitative phase, the pilot study helped refine the types of questions asked and generally improved the quality of data gathering tools. As suggested by Bloor and Wood (2006), a pilot study is used to test the duration of individual interviews, focus areas, interview guides, and potential ethical issues.

It is worth mentioning that pilot studies are frequently related to the quantitative testing of a certain research tool. Evidently, the value of pilot studies has been extended to qualitative research, where it is conducted to set up the main study. Regardless of paradigm, pilot studies are effective for setting up larger investigations (Tashakkori & Teddlie, 2021) because it can be used to solve potential practical problems in the research techniques and when testing the questions (Majid et al., 2017). Furthermore, Castillo-Montoya (2016) revealed that piloting interviews might strengthen the interview strategy. Pilot studies helped me to determine whether the interview design has shortcomings or restrictions that must be changed for the main study (Majid et al., 2017). For instance, a researcher may discover during the pilot study that the interview questions do not address their objective and that they can be revised impromptu during the same interview.

Prior to the start of the pilot study, I gave two identified centre managers letters of informed consent, and both participants gave their consent. During the pilot study, I used a digital recorder to record the interviews. To accommodate for the participants' other duties, Jacob and Furgerson (2012) recommended that the interview last no more than 90 minutes. Following the pilot project, I retained and coded the data, as well as transcribed the semi-structured interviews because I expected that the skills gained by transcribing and organising the data would help me summarise the transcripts and identify the codes during the main study.

4.7.2 Pilot study for quantitative phase

The quantitative phase's data gathering was divided into two stages: The pilot study stage and the main study stage. According to Creswell (2016), a pilot study is used as a field test to determine the instrument's content validity and to improve formats, questions, and scales. In this study, two centre managers from two SCCs were chosen to pilot the questionnaire. The purpose of the pilot study was to identify potential traps and mistakes in the questionnaire related to cryptic language structure, ambiguous and vague questions, illegible or unclear jargon, and an inadequate time restriction. The Likert-scale questionnaire was sent to the participants of the pilot project, who were then asked to provide recommendations and suggestions regarding any ambiguous questions. I then made changes to the questionnaire to improve it based on the results of the pilot study.

The pilot study process began with inviting two SCC managers to participate via email or phone. The invitation provided background information on the study, introduced the potential participants to the survey, invited them to take the survey, and made it clear that participation constituted informed consent. Finally, after receiving their responses, the two participants received an email thanking them for taking part in the survey.

In summary, pilot testing the questionnaire was justified by the fact that most of the components of the survey were modified from the results of the semi-structured interviews. The objective was to determine the validity of the various constructs and the instruments used to measure them.

4.7.3 Summary

The pilot study had the advantage of better informing me and preparing me to deal with the challenges expected to arise during a substantive study. It also made me more comfortable with the instrument to be used for data collection. The highlighted problems were addressed, which was easier because of a detailed investigation of the procedures and the pilot study data. Finally, a well-planned and managed pilot study has the potential to increase research quality because the results of pilot studies influence the subsequent phases of the research process.

4.8 RESEARCH INSTRUMENTS

Before beginning the data collection, I ensured that both the Gauteng DoH (Mental Health) gatekeepers and the UNISA Ethical Clearance Committee had provided written consent. I sought permission from the managers of each selected SCC to conduct the qualitative and quantitative investigations. In addition, I requested written consent from each of the 45 members to participate in Phases 1 and 2 of the study. These instruments were crucial for data collection. The word ‘instruments’ refers to equipment, scales, or measurements used to gather data. According to Creswell (2017), research instruments are used to evaluate, monitor, and record data. The research instruments are the equipment used to collect, measure, and analyse data in order to answer research questions. Some examples of research instruments are surveys, interviews, and observations. In this study, data were gathered using two unique approaches, namely a qualitative and quantitative approach. Furthermore, the following parameters, as indicated by Tuck and McKenzie (2014), were considered when selecting data collection instruments:

- The instrument’s suitability for the study's issues or questions;
- Proof that the equipment is legitimate and reliable for measuring or gathering pertinent data from the population being studied; and
- The instrument’s ability to be used in real life.

The study employed an exploratory sequential MMR design, consisting of Phase 1 (qualitative) and Phase 2 (quantitative). Consequently, the design dictated that data collection begin with document analysis and semi-structured interviews in the qualitative phase, followed by a survey in the form of a questionnaire in the quantitative phase.

4.8.1 Research instruments for the qualitative phase

There are numerous qualitative research tools available, and in this study, the choice of instrument was influenced by the research aim, objectives, and research question. Because the study sought to discover how SCCs for LSPID should be managed more successfully, participants were required to provide an account of their personal experience leading and managing SCCs. Furthermore, efficient management of SCCs necessitates the implementation of established structures. Thus, the appropriate

instruments for the qualitative phase were identified as document analysis and semi-structured open-ended interviews.

4.8.1.1 Document analysis

The systematic assessment and evaluation of documents, including printed and electronic (computer-based and Internet-transmitted) content, is known as document analysis. Document analysis calls for data to be studied and interpreted to extract meaning, gain insight, and create empirical knowledge, like with other analytical techniques in qualitative research (Rapley, 2018). Hughes and Goodwin (2014, p. xxvi) defined documents as follows:

> Typically involving the written word, pictures or sound recordings which, while they have the potential to serve as informants on human experiences in relation to specific life events, historical periods, social changes […] were not necessarily created for the purpose of documenting these.

Therefore, unlike interviews, documents are produced autonomously and without the involvement of a researcher (Merriam & Tisdell, 2015).

The term 'document' is used to describe a wide range of content, including visual sources like photos, videos, and films (Merriam & Tisdell, 2016). Document analysis entails the examination of a wide range of documents, including books, journal articles, newspaper articles, institutional reports, and academic journal articles. Any text-based material can serve as a qualitative research document (Patton, 2015). The overall value of documents lie in their stability, unobtrusiveness, precision, and broad coverage (Yin, 2017). Other mute or trace evidence, such as cultural objects, are not considered for the purposes of this discussion.

Keeping in mind that the SCC documents already existed and were not created specifically for this research project, relevance to the study objectives was a key factor when picking documents (Hughes & Goodwin, 2014; Merriam & Tisdell, 2015). The research questions served as the framework for the overall study design. I began by seeking all written correspondence pertaining to the day-to-day operations of the SCCs, including meeting minutes, correspondence (letters, reports, circulars, and directives) from the DBE and GDE, as well as mental health and SCC policies. The documents provided insight into the day-to-day operations of the individual SCCs and

helped me prepare for the interviews. The documents contained information from both the distant and current past (Johnson, 1994). The benefit of using document analysis was that the documents could be accessed at my convenience, and provided the participants' language and words (Creswell, 2016). However, an anticipated restriction of document analysis was that the SCC managers were hesitant to grant me access to papers for fear of exposing management and leadership shortcomings. To address this limitation, I informed the SCCs managers that the findings were solely for academic purposes.

According to Rapley (2018), triangulation, which is the use of many processes to investigate a single phenomenon, is commonly used in conjunction with document analysis and other qualitative research approaches. In this study, I used several (at least two) sources of evidence to find convergence and corroboration through the use of numerous data sources and research approaches. Semi-structured interviews were employed as sources in addition to documents (Yin, 2017).

4.8.1.2 Semi-structured interviews

The semi-structured interview is known as an exploratory interview, is usually focused on a single significant problem that provides a broad pattern, and is guided (Magaldi & Berler, 2020). Furthermore, Magaldi and Berler (2020) argued that the semi-structured interviews allow a researcher to delve deep for a discovery while having relevant paths laid out in advance. The advantage of using semi-structured interviews is that the line of inquiry is defined while allowing for probing and clarification (Creswell, 2014a).

Semi-structured interviews were an important data gathering strategy in this study because they allowed participants to explore phenomena that went beyond the scope of the questions. Using semi-structured interviews, I was able to elicit numerous responses to the research topic. However, the expected restriction was that the semi-structured open-ended interviews took time and required training. To avoid bias, I remained vigilant and guarded against 'interviewer's biases' (Ngulube, 2015), and this was ensured because I established clear criteria that I followed to eliminate bias (Adhabi & Anozie, 2017). For the sake of clarification, 'double hermeneutics', which refers to the scenario in which a researcher impacts study participants' interpretations,

is an ideal example of bias (Baskarada, 2014). To reduce bias, I developed a positive relationship with the participants (Miles et al., 2013).

Employing semi-structured questions improves the accuracy of retrospective reports since participants are free to express whether they remember events or not (Azungah, 2018). Semi-structured interviews also give the interviewee a reasonable amount of leeway in terms of what to say, how much to say, and how to communicate it (Azungah, 2018). Semi-structured interviews further enable study participants to vividly describe their thoughts, feelings, and experiences regarding the significance of a subject, which in this case was the leadership and management techniques used by SCC managers in the Gauteng province.

Based on the research objectives and systematic assessment of the literature, I created an interview guide to establish structure and ensure consistency (Annexure I; Brewster et al., 2015). The interview guide ensured that during the interviews I covered the topics that were identified in the literature as being critical to the research questions (Azungah, 2018). Compared to unstructured conversational interviews, semi-structured interviews offer a comparatively high amount of flexibility and structure because the organisation and analysis of the interview data is facilitated by a structure (Azungah, 2018; Patton, 2015). The interview procedure used in this study followed Kasunic's (2010) process shown in Table 4.4.

Table 4.4 Interview process, adapted from Kasunic (2010)

Orientation	Introductions and exchange of contact details. Description of the study and the interview process. Clarification of any expectations regarding non-attribution, sharing of data, and any other issues.
Information gathering	The interviewer uses a questionnaire to guide the interview and to record responses
Closing	The interviewer reviews the key points, any issues, and/or action items, and confirms accuracy with the respondent. The interviewee is invited to provide feedback on the interview process. The interviewer thanks the interviewee and seeks permission for any future contact.

4.8.2 Research instruments for the quantitative phase

The two guiding principles for quantitative research data collection are that the data must accurately represent the phenomenon and must be generated in a manner independent of the observer's expectations. Surveys were used during the quantitative portion of this investigation, and closed-ended questionnaire served as the instrument. According to Sukamolson (2017), a survey is a type of quantitative research that involves sampling a questionnaire, designing a questionnaire, and administering the questionnaire in order to gather information from the group/population under study, and then analysing the collected data to better understand their behaviour and characteristics. Furthermore, Davidson-Shivers et al. (2018) argued that surveys are ideal because they target a demographic or representative sample to gather views or opinions on a specific topic or issue. As previously indicated, the major survey instrument used in this study was a closed-ended questionnaire that gathered data on the participants' leadership and management experiences and their demographic information (Boulmetis & Dutwin, 2014). Most questionnaire items were in the form of a statement with limited, closed-ended options. A Likert-scale measures attitudes, perceptions, and experiences by asking participants to answer to a series of statements concerning the research topics by indicating the degree to which they agree or disagree (Subedi, 2016). In Phase 2, I created questionnaire items based on the quotes, codes, and themes derived from the qualitative data from Phase 1. The questionnaire was validated for reliability and validity before being distributed to a large sample to discover (a) whether the qualitative results supported the quantitative findings, and (b) what correlations could be drawn between the data from both phases.

As previously stated, SCC managers come from all educational backgrounds and have varying reading abilities. I anticipated difficulties if I employed a personalised questionnaire in a different regional language. To address the predicted problem, the questionnaire was correctly translated into the intended language. However, I ensured that that the translation procedure did not affect the validity of the translated questions or questionnaire. Griffee (2012) defined validity as the likelihood that the translated items will be understood in accordance with the questionnaire creator's aims.

Participants were asked to answer six-point Likert-scale questions online or in printed form. Table 4.5 shows the range of option on the Likert scale.

Table 4.5 A sample of a 6-point Likert-scale questionnaire

Strongly disagree	Disagree	Moderately disagree	Moderately disagree	Agree	Strongly agree
1	2	3	4	5	6

The online or printed Likert-scale survey consisted of three sections. Section A examined the SCC managers' biographical information and character attributes. The questionnaire included questions about age, gender identity, highest academic degree, employment status, and number of years in SCC management. Using this biographical data, I was able to examine the responses of various participants and identify correlative tendencies in relation to the questions given during the qualitative research stage of this sequential exploratory mixed methods research study. Section B had questions about disabilities that were based on the data gathered during the literature review (Chapter 2) in order to examine the SCC managers' grasp of disability. Part C of the questionnaire examined the numerous characteristics of leadership and management as experienced by SCC managers in Gauteng using the theoretical framework set out in Chapter 3. The three sections of the questionnaire are set out in Table 4.6.

Table 4.6 Sections in questionnaire and types of questions

Section	Types of questions
A	Demographic questions: Age, gender, highest academic qualification, employment status, and number of years working as SCC manager
B	Questions on disabilities
C	Questions on leadership and management

Survey research has benefits and drawbacks, just like any other research methodology. Among its benefits are the ability to collect data from a large number of people (usually efficiently), the ability to generalise findings to large populations, and the versatility of what can be examined and how (i.e., the various modes of data collection; Ponto, 2015). Conversely, restrictions include issues with low response rates as well as the time and cost associated with some data collection methods (Ponto, 2015). Conducting survey research often faces the challenge of low response rates. Unfortunately, there is no single, universally agreed-upon standard for survey response rates; rather, they frequently depend on factors such as the type of survey study, the length of the survey instrument, and the demographic being examined. These challenges were mitigated through frequent follow-ups (Ponto, 2015).

I gave each respondent a physical copy of the questionnaire as well as communication with a link to the online survey. I issued a follow-up message to the participants two weeks later if they had not yet completed and submitted their online or hardcopy questionnaire. This gave me an excellent response rate (Neuman, 2014).

4.9 DATA ANALYSIS AND PRESENTATION

4.9.1 Data analysis

Data remains meaningless unless it is analysed and interpreted (McMillan & Schumacher, 2014). Kawulich (2014) defined data analysis as an exercise of reducing large amounts of collected data to a story and its interpretations. The methods used for data analysis in quantitative and qualitative research are somewhat different. This is evident as data analysis in quantitative research frequently happens after all or most of the data have been gathered. However, in qualitative research, data analysis frequently starts while or just after the first set of data is gathered, even if this process is ongoing and subject to change over the course of the investigation. The initial examination of the qualitative data may potentially help future data collection. This study was a sequential exploratory mixed methods, and the data were analysed according to Phases 1 (Qualitative) and 2 (Quantitative).

4.9.1.1 Data analysis in the qualitative phase

Documents and interview transcripts were arranged and classified in a systematic manner as part of the qualitative data analysis. The goal was to transform raw data into conclusions or discoveries (Williamson & Johanson, 2017). In other words, qualitative data analysis is the technique that researchers use to interpret their data so others can understand their findings. After gathering all the qualitative data, including documents and transcribed semi-structured interviews, I analysed the collected data. During the qualitative phase of the investigation, data were analysed using words rather than statistics to help me find the answers to the study’s research question. There are standards for assessing quantitative data, but no specific rules for analysing qualitative data (Bryman & Bell, 2015).

Data analysis is a crucial stage in qualitative research and has a significant bearing on how well a study turns out (Flick, 2014a). In the qualitative phase, data were

analysed in two strands. Firstly, documents were analysed. Bowen (2009) defined document analysis as a systematic procedure for reviewing or evaluating documents, which can be used to provide context, generate questions, supplement other types of research data, track change over time, and corroborate other sources. During the document analysis, I adopted the READ approach. According to Dalglish et al. (2020), the READ approach consists of the following steps: (1) Ready your materials, (2) extract data, (3) analyse data, and (4) distil your findings. In this study, the information gained from documents informed the subsequent stage of data analysis in the qualitative phase, namely the semi-structured interviews.

The second step involved analysing the data from the one-on-one semi-structured interviews conducted with 10 purposefully selected SCC managers, who were asked to reflect on their experiences of leadership and management in their centres. I retained an accurate, confidential list of participants' names, and used alpha-numeric pseudonyms to free the participants from identification and possible victimisation or persecution.

During the individual interview sessions, I used a recorder to audio record the interviews. This helped with the transcribing of the interviews and the coding of data for analysis. Currently, there are several different software being used, but for this study, I used Atlas-Ti because I am familiar with it. Atlas-Ti was suitable as it can distil massive amounts of data from transcribed interviews to determine themes. The outputs (quotations and codes) and network diagram were used to create the research report.

To sum up, the qualitative phase involved organising and preparing the data for analysis. Firstly, I transcribed the interviews and read several times through all the transcripts for better comprehension of the text. Secondly, I coded the transcripts to separate text into meaningful segments to represent a category of meaning. During coding, I coded the data based on categories and subsequent emerging themes from the transcribed text. Thirdly, the codes were allocated categories of text that emerged as similar in meaning to each other. Fourthly, the codes were labelled, and the segmented texts were arranged according to their codes. Fifthly, the themes were generated and described. Lastly, the description of themes were presented narratively, and an extract description of the events in the transcripts were identified (McMillan &

Schumacher, 2014). Therefore, I read and reread the data to interpret the discoveries, make sense of the findings, offer explanations, draw conclusions, extrapolate lessons, make inferences, consider meanings, and impose order (Marshall & Rossman, 2016). Analysing the data for usefulness and centrality is a crucial step in the interpretation process.

4.9.1.2 Data analysis in quantitative phase

The collected numerical data in a quantitative research study must be analysed to draw conclusions. In contrast to qualitative research, quantitative research deals with data that can be translated into numbers or that has a numerical value. According to Sheard (2018), the term 'statistics' refers to the fundamental techniques used to analyse numerical data. The organisation, analysis, interpretation, and presentation of numerical data are all topics covered by statistical approaches. As already mentioned, quantitative data is numerical, and, in this study, it was collected using a questionnaire (Save the Children, 2014). In the questionnaire, participants were expected to rate their experiences leading and managing SCCs by scoring or ranking questions on the Likert scale, as discussed in Section 4.8.2.

Quantitative analysis was required to extract relevant information from the qualitative data, which often results in large, complex datasets. I used SPSS software to analyse the quantitative data. The examination employed a variety of statistical methods, divided into descriptive statistics, which summarize the data, and inferential statistics, which examine the data and make inferences. Consequently, the data were analysed in multiple ways, with the goals of the study and the attributes of the data sources both influencing the analysis.

For this study, it was anticipated that the collected data contained some inconsistencies in the respondent's responses that needed to be addressed. These errors were addressed and filtered throughout the dataset coding process in the software. Overall, this highlighted the necessity for specialised statistical software that requires data to be grouped into a predefined pattern for easy processing (Delwiche & Slaughter, 2012).

Organising the data primarily entailed discussing inferential statistics aspects. Data from the questionnaire were described using frequency and central tendency

measures (mean). The findings for the inferential statistics were drawn using the survey monkey feature of the SPSS software.

4.9.2 Data presentation

After completing the data analysis, it is necessary to present the data in an appropriate manner for readers. The presentation should be straightforward, readable, and succinct for both the researcher and the reader. Depending on the methodology used, data presentation can be one of the methodology segments in a research project. Data can be presented in text, tabular form, or visual form, among other methods. According to In and Lee (2017), the data format, the intended technique of analysis, and the information that should be emphasised must all be taken into consideration when choosing a presentation strategy. Therefore, it is important to note that improper data presentation obstructs readers' and reviewers' ability to understand information (In & Lee, 2017). Furthermore, In and Lee (2017) stated that most data available to researchers are in raw form, and hence, it must be condensed, arranged, and examined to be properly interpreted. This means that each data set must be presented in a certain way based on its intended usage. Prior to properly processing raw data, it is crucial to plan the presentation of the data (In & Lee, 2017).

According to Creswell (2014a), the final step in data analysis entails data interpretations or giving the data meaning. Marshall and Rossman (2016) stated that after the analytic steps of categorisation and coding of data, the interpretation of the data, often referred to as 'telling the story' takes place. Data interpretation creates connections (triangulation between the two phases) and a story that makes sense and is enjoyable to read by giving meaning and coherence to the descriptive and inferential statistics (quantitative phase, phase 2) and the themes, patterns, and categories (qualitative phase, phase 1). This suggests that the researcher must read and reread the data to give meaning to what was discovered, make sense of the findings, offer explanations, draw conclusions, extrapolate lessons, make inferences, consider meanings, and otherwise impose order (Marshall & Rossman, 2016). Analysing the data for usefulness and centrality is a step in the interpretation process.

Data are presented sequentially and concurrently in accordance with the research methodology (Bentahar & Cameron, 2015). The research methodology for this study required that the data collection begin with document analysis, followed by purposeful

sampling of the participants who were interviewed (qualitative phase), and then sending out the questionnaire survey (quantitative phase; Creswell, 2014b).

4.9.2.1 Data presentation in the qualitative phase

It is important to remember that whichever variety of qualitative data were produced, it must always be presented using step-by-step procedures. In Phase 1, face-to-face semi-structured interviews were conducted. The primary purpose of using semi-structured interviews for data collection was to obtain information from participants who have personal experiences, attitudes, perceptions, and beliefs related to the topic being studied (DeJonckheere & Vaughn, 2019). According to Maree (2017), face-to-face interviews promote cooperation and bonding, which help generate more meaningful data.

In general, the data were presented in a form that allows for the analysis and interpretation of qualitative data to be based on all the participant-made points (Ningi, 2022). Therefore, I relied on a variety of data sources to help me create an in-depth, comprehensive portrayal of the participants' experiences. As a result, the data are portrayed in a variety of ways, such as descriptive excerpts from interviews and examples of extremely abstract categories that were determined through data analysis.

4.9.2.2 Data presentation in the quantitative phase

In the quantitative investigation, data were collected via a questionnaire. After collecting the completed questionnaires, the data were presented in Microsoft Excel, and SPSS was used to capture, analyse, and interpret the results. To reduce errors during data presentation, I cleaned, coded, and arranged the data, and I used Microsoft Excel to validate the data by removing incorrect and duplicate information. To determine the quantities, closed-ended questions were assigned numbers using a Likert scale. According to Allen and Seaman (2007), a Likert scale is an ordered scale from which participants select the option that most closely matches their perception of the construct. In this study, I picked the Likert scale as the suitable method since it examined participants' attitudes and views by questioning the amount to which they agreed or disagreed with issue or statement under examination. It was used to provide

both descriptive and inferential statistics. Thus, the quantitative data are presented using tables, graphs, and statistical numbers.

4.10 TRIANGULATION OF DATA OBTAINED IN THE TWO PHASES

Triangulation refers to the use of data from multiple sources and multiple methodologies (Bryman & Bell, 2015). By using a range of methods, the researcher can obtain knowledge that is more trustworthy (Bryman, 2016). In this study, in Phase 3, the findings from Phase 1 (qualitative) and Phase 2 (quantitative) were integrated using triangulation. Triangulation captures multiple voices and truth on a topic, unlike using only one 'right' result (Braun & Clarke, 2013). In this exploratory mixed methods research, triangulation was used to generate a complete result with the help of two partial findings that could not stand on their own (Kelle et al., 2019).

In addition to using various data collection methods, Saunders et al. (2018) and Flick (2018) contended that triangulation also entails assembling numerous perspectives and points of view from various people. Triangulation can therefore be seen as a method of gathering multiple perspectives and realities on a subject, as opposed to relying solely on the best outcome. A deeper knowledge of the phenomenon of interest can be obtained when the researcher simultaneously collects both quantitative and qualitative data, merges them using both quantitative and qualitative data analysis, and then interprets the results together. Consequently, according to Creswell (2014b), a researcher is considered to have triangulated their findings when the findings concur and support one another across diverse methodologies. This enables a more solid overall design and reliable findings (McMillan & Schumacher, 2014).

This study used a single qualitative measurement methodology and compared the results to those obtained from a quantitative strategy. The assumption was that the triangulation would increase the dependability of the findings if the second procedure confirmed the results of the first. However, if it failed, it would have been considered proof that depending on just one approach or measurement is not always reliable (Bryman, 2016).

In this study, I used triangulation to contrast the results of the viewpoints and perspectives of two independent samples (Phases 1 and 2). After themes were identified from the data, triangulation was used to compare the themes across data

sources. This suggests that the qualitative themes acquired from Phase 1's semi-structured interviews were triangulated with those gleaned from Phase 2's survey questionnaire (the quantitative phase). It was therefore critical that the themes were clear and consistent.

According to Flick (2014a), the benefit of triangulation lies less in the mutual verification of results and more in the expansion of the learning opportunity through the addition of new viewpoints on the issue under study. On the other hand, detractors of triangulated data argued that it is not always possible to compare data gathered using various techniques, but it is understood that such a viewpoint ignores the many social factors connected to the application of various research methodologies (Bryman, 2016).

4.11 TRUSTWORTHINESS, VALIDITY, AND RELIABILITY OF THE STUDY

According to Anney (2014), trustworthiness points to the assessment of the quality of a study, and validity and reliability are the "likelihood that it [the study] will present the same results if someone else were to repeat the research" (Grossoehme, 2014, p. 111). In general, studies that are more reliable are more likely to affect leadership and management activities, perspectives, and/or phenomena (Bochner, 2018; Roller & Lavrakas, 2015). This presents an opportunity for leadership and management research to engage in the praxis of positive change (Rose et al., 2018).

According to Rose and Johnson (2020), enhancing the trustworthiness of a qualitative research study entails a variety of factors, such as epistemological understandings, the depth of the literature reviewed and engaged, the appropriate theoretical positioning of the argument, the selection and deployment of numerous and frequently conflicting data collection/generation techniques and analytical procedures, and the relationship between these parts of the research and the connections made between empirical data and more general ideas and discourses. A further aspect of trustworthiness is addressing the validity and dependability of the study using the paradigm that most closely matches the research and scholarship in question

4.11.1 Trustworthiness in the qualitative phase

In qualitative research, trustworthiness is defined as the systematic rigour of the research design, the researcher's standing, the plausibility of the findings, and the application of the research methodologies (Johnson & Parry, 2015), and therefore, trustworthiness is the overall perception of a research project's quality, and regardless of the research strategy or type of data obtained, it is the evidence that the researcher made every effort to ensure the metrics used provided believable and rigorous research (Ryan et al., 2007). According to Koch's study of 2006 (as cited in Ryan et al., 2007), the rigour or reliability of qualitative research is achieved when a reader can audit the researcher's actions and advancements. Many qualitative researchers agree with the criteria established by Lincoln and Guba's study of 1994 (as cited in Connelly, 2016), and therefore I used this criteria in the current study. These criteria are credibility, dependability, conformability, transferability, and authenticity, which was added later (Connelly, 2016). The following subsections discuss how each criterion was applied in the current study.

4.11.1.1 Credibility

Credibility is about establishing whether the findings of a study are believable. According to Macnee and McCabe's study of 2008 (as cited in Anney, 2014), credibility is the confidence that can be placed in the truth of the research findings. Credibility allows the researcher to check for consistency between the participants' views and the researcher's representation of the findings (Stahl & King, 2020). Nowell et al., (2017) stated that the credibility of a study is established when the researcher or readers are exposed to the experience and can identify it. This means that credibility addresses the 'fit' between participants' ideas and the researcher's portrayal of them (Nowell et al., 2017). For this study, credibility was established by adopting the following strategies:

- **Prolonged engagement in the field or research site:** I stayed at the research site for a prolonged period to learn the traditions and customs of the participants and to build trust (Anney, 2014).
- **Peer debriefing:** I asked a colleague or my supervisor to provide scholarly guidance (Stahl & King, 2020). Peer debriefing gave the research process an

external check to perhaps increase credibility, and it also examined the referential adequacy to compare the preliminary findings and interpretations to the raw data.

- **Triangulation:** During triangulation, I homed in on research evidence from several points of view to check whether the data are in 'agreement' (Stahl & King, 2020).
- **Member check:** This was a continuous process during which the participants reviewed data, analysed categories, interpreted, and concluded to check for consistency.
- **Negative case analysis:** This was done when the findings did not produce the same results.
- **Persistent observation:** As suggested by Guba's study of 1981 (as cited in Anney, 2014), I looked in depth at the phenomena being studied and gained an understanding of the essential characteristic of the setting.

4.11.1.2 Transferability

According to Grant (2017), transferability refers to the degree to which the findings of qualitative research can be applied to either similar or dissimilar contexts. In this research, transferability was enhanced by providing a detailed description of the study and its methods, as well as by purposefully selecting participants (Moser & Korstjens, 2018). This means that I gave a vibrant description that informs and resonates with readers (Amankwaa, 2016). Furthermore, to increase transferability, it was my responsibility to give detailed descriptions to allow those who want to apply the findings to their own site to assess transferability (Johnson & Rasulova, 2017). This means that I needed to provide details about the research setting and the assumptions relevant to the core research question, which was to investigate how SCC managers experience and practice leadership and management. By doing so, I hoped to increase transferability (Johnson & Rasulova, 2017).

4.11.1.3 Dependability

Dependability ensures that the findings of an inquiry are consistent and can be repeated under similar circumstances (Leung, 2015). I took steps to ensure that each stage of the inquiry was reported in detail. As suggested by Anney (2014),

dependability was enhanced by establishing an audit trail, using a code-recode strategy, applying stepwise replication, and conducting peer examination. Simply put, I ensured that the research approach was rational, traceable, and thoroughly documented to achieve dependability (Nowell et al., 2017).

4.11.1.4 Conformability

According to Baxter and Eyles's study of 1997 (as cited in Anney, 2014), conformability questions the degree to which the findings of the study can be confirmed or corroborated by other researchers. Nowell et al., 2017) stated that conformability is concerned with demonstrating how conclusions and interpretations have been achieved and that the interpretations and findings are clearly drawn from the facts. To avoid bias and distortion of the findings in this study, conformability was "enhanced through audit trial, triangulation, and a reflective journal" (Shenton, 2004, p. 72). In qualitative research, it is advisable to make careful records of all decisions and their analysis as they happen (Connelly, 2016). Following Amankwaa's (2016) instructions, the generated data in this study were examined by a colleague, and when colleagues were unsure about the data, the data were discussed in peer debriefing sessions with a respected qualitative researcher. These exchanges eliminated the bias of having only one person's opinion on the research.

4.11.1.5 Authenticity

The degree to which the researcher accurately and completely depicts a range of distinct realities and realistically portrays participants' lives is known as authenticity (Polit & Beck, 2014). The researcher selects appropriate participants for a study in order to provide a rich, comprehensive explanation of how to meet the study's setup criterion and promote the study's authenticity (Connelly, 2016). It is important to note that there is no quantitative research method that can be compared to authenticity; therefore, qualitative research has an edge in this field because it can properly convey the significance of a phenomenon and help readers comprehend it (Cope, 2014).

4.11.2 Reliability and validity in the quantitative phase

Reliability pertains to the constancy of a measure. According to Heale and Twycross, (2015) reliability in quantitative research is the extent to which measures are free from

error. McMillan and Schumacher (2014) explained that error is measured by estimating how consistently a trait is assessed. In this study, reliability was attained by developing an instrument with answers on a scale rather than right or wrong. The quality of the study in Phase 2 was attained by ensuring that the instrument and process were valid and reliable. According to Grossoehme (2014, p. 111), the validity and reliability of research refer to the "likelihood that it [the research study] will present the same results if someone else were to repeat" the study. To test for validity and reliability, the instrument was piloted on a sample before administration.

In a quantitative study, validity is the intent of an instrument (Jackson, 2015). Jackson (2015, p. 87) explained that "it is the true and accurate representation of information obtained about a phenomenon and is often referred to as construct validity". Validity was firstly achieved in this study by following the necessary steps for developing the instrument (Creswell & Creswell, 2018). Secondly, I followed Creswell and Creswell's (2018) recommendation to create an instrument that capitalises on the depth of the qualitative findings from Phase 1.

Validity is divided into internal and external validity. According to Sadık (2019), internal validity in quantitative research refers to the ability to draw causal conclusions based on acquired data. Internal validity was achieved in this study by ensuring that changes in dependent variables were caused solely by independent variables rather than any competing variables. As a result, internal validity was attained since I took precautions to avoid dangers by carefully culturally and nationally modifying the instrument to fit the study setting.

External validity is "generalising the research sample to other or larger populations and settings" (Malakoff's Blog, 2012). In the quantitative phase, I enhanced external validity by carefully selecting sampling techniques that were suitable for establishing a truly representative sample of the study populace.

4.12 ETHICAL CONSIDERATIONS

To encourage participants' full participation, it is typically advised that the research process be sufficiently transparent and include participants (Crisp, 2015). According to Crisp (2015), ethics is the area of research that enables the expression of moral behaviour. This means that it is also the aspect of human action that enables the

manifestation of moral behaviour toward people from whom one seeks knowledge. Moral behaviours are also known as phronetic ideals (Gadamer, 2015). Furthermore, ethics in research deals with the interactions between the research participants and the researcher. Ethical guidelines in research include informed consent, deception, confidentiality, anonymity, privacy, and caring (McMillan & Schumacher, 2014). Schwandt (1997, p. 98) clarified that "the ethics of qualitative inquiry … are concerned with the ethical principles and obligations governing conduct in the field and writing up accounts of fieldwork".

Ethics are regarded as being of utmost importance in academia, especially when it comes to ensuring that institutions' reputations are upheld to the highest standard. As a result, academic research methods typically adhere to tight protocols, and ethics committees are established to support the approval of research operations, particularly when collecting data from human participants and other living things (Jackson, 2015). To fulfil my ethical obligations, I first obtained research clearance from the Education Faculty Ethics Committee at the University of South Africa (Helsinki Declaration of 2008, as cited in Maree, 2017). Secondly, I obtained approval from all SCCs as directed by the Gauteng DoH because they are NGOs with autonomy. Throughout my research, I followed Leedy and Ormrod's (2018) ethical principles for informed consent, anonymity, confidentiality, right to withdraw, and protection from harm, which are discussed in the following subsections.

4.12.1 Informed consent

According to Fleming and Zegwaard (2018), the cornerstone of ethical research is informed consent. Fleming and Zegwaard (2018) noted that the term is made up of two crucial words, namely 'informed' and 'consent', both of which necessitates careful evaluation. Consent is "a succession of decisions that take place at pre-identified moments as the project progresses" (Cox et al., 2014). Therefore, consent in research includes more than the creation and gathering of data, but is so significant that it also applies to data analysis and presentation, and most importantly, dissemination to various audiences (Cox et al., 2014). Cox et al. (2014) advocated viewing consent as a series of levels and stages. In this study, I told all the participants about the nature and expectations of the research so that they had a clear grasp of what it was about,

who would participate, and the data collection techniques (MacIntyre, 2016). I used a form suggested by Leedy and Ormrod (2018) that included the following information:

- A brief description of the nature of the study;
- A description of what participation would entail in terms of activities and duration;
- A statement indicating that participation is voluntary;
- A list of the potential risks and discomfort that participants could encounter and how the information would be collected;
- My name, information about me, and an offer to share the findings; and
- A place for the participant to sign and date the letter, indicating their agreement to participate in the research.

The informative portion of the form was in the form of a brief, well drafted information sheet using a writing style customised for the participants and avoiding the use of academic jargon. The information sheet and consent form were thorough, understandable, and well-written because if the information sheet and consent form were confusing, they would result in a poor consent agreement that would not effectively protect the participants or the researcher and could lower the calibre of the data collected because of mistrust (Fleming & Zegwaard, 2018).

4.12.2 Anonymity

Participant anonymity and participant confidentiality are two concepts that are sometimes used interchangeably but are distinct. According to Fleming and Zegwaard (2018), participant anonymity indicates that the researcher is unaware of the participants' identity, for example, when employing anonymous surveys. Whereas participant confidentiality means the researcher knows the participants' identity, but the data have been de-identified and the participants' identity are kept secret; for example, in interviews where the researcher knows the participants' identities only confidentiality and not anonymity can be granted (Fleming & Zegwaard, 2018). I respected the participants' right to privacy by not disclosing participants' responses or behaviour, either vocally or in writing, until they had provided written consent (Leedy & Ormrod, 2018). I informed participants that the results and their names would be

kept private, and that pseudonyms would be used to ensure their identities were protected.

4.12.3 Confidentiality

Leedy and Ormrod, (2018) argued that both the researcher and the research participants must be clear about the confidentiality of a study’s conclusions. To safeguard the participants’ identities, I kept the data confidential and presented the results anonymously (Maree, 2017). I guaranteed the participants confidentiality and asked them to act and reply as honestly as possible so I could get a true picture of events (MacIntyre, 2016).

4.12.4 Right to withdraw and protection from harm

I ensured that the research participants were not exposed to any undue physical or psychological harm (Leedy & Ormrod, 2018). I informed them that their participation was voluntary and that they could terminate their participation at any time (Leedy & Ormrod, 2018). It is important to note that harm can be physical, emotional, reputational, resource loss (including time), and more. When there is a risk of harm, participants should be fully informed of the risks before taking steps to eliminate, isolate, and minimise the risk, in that order.

4.13 CONTRIBUTIONS OF THE STUDY

The South African government has made great strides towards addressing inequalities in the education sector through policy reforms such as White Paper 6 (DoE, 2001b), SIAS (DBE, 2014), and the Draft Policy for LSPID (DBE, 2017a). However, according to McKenzie et al. (2017), there is still poor access to education services for learners with disabilities. Further, McKenzie et al. (2017) alleged that these deficiencies in the education system have left many LSPID at a severe disadvantage in terms of educational opportunities, particularly regarding the quality of education in SCCs. Without undermining the efforts made by the South African government by developing policies for LSPID, these documents are not enough as they do not tabulate a step-by-step implementation process. Thus, this research explored the barriers, challenges, and opportunities experienced by managers in leading and managing

SCCs. Thereafter, using the findings from the experiences of centre managers, I created a general framework for the development of guidelines for SCCs.

This study will contribute to the limited existing body of knowledge on the challenges and opportunities experienced by SCC managers in leading and managing. It is expected that this knowledge will likely lead to centre managers running SCCs that are efficient, sustainable, and effective in supporting LSPID.

Currently, the South African government is implementing the policy for LSPID (DBE, 2017a), but guidelines are lacking. The advantage of having guidelines in place is that they provide steps for the context and implementation process of the policy. This study provides guidelines for leading and managing SCCs for LSPID. This knowledge may pave the way for more focused, effective, and efficient management of SCCs, leading to improved outcomes.

In summary, the contributions of the study are delineated as follows (McMillan & Schumacher, 2014):

- **The study can add to knowledge:** Since few studies have been conducted on leading and managing SCCs for LSPID, this study will add to the limited knowledge. Furthermore, all education departments, locally and internationally, will benefit from the study as they will gain insight into the challenges of leading and managing SCCs.
- **The study can help improve practice:** This study developed guidelines with step-by-step guidance for SCC managers. These guidelines may enable SCC managers to develop a framework and practice for managing SCCs efficiently and effectively.
- **The study can help improve existing policy:** The data generated from this study has the potential to improve existing practices and policies regarding the management of SCCs in Gauteng and even nationally. Such insight can enable all stakeholders in education to become more sensitive and responsive when dealing with LSPID.

4.14 LIMITATION AND DELIMITATIONS OF THE STUDY

Research on leading and managing SCCs for LSPID was found to be non-existent. Up until this point, most literature centred on the health care domain and not on leading

and managing educational services in SCCs. This study primarily focused on leading and managing SCCs for learners with intellectual disabilities. Hence, a limitation of the study was legal and ethical considerations as these are sensitive subjects (McMillan & Schumacher, 2014). To mediate legal and ethical limitations, I was responsible for protecting the rights and welfare of the participants who took part in the study.

The other limitation of this study was subject effects According to Flick (2014b), subject effect refers to changes in behaviour initiated by participants in response to the research situation. For instance, participants may want to increase positive or desirable behaviour by trying to act competent and emotionally stable, which can affect the data collected. To mitigate the subject effect, I used interviews, document analysis, and a questionnaire to enhance the validity and reliability of the data collection process.

Regarding the delimitation of the study, geographically the research was undertaken in Gauteng province. It should be noted that different provinces may have different views on this topic; for instance, the differences may be social, economic, geographic, and political, and will affect SCC managers' experiences in leading and managing.

4.15 CHAPTER SUMMARY

The research strategy and methodologies required to investigate how SCC managers experience and practice leadership and management in Gauteng province were covered in this chapter. The chosen research design was an exploratory sequential mixed approach, which is precise and extremely adaptable and directed me toward the gathering of rich and pertinent data (Creswell & Guetterman, 2021).

The procedures for data collection and data analysis necessary to address the research question were crucial in describing the research design. The study was carried out in two phases: a qualitative phase (Phase 1) and a quantitative phase (Phase 2). For Phase 1, a purposive sampling strategy was used, while whole population sampling was employed for Phase 2. The chapter further looked at the study's data processing and collection procedures (for Phases 1 and 2), and how these were carried out to ensure the validity of the study's findings. The chapter concluded by stating that data analysis for Phases 1 and 2 continued during the writing up of the dissertation (Marshall & Rossman, 2016). The chapter also presented

contributions of the study and the limitations to the study. Table 4.7 summarises the methodology framework.

Table 4.7 Alignment summary: Matrix of methodological framework

Research question	Aim and objectives	Methods/ instrument	Theoretical framework	Data analysis
		Overarching question		
How should SCCs for LSPID be managed effectively in the Gauteng province of South Africa?	To determine how SCCs for LSPID should be managed more effectively in the Gauteng province of South Africa	Document analysis Semi-structured interviews Questionnaire	CHAT Leadership and management	Qualitative: READ approach, and analytical coding Quantitative: SPSS, and dataset coding in the software
		Specific questions		
What are the tasks and places of SCCs for LSPID?	Describe the task and place of SCCs for LSPID	Document analysis Semi-structured interviews Questionnaire	CHAT Leadership and management	Qualitative: READ approach, and analytical coding Quantitative: SPSS, and dataset coding in the software
What are some of the problems SCC managers experience managing centres for LSPID in Gauteng?	Establish the problems that SCC managers experience managing a centre for LSPID in Gauteng	Document analysis Semi-structured interviews Questionnaire	CHAT Leadership and management	Qualitative: READ approach, and analytical coding Quantitative: SPSS, and dataset coding in the software
How well prepared are SCC managers in Gauteng to engage with these management challenges?	Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng	Document analysis Semi-structured interviews Questionnaire	CHAT Leadership and management	Qualitative: READ approach, and analytical coding Quantitative: SPSS, and dataset coding in the software
Which strategies and other measures have SCC managers adopted to deal with the complex management challenges in LSPID centres in Gauteng?	Find out which strategies and other measures have SCC managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng	Document analysis Semi-structured interviews Questionnaire	CHAT Leadership and management	Qualitative: READ approach, and analytical coding Quantitative: SPSS, and dataset coding in the software
Which guidelines can be introduced for SCC managers in Gauteng to manage facilities more effectively?	Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively	Document analysis Semi-structured interviews Questionnaire	CHAT Leadership and management	Qualitative: READ approach, and analytical coding Quantitative: SPSS, and dataset coding in the software

The qualitative data presentation (Phase 1) was the first component of the exploratory sequential mixed methods design selected for this study and is presented first in the next chapter. Thereafter, the quantitative data presentation (Phase 2) is presented.

CHAPTER 5
PRESENTATION AND ANALYSIS OF THE RESEARCH FINDINGS

5.1 INTRODUCTION

The study's methodology and design were described in the preceding chapter. This chapter presents the empirical findings of the study to answer the following research question: How should SCCs for LSPID be managed effectively in the Gauteng province of South Africa? This study aimed to determine how to manage SCCs for LSPID in Gauteng, South Africa, more effectively. To achieve the aim, the data is presented and analysed in accordance with the following objectives:

- Describe the task and place of SCCs for LSPID;
- Establish the problems that SCC managers experience managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;
- Find out which strategies and other measures have SCC managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng; and

The solutions to the four objectives and the last aim guided the design of a framework and addressed the remaining objective:

- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

This was a sequential exploratory mixed methods study divided into two distinct phases: qualitative and quantitative. This chapter focuses on presenting and interpreting the research data obtained during both phases of the investigation. Document analysis and semi-structured interviews were used to collect qualitative data, while a closed-ended questionnaire was used to gather quantitative data. The chapter begins with the analysis and presentation of the qualitative phase results, and this is followed by the analysis and presentation of quantitative phase findings. The chapter begins with the analysis and presentation of the qualitative phase results,

followed by the analysis and presentation of the quantitative phase findings. The latter part of the chapter focuses on the triangulation of qualitative and quantitative data, as well as the data gathered during the literature review. Triangulation validates results, provides more comprehensive data, increases validity, and offers a better understanding of the phenomenon under study.

5.2 THE PILOT STUDY

The pilot study collected data through semi-structured interviews with centre managers. Participants in the pilot study were two centre managers (n = 2) from two SCCs with LSPID in South and Central Johannesburg. The questions in the interview guide for the in-depth interviews with the centre managers were deemed appropriate, reasonable, and appropriate for gathering the necessary data. Because the interview guide for the in-depth interviews with centre managers was found acceptable for gathering the desired data, only minor changes were made.

The majority of the questions in the guide for the interviews with centre managers on leadership and management were determined to be acceptable with minor deficiencies, and thus were adjusted in the final schedule. The changes included rewording, and in some cases, rephrasing the questions. Some questions were completely removed, and others were added. In addition, some questions were also discovered to be imprecise, and therefore, needed revision.

There were questions about how I planned to convey the term ‘how you experienced’ to the interview participants and whether the participants would be able to understand this term when discussing leadership and management. The problem was that the phrase is very abstract, and without prior knowledge of the centre managers’ numeracy, literacy, and communication abilities, it may have created a problem. The following question had to be simplified for participants: What management challenges do you face when managing the centre? It is worth noting that participants were coded accordingly. For example, P#03 represents SCC and manager number 3.

5.3 QUALITATIVE DATA PRESENTATION AND ANALYSIS

This section summarises the qualitative data that were gathered through semi-structured interviews and document analysis.

Document analysis was well-suited for this stage, as the information collected from the documents influenced the later stages of data gathering, including the semi-structured interviews and the questionnaire. The documents provided insight into the philosophy and reasoning underpinning SCC leadership and management.

The only materials examined were policy documents. Initially, I intended to examine meeting minutes, correspondence between the provincial government and the manager, and internal correspondence between the managers and centres personnel. I attempted several times to obtain minutes of meetings and letters of correspondence, but on several occasions, I was told that the materials in question could not be released to anyone who is not a member of the centre management. I got the sense that the SCCs have a culture of not documenting meetings or major occurrences, or that it was an ethical issue. If there was an ethical issue, it was mitigated by informing the participants that their identities and those of the centres would remain anonymous, and by signing confidentiality agreements.

The policy documents examined included service level agreements, *Draft Policy for Provisions of Quality Education and Support for Children with Severe to Profound Intellectual Disability* (DBE, 2017b), *Draft Learning Programme for Children with Severe to Profound Intellectual Disability* (DBE, 2017a), the *Mental Health Act* (RSA, 2002), The High Court judgement of November 2010 (Case no: 18678/2007; Western Cape High Court, 2011), and memorandum of understanding. The purpose of reviewing policy documents was to learn how policy directions guide special care managers when executing their duties. Internal correspondence, on the other hand, was supposed to be used to observe how managers transform policy into practical leadership and management actions at the centres. Unfortunately, this did not happen because the managers were reluctant to provide internal documents.

The discussion and analysis of the data are summarised in Table 5.1. The data are presented and interpreted as categories and themes that were derived from the qualitative data.

Table 5.1 Categories and themes derived from the semi-structure interviews

Sn	Category	Themes
1	Managing the SCC	Historical perspective of SCCs Services rendered in SCCs Types of disabilities Role and experiences of centre managers Preparatory programmes for centre managers Support rendered to the centres
2	Positive outcomes	Parental involvement Safety of children with intellectual disabilities Fostering children's rights
3	Leadership and management challenges	Lack of support from provincial government Lack of infrastructure development Lack of transport for learners Lack of capacity for fundraising Lack of adequate social services Lack of adequate funding Lack of adequate multidisciplinary professional support Lack of constructive consultation with provincial government
4	Adaptation of leadership and management mitigation strategies	Subjective model Ambiguity model Collegial model Distributive leadership style Instructional leadership style

The following subsections provide a full presentation and analysis of the data summarised in Table 5.1.

5.3.1 Category 1: Managing special care centres

The incorporation of education services into the management of SCCs has expanded the roles and responsibilities of centre management. Previously, centres provided care services but no education. In the following subsection, I lists the enabling characteristics that help centre managers administer the institutions.

5.3.1.1 Theme 1: Historic perspective of special care centres

A significant proportion of centres have female managers, are owned by disabled children's parents, are supported by the GDE and DoH, and are located in townships (Section 5.4.1). To gain a thorough understanding of the establishment and operation of SCCs, I asked the participants about the history and services provided by their centre. They responded as follows:

> I am a mother with four children, and three are with special needs. I started the school in February 2011 after I had a lot of challenges getting my children into school. I was discriminated by other schools because my children were low

functioning, they wore nappies, and I searched the whole of Johannesburg. I applied to bigger schools and it was unsuccessful and did put my children in mainstream schools but the classrooms were too big with more than 30 kids and they were not coping. So that led me to open my own school at home. (P#03)

I started in 1999. Why I started is because my second born daughter was born with CP [cerebral palsy]. So that is why I started CN#02. I started CN#02 in a small church. I was using one room of that church, and I catered for 15 children. (P#02)

So the centre was started in 1980 way back 40 years ago. It was started by a Catholic nun from Europe who was posted to this area (CN#09) in the 80s. She was seconded to the Catholic Church here in CN#09 at the parish, and she went around from home to home looking for children with mental disabilities. Because at that stage in our history, there was still stigma involved being mentally challenged, especially children and young adults. (P#09)

The bottom-line is, there was no stimulation centre around the locations, so I wanted to introduce the stimulation centre in the location after working for 13 years at another centre in the suburb. I opened the centre in 2004 because I had experience working with special needs kids. (P#04)

As I have already mentioned, when it started it was just a small place, the founder is a medical doctor by profession, so we had about 10 practices by then, so I was the administrator. I was managing the practices, and we saw a need in the community but the idea was to say keep the children by the day and they can pick them up in the evening, and that how the whole thing started. When they could not fetch the kids, then we decided to turn into a home, and we work 24/7, 365 days in a year. Majority of our children are orphaned, abandoned, neglected, or they were abused from homes, and there are kids who have been with us for 20 years, and nobody ever came to see them or say they know them. (P#05)

As discussed in the reviewed literature (*cf.* Chapter 2, section.9), the majority of the centres were founded after South Africa gained independence from the apartheid administration in 1994. The apartheid government saw little need to support people with disabilities in townships, and hence, the few SCCs were mostly in the suburbs. Furthermore, the responses suggested that the demand was met by many individuals

and organisations, including mothers' of disabled children, churches, and persons or organisations with awareness of disability. Interestingly, there have been significant advancements in delivering services to learners with intellectual disabilities, particularly in schooling, since 2018, and these can positively impact South Africa. With the current political will, we have seen amazing achievements that have benefited thousands of children with intellectual disabilities.

5.3.1.2 Theme 2: Services rendered in special care centres

Data were collected to assess the managers' awareness of the services provided by the centres and to determine whether these services enhance the centers' ability to assist. The managers were asked what services they offer at the LSPID centres, and P#03 answered as follows*:*

> For these learners we provide stimulation. We do life skills such as hygiene, taking care of themselves. We do skills development to help them become independent. We offer stimulation by giving activities. We do physical education, social development, occupational therapy, speech therapy, so holistic development of the child.

When asked if the services supplied made the centre acceptable for LSPID, P#03 responded as follows:

> Yes, because we have opened the centre, and that is why we have physiotherapist, social worker, and the speech therapists. After assessment of kids, I call them, and we discuss the assessments, and they advise us what to do and this makes it the right place for our children.

At another centre, P#02 was asked about services provided in the centre and she responded that "service that we are giving them is the learning program that we are teaching them from the Department of Education and the stimulation. And then positioning, feeding them and also the exercises". P#02 was also asked if the services offered improve the suitability of the centre for LSPID, and she said the following:

> This centre is conducive to have these learners because we have education and stimulation at the centre. In future our vision is to have a school. To have a special school in this yard. Maybe to have two or three classes.

When asked about the services offered at their the centre, P#01 said, “We specialise in stimulation and give the mother psychological, spiritual support because some of them are hurt and some of them need help to give them information where to go to find help and offer services”. In addition, I asked P#01 if the services increased LSPID suitability to be enrolled at the centre, and she stated the following:

> We are trying our level best to give these children care, 100% care and we try our best. And fortunately we have the staff that has that understanding to learn from us. If you are a mother you know a bit more. We started to say we will have caregivers who are parents only. We end up to say no, people must know us outside the centre, like how we work, and how we treat our children. We included other members of the community that don’t have children with disabilities or in their families

P#05 provided the following answer when asked about services offered by the centre:

> We provide, firstly, we provide care which is to ensure that they are cared for because they can’t care for themselves, which includes clothing, feeding, and all that. Secondly, we provide treatment as I have said. It’s not all of them who are on treatment, but we have almost 70% who are on chronic medication, so we provide treatment. We have a professional nurse who comes once a week to check, and we have a doctor, the founder who is still practising, these are close to us so they provide medical services. Then the most important thing that we do on daily basis is stimulation and rehabilitation just to try and help the kids to reach their maximum potential to the best of their abilities. So that we don’t just house them and feed them.

Concerning the relationship between the centre’s services and the suitability of enrolling LSPID, P#05 stated the following:

> What I can say to a certain extent it is ok, but more can be done. But why am I saying more can be done it’s because our communities are not really understanding the issue about intellectual disabilities. Some bring kids with only physical disability, some think that it a psychotic condition, and because of that mix up, we have a challenge. Also our areas of planning need improvement as we have to build as we go, so we have to break to fix a new thing, so we have to break here fix there, even the government itself has not done a great job in

> building facilities that are well customised for kids with severe to profound intellectual disabilities. Therefore, there is more that can be done to the environment because there is a challenge because of the town planning of the township. It just clustering, a lot of noise, and some of the kids when they hear noise they become more irritated and uncontrollable, so those are some of the challenges that we meet with the environment that we are in.

Lastly, P#08 had this to about services at the centre: “So we give gross motor, fine motor, and cognitive skills that deals basically with the sensory, and we stimulate the most important thing”. In response to a follow-up query, P#08 claimed that the services improve the centres suitability for LSPID enrolment at the centre for the following reasons:

> Yes, because the education and health give us guidance, and I would say tools to help. So I would say yes as there is more demand and in future we were wishing that in future we make it a home because now it’s still s day care centre. If it could be home, because most of the parents struggle to get help, more especially for the little ones.

Many factors influence childhood development, and despite extensive testing, there are often no clear answers for developmental delays. If a child is extremely delayed, doctors may diagnose them with severe global developmental delay, even if the cause cannot be discovered. Children with intellectual disabilities experience developmental limits, leading to sluggish learning and simplified activities. As described in Sections 2.6.6, 2.7, and 2.10 of the reviewed literature, the services provided are based on the Integrated School Health Policy (DBE, 2017a), which serves as a model for interdepartmental collaboration between the DBE, DoH, and DSD. According to the findings of this study, the majority of centre managers could only name two primary services, namely education and health, and excluded social development. On the positive side, the centre managers believed that the services they provide are suited for the purpose and that the centres are appropriate for LSPID.

5.3.1.3 Theme 3: Types of disabilities admitted in special care centres

Data were also gathered on the various sorts of disabilities. The premise was that if the centre managers are knowledgeable about various forms of disabilities, they will

be more equipped to provide and administer services at the centre. Thus, when the participants were asked about the types of disabilities admitted to the centre, they responded as follows:

> Most of our kids have cerebral palsy. We have children with autism. We have hydrocephalus. We have Down syndrome and other disabilities that came up we never knew, like Let Syndrome we never knew when we started. Some of the kids are coming with these genetic disabilities. (P#01)
>
> We have cerebral palsy, intellectually impaired, autism, Down syndrome, hydrocephalus, and microcephaly. (P#03)
>
> We have got autism, hydro, micro, hemiplegia, quadriplegic. I have got mixed the only thing is the functional levels. We divide them, and they are all mixed in the classes. (P#04)
>
> The major thing is that all of them have intellectual disabilities of our licensing because we are licensed for severe or profound intellectual disability. Then we do have some who apart from that have physical disability, and their physical disabilities they differ in levels, some can't seat, can't walk, can't feed themselves. Practically, they need complete help, and they are, what do they call it, quadriplegia. And then you have those who have partial disability, some from waist down are paralysed, but they can use wheelchairs, and we have those who it's only mental disability, therefore they run around. (P#05)

Section 2.3 examined the many types of intellectual disabilities, including Down syndrome, cerebral palsy, autism spectrum disorder, foetal alcohol syndrome, and mental disorders. Multiple impairments come from the combination of two or more disabilities. According to the data presented, the centre managers are knowledgeable about the many types of intellectual disability and can name most of them. This was clear because all centre managers were able to identify various forms of disabilities, which translates into the provision of services tailored to each child's disability. In some circumstances, managers were able to explain in depth what each disability entailed and how they provide instruction and stimulation.

5.3.1.4 Theme 4: Roles and experiences by centre managers

The function of the leader of any educational institution is continually changing because the environment of the organisation is not static. These roles are arguably more challenging for managers in SCCs because they oversee facilities for children with intellectual disabilities. As a result, understanding the roles and how managers experience them were crucial. P#04 responded as follows when asked about their awareness of their roles:

> There are too many, just like mother at home. As I have said to you that we have a contract, we follow the contract, we train the staff, and we train the kids. It doesn't mean that since I am a manager, I will be giving everything to the staff. I need to be involved every day. I check the administration, check the kitchen staff and food to see if kids are eating right, we are monitoring everything that is happening here. Checking if the programs are being followed.

Further, when I asked P#04 how she experienced the roles, she responded as follows:

> I am feeling okay though the work is stressful. You become stressed but anyway I have a way of coping. You need to go for a break. That is how I manage to continue, and then, because I am used to this and I love this, I don't want to use the word stressed. I know when I am tired. I know what to do. That is why it is easy for me to come to the centre every day.

P#05 responded as follows when asked if he was aware of his roles:

> My role first and foremost is to ensure that there are resources that are provided for the centre. Resources referring to their health needs, food needs, clothing needs Secondly, it is important to ensure that we operate administratively as required, given that there are several government acts that interact with this process. We have children, so everything we do is in line with Children's Act. We bring in a social worker so we have to ensure that on that part of the Act catered for. Also administratively, we have to ensure that we comply with the requirements. Such as the hours at the centre. And the third level is to manage the day-to-day, which is part of administration. The staff that attend to them make sure that they are well, make sure that they provide the services which they are expected to provide. And one also which is a challenge is to make sure that you

> engage with funders and potential funders. So engaging with the sponsors and providing the needs, analysing the needs, and engage on the basis of the needs. But also one of my role is casting the vision for the future of the organisation. The other important thing to do is to plan for the future.

When asked how he felt about the position, P#05 said the following:

> As I have already said, these are roles that could be done better as you deal with resources, you deal with administration, then you deal with management which is control, planning and vision casting, and all that then you deal with engaging funders, which is fundraising. In other words, I must say it is a strenuous work. It's a challenging work. Sometimes you feel like sleeping and not waking up for two days, but because you still have to wake up because you have a meeting with a funder. We always use the statement that donors are kings because we are an NGO so we don't have the luxury of missing meetings with donors.

P#06 was asked about her roles, and she responded as follows:

> I would say my role is, I think, looking after the people who are helping in the organisation. Remember you cannot run the organisation alone, you must look after their interests so that they are able to do their work properly. Like the people who come here to volunteer, my role is to keep them happy all the time. Even though we don't have funding, there are other things I can do, like go out there and look for donations, maybe like food parcels. I believe that if I keep them happy, they will provide good services to our kids. So it starts from there, from the caregivers, from people who are working here and the beneficiaries as well. Making sure that beneficiaries are treated well accordingly within the centre. We follow up, remember the department has sent us their expectations, so we must make sure we follow that and make sure we are complying with the department as well. When they come here to audit us, making sure that everything is in place. So like, it's a lot of work because you don't have to do your work but work for other people's work as well, check if what they are doing is compliant enough, you must know what is what

Further, P#06 explained how she experiences the roles as follows:

> As I have already said, these are roles that could be done better as you deal with resources, you deal with administration, then you deal with management which is control, planning and vision casting and all that then you deal with engaging funders which is fundraising. In other words there should be four people or five people managing this job. But the issue is being an NGO funding and paying people is the biggest problem. As I have said, if there was a person specifically for fundraising, it would be better. So I must say it is a strenuous work. It's challenging work.

When P#08 was asked about his knowledge of his roles as centre manager, he responded as follows:

> As a centre manager, I would say I overlook every department. I make sure that every department is working smoothly, and I make sure that the centre is getting better, it's improving each and every year. From the finance side to the stimulation side. When I am saying stimulation side, am talking about the stimulation rooms. I would say that I oversee the overall smooth operation of the centre. Even on the transport side, I need to see that it is working. I need to balance that all the departments to be on the same level. I will just put it that way.

As a follow-up question, P#08 was asked how he experienced the roles, and he said the following:

> I will be honest with you, that it's difficult, but it's a good challenge. Why am I saying that, I want to put it in the right words but I don't know how? It's like this, you know, my experience as a stage manager and experience as a centre manager, and it's a bit different. Why am I saying that is with the centre as an NGO, you can plan, you can put the plan on paper, but with the resources it is not easy to get what you want at that time, timeframes that you are targeting at that time, and financial constraints we are struggling financially, so it delays most of the things? And not like the theatre industry that everything is on budget, you know exactly how much you have. This is how much you need to use for a term in the term or for the production. So, here it's a bit difficult because you need to make sure that you get funds. So to initiate something, you need to do it twice as hard before you achieve goals that you are aiming.

Leaders at SCCs contribute their values, expertise, experience, and skills to their daily work. As the challenges and complexities of a manager's work develop, it may be necessary to upgrade their knowledge to ensure dynamic, successful, and effective leadership. As described in Section.2.10.1 centre managers' responsibilities include, to name a few, leading and directing education, health, and social services, influencing the direction and development of the centre, developing and empowering people, and working with communities.

According to the findings, the centre managers have a general understanding of centre management because they were able to name important work characteristics. Furthermore, all centre managers cited difficulties managing their institutions. Therefore, it is feasible to infer that centre managers have several challenges managing SCCs, but they are able to overcome them. In light of the foregoing, it is important to note that a number of managers stated that they are capable of performing the primary functions such as maintaining proper order and education and stimulation services in the centre, supervising learners' instruction, implementing state-guided hygiene protocols, and efficiently and effectively organising and managing the centre; all of which are critical functions in centre management.

5.3.1.5 Theme 5: Preparatory programmes for centres managers

Appointing the proper people to become centre managers and providing them with the necessary skills are crucial to centre management. Therefore, managers must have the appropriate academic credentials and have participated in professional development programs for them to be effective managers. The data presented and analysed here gives an overview of the participants' pre-service and in-service credentials. When asked about her academic qualifications, P#02 responded as follows:

> I have Matric, ECD [Early Childhood Development] level 1 and ECD level 4. I did ECD level 4 with Martin. The level 1 I did it with Seth. And then I did caregiver carer with Forest Town Special School. And then I did the learning program with Western Cape Department of Education.

Additionally, when P#02 was asked about on-the-job training, she said, “The one at Forest town is for disability and the one in Western Cape was about disability. We also did a course at Mama with G on autism”.

At another centre, P#05 was asked about pre-service credentials, and he said, “I have a Bachelors in Theology, I have a number of certificates on running NGOs, Diploma in Book Keeping, also Diploma in Practical Accounting, and in fact I have two Bachelors in Theology with two different institutions”. Furthermore, P#05 responded as follows when asked about his in-service training: “No, not specifically. I am more of an administrative person, a lot I learnt while here. Of course, we had some trainings with Education and Mental Health but nothing serious”.

P#03 explained that “my qualifications are, I have, I studied through Matric, but I didn’t go into education. I studied hairdressing." As a follow-up question, P#03 was asked about the training attended while working as a manager, and she responded as follows:

> I have done some courses with Department of Education. Can I name those? So AAC, Augmentative and Alternative Communication training, cerebral palsy, and I also did cerebral palsy at Baragwaneth Hospital. I did alternative therapy with a private practitioner, also some training at Johannesburg Gen as well. I have done many over the years. With the department we have done feeding, assistive devices and ECD [early childhood development]. With Mental Health, we have done fire management, kitchen safety, or food safety. Some of the training were out and some were at the centre.

P#01 explained her academic qualifications as follows:

> I was only a parent who passed Grade 11 at school, and then I got married. Then I had kids. The first child was fine, but the second child was born with cerebral palsy (CP), and that is where my challenges began.

P#01 described her in-service training as follows:

> Through the Chris Hani Baragwaneth with therapists, we had many training courses. If they have a mother who is in denial about the child, they will call and say come and help, and I will go to that mother and share the ideas and the pain. And we have done courses with education and health departments.

As described in Section 2.10.2, both pre- and in-service institutional leadership training can improve the efficiency and effectiveness of management. For a long time in South Africa, under-resourced SCCs were particularly hard hit by a myriad of institutional management challenges, but recently, guidance has been provided through changing operational requirements in terms of knowledge, concepts, and skills required to manage these centres. The policy guidelines encourage centre managers to construct learning and stimulating instruction for these learners with intellectual disabilities, and emphasises the adaptation, modification, and accommodation of the services provided at the centre (DBE, 2017a, 2017b). The policy documents offer suggestions for staffing, instructional methods, facilities, assessments, equipment, and specialised care or medical services.

Unfortunately, in South Africa, SCCs are unable to effectively implement policy documents because, according to the data, two-thirds of the managers have only a Grade 12 certificate or less. Implementing these reforms requires centre managers with sufficient pre-service and in-service training in SCC management. The findings indicate that there are minimal preparatory programs, which hinders leadership and management in SCCs. On a positive note, managers have received in-service training from the DoH and DBE on education and stimulation services.

5.3.1.6 Theme 6: Support rendered to special care centres

Reducing leadership and management challenges in SCCs setting requires enhanced support services provided to the institutions. SCCs can be supported in many forms and it can come from anyone who is concerned about children with disabilities, such as government departments, other NGOs, parents, the community, the business sector, and so on. The data presented and then examined provides an overview of the support provided in SCCs. When the special centre managers were asked about the assistance provided to SCCs, they answered as follows:

> You know Department of Education is really assisting. Am so proud because they give me stimulation toys. They give me equipment for my centre, and then what the department of transport can do for me is to give me transport. (P#10)

> Before we used to build things for ourselves, but also that one was very stressful. But through the help of Department of Education and Department of Health, they

have intervened in some of the things. That is why we have the equipment to train the kids and train the staff. (P#04)

Yes, we do get assistive devices. We just renewed the licence with Mental Health and the occupation therapists come to see us and she has promised to get us assistive devices next time she comes. (P#03)

From Education yes, from Health it's something else. From Health it's very difficult to get any. It's very hard. They can do far much better, but since we engaged with Education now, it has been ok. Since three to four years, it has been better because they have been very helpful in getting assistive devices that we never thought we could get. In fact, the assistive devices that we had before where the ones we got through donors. (P#05)

At the moment, we have a team of therapists consisting of a speech therapist, occupational therapist, physiotherapist, psychologist, and a teacher who come to the centre. But it is impossible for them to come every second week as they have many centres and they cannot see all the children. (P#09)

We have the physiotherapists, am sure you have seen the guys wearing blue, they are physiotherapists from WITS [University of the Witwatersrand]. They assess kids, they give caregivers training on how to handle them when feeding, as well as leave lessons so that caregivers can share with parents on how to treat them at home because they don't only end up here, but even at home they must exercise and do those things. And then we have the caregivers. (P#06)

Financial support mainly comes from fundraising, but when became registered with Mental Health, we were allowed to take public funds, so now we do that. We go out and get donations or we do events that bring income to the school. (P#03)

Department of Health, like I told you they do help, they give R1 200 to caregivers, but they only give the caregivers who are looking after the under 18. They don't count the caregivers that are looking after the protective workshop of the above 18 and above years old. (P#06)

We get financial support from Health, which is not enough, so I do fundraising. Remember even the fundraising is once off. With fundraising we used to do Miss Onde, we used to do so many things. Community support, when I inviting them

> and if I say I want so much money they do give me. So we let them attend fundraising day, so that they would support us. (P#04)
>
> Department of Health if they can continue but increase the budget for the centres because I think the money that we receive is too little to meet the needs. (P#08)
>
> Yes, we did have a management course. The Department of Education and even the Mental Health they did give us a management course. This was a training of what do they expect a manager to do in a care centre, on their filing system. But it was just a basic on how to report to them, how to keep their monies. (P#01)
>
> But again the Department of Education, there is now training that lead us to a larger degree being satisfied. They have now put up a training schedule to train us. They want us now to be qualified with certain diplomas in managing Mental Health programs. (P#09)

In Section 2.10, I stated that policy documents (DBE, 2017a, 2017b) and the Western Cape court order (Western Cape High Court, 2011) directed provincial governments to determine what and how services should be delivered to SCCs. The three documents proposed interdepartmental coordination between with DEB, DSD, and DoH. Furthermore, the documents broaden the recommendations to encompass departments such as Transport, Public Works, Cooperative Governance, and Traditional Affairs.

According to the research findings, centre managers are satisfied with the DBE's assistance, but they have mixed feelings regarding the assistance from the DoH and DSD. The majority of managers said that the DBE help is adequate but the assistance from the DoH and DSD is insufficient. Some managers claimed that the DSD does nothing to promote social growth. Unfortunately, according to the findings the Departments of Transport, Public Works, Cooperative Governance, and Traditional Affairs have completely disengaged from providing support to SCCs. The absence of their support may exacerbate the management issues faced by centre managers.

5.3.2 Category 2: Positive outcomes

SCC managers experience a lot of favourable results when running SCCs. The findings discussed here reflect the participants' perceptions and experiences. The following themes emerged: Parental participation, safety, and children's rights.

5.3.2.1 Theme 1: Parent participation

Parents can become engaged in their children's activities by joining the board and caring for their children's education, health, and social needs. This can be achieved by showing commitment to their children's stimulation program at the centre, and by attending parent meetings to obtain a better understanding of the offerings. The importance of parental participation in centre activities was shown in the following participant responses:

> Most of the time we do awareness campaigns, we do health talks with the clinics around the community, and even City of Johannesburg. We do support groups which is always funded by City of Johannesburg, and we go to the community or parents come here. You see we work together. (P#06)

> At the centre, we have support groups with the parents and we conduct awareness campaigns so that the community knows about us, about our kids, and the work that we do at the centre. We work hand in hand with the community, and even the caregivers working in our centre are from the community. (P#02)

> Most of the time, we involve people from the community, such as in food gardening and jumble sales. These activities are where we usually meet and share ideas. They normally come or also donate clothes and stuff, and we resale for profit so that we can get something. (P#08)

Parental engagement is a term commonly used in education to refer to the support parents provide for their children's education, which occurs at and links two crucial locations in a child's life: home and school, as discussed in the reviewed literature (see Chapter 2, Section 10.5). It is "the dedication of resources by the parent to the child within a given domain" (Grolnick & Slowiaczek, 1994, p. 238) encompassing the child's schooling, social activities, and athletics. According to Barger et al. (2019), parental

involvement in SCC events is linked to learners' educational progress, engagement, and motivation.

According to the findings of this study, parental participation is a positive experience. The findings also revealed that day care centre managers value parents' assistance. On the other hand, parental involvement in residential centres is challenging because some parents do not return to check on their children after they are enrolled.

5.3.2.2 Theme 2: Safety for children with intellectual disabilities

SCCs accept children with intellectual disabilities, and these children are recognised to have deficits in self-care, social interaction, and learning capacities. As a result, centre managers are obligated to establish supportive safety systems to meet the physical, psychological, and social safety of children in their custodian. The following responses by participants made it clear that SCCs provide a safe haven for children with intellectual disabilities:

> At home, they can be abused there and they end up being victims there. You know disabled kids can easily be raped because they won't be able to report, but if they bring them here while at work, I think the child is safe. (P#07)
>
> We started in a tin shack, only one tin shack that was also used as a bathing facility, stimulation space, whatever. So now we have these facilities that you see, and we have two other facilities. Looking at all facilities, there is no facility that we can say one corporation bought or built for us. These facilities provide safety and shelter to our learners. (P#05)

It is critical to keep all children safe from harm or potentially dangerous situations. To ensure children's safety, SCCs provide services based on the Integrated School Health Policy (DBE, 2017a), as discussed in the reviewed literature (see Chapter 2, Section 10). Children with intellectual disabilities may have unique needs that necessitate additional attention. Although they are not more aggressive than other children, they are more likely to be bullied, abused, or neglected at home. According to the findings, SCCs provide a safe refuge for children with intellectual disabilities. As a result, another benefit experienced by SCC managers is the protection of children with intellectual disabilities. The SCC managers believed that the care centres provide

a safe haven for disabled children because they have easy access to the resources they require for activities for daily living at the centres.

5.3.2.3 Theme 3: Fostering children's rights

SCC managers are expected to be conversant with international and national policies and procedures while working with children with disabilities. With this understanding of regulations and processes, centre managers can provide services to children with disabilities that meet international and national standards. During the interviews, the participants highlighted the issue of children's rights as follows:

> They are like other kids, and the only problem is that they are physically challenged, but they have the right to do everything like other kids. (P#04)
>
> Secondly, my role is to ensure that administratively we run as required by regulations, because there are a number of government acts that interact with this. We have children so everything we do is in line with Children's Act. We bring in a social worker, so we ensure that on that part of the Act we catered for it. (P#05)
>
> They have the rights exactly like the normal children. They are so happy to be in the centre because when they see brothers and sisters at home going to school, they become happy also to go to school. If they don't come to school, parents will just lock them up. (P#10)

The literature review (see Chapter 2, Section 8) discusses the establishment of non-negotiable norms and obligations by the UNCRC (UN, 1989a) to protect all children's human rights. The UNCRC recognised children as participants in all matters that affect them, and established unique rights for children with disabilities in addition to the universal rights for all children. According to the research findings, the third beneficial effect is advocating for the rights of children with intellectual disabilities. The centre managers believed that by enrolling disabled children, they are advancing international, regional, and local regulations that support disabled children.

5.3.3 Category 3: Leadership and management challenges

SCC managers are critical in the coordination of care, stimulation, and education services. As a new phenomenon, the incorporation of education services into the

centres is not without challenges and hurdles. As a result, the centres face significant challenges, and managers have encountered a variety of impediments. These challenges are presented in the following subsections as perceived by managers who are regarded as the linchpins of centre management.

5.3.3.1 Theme 1: Lack of support from the provincial government

The Draft Policy statement for LSPID (DBE, 2016) used the *Integrated School Health Policy* (DoH & DBE, 2012) as a paradigm for interdepartmental collaboration. According to the policy, the key departments are the DBE, DoH, and DSD. Furthermore, the Departments of Transport and Public Works must play an important role in assisting SCCs by providing infrastructure and transportation, respectively (Western Cape High Court, 2011). Finally, as a custodian of municipal land, the Department of Cooperative Governance and Traditional Affairs must participate in interdepartmental collaboration to facilitate title deeds and avail land for centre development.

When asked about provincial government support, interviewees had varied responses. Some felt that help from the DBE and DoH was adequate, while others felt that support from the DSD was insufficient. One supporter (P#05) of the Departments of Education and Health stated, "We get help from the Departments of Health and Education. Health provides us with money, and Education supplies learning materials." In addition, P#02 was in agreement with P#05 when asked about support from provincial government and stated the following:

> Since we started the centre, I commend Department of Health and then came Department of Education. We didn't know that these kids have the potential to learn. But through the Department of Education, now we see our children have the potential to learn.

To promote EFA, the South African government developed a draft strategy for delivering quality education and support to children with severe to profound intellectual disabilities (DBE, 2017a), which was first applied in 2018. The policy document specified which departments must provide assistance and how the assistance must be delivered in SCCs (see Chapter 2, Section 10). The supply of resources to support learners with intellectual disabilities can help centre management succeed. According

to the findings, only the DBE and DoH are meeting the mandate of the five departments tasked with leading the provision of services in centres. While the DSD, DPWI, and Department of Transport make smaller contributions.

5.3.3.2 Theme 2: Lack of infrastructure development

The managers were certain that the centres lack the essential facilities to assist learners with intellectual disabilities. The causes ranged from a lack of funds to a lack of space to expand, and most importantly, how the centre was built from the start. Two participants explained the challenges as follows:

> The building of this infrastructure at the beginning was not easy. We were coming from a tin shack and kids are abandoned and so we had to build. A lot of it is built for abled kids kind of, with that mind of being a home, so there is a lot of customisation. (P#05)
>
> Customisation, if I may say so that needs to be done and unfortunately some of it costs money, and some of it cannot be done. You just have to destroy the whole infrastructure. So in our infrastructure if it was according to me, you would find the land and redo the whole thing. (P#05)
>
> Let me give you the background of this centre. By that time this was my home, and I wanted to start the project. I went to government offices asking for a space, and they said they didn’t have any available. So one day, I said to my mom that even today I am going there, somebody advised me to go to other places. I went to the other places, and so when came back, in my bedroom my mom moved everything to her bedroom. So when I get back and was tired and slept. My mom said she will explain everything when am awake and it was a shock. Then she said was sick and tired of listening from me are going to look for a place and said here is the bedroom for you to work. So we started working from the bedroom. By that time when we started working, we had 9 kids and I was using the seating room. Then I turned the whole house to the centre and the government did not help. (P#04)

P#05 provided the following example of how the infrastructure development and regulations frustrate centre managers:

> From government structures? No. In fact in their contract, they are very clear that they are not getting involved in buildings and all that. When we started, somebody came from government and recorded all the kids, and said you can't have kids in tin shacks, and we told them that they are abandoned, so please help us to put something, and they said no and told us to get licensed so that we can ask for donations. We then asked them to license us, and they said, 'We can't license you in a shack.' They can't take the kids, they can't help us build, and they can't license us because they only license brick-and-mortar structures...

On the other hand, one centre manager faced a different infrastructure difficulty since they are renting from the DPWI, and the challenge is high billing from the department. This is what P#08 had to say:

> Yes, we do work with infrastructure. Department of Infrastructure are the ones that are owning this place. So we are renting from Department of Infrastructure. Yes, and we have been signing the lease agreement with them because we are leasing from them. But for now we have got problems with Department of Infrastructure because the problem is the money for rental the billing is too high for us. It's way too high for us so that is the biggest problem with us. But we have tried to discuss with Department of Infrastructure because they are supposed to renew the lease agreement as it was supposed to expire last year and we have applied, but now they are in the process of taking back the school to the normal children. So they are still surveying, and they were not happy about the payments because we couldn't afford to pay R7 000 every month.

Lack of physical access to and within constructed environments is a major factor contributing to the exclusion of individuals with disabilities from mainstream society, which constitutes a violation of human rights. Chapter 2, Section 10.6 discusses the implementation of infrastructure in SCCs. According to the data obtained, all SCCs in Gauteng have ramps for wheelchair accessibility; however, access to bathrooms is limited, as half of the centres in the study do not have accessible bathrooms.

It is worth mentioning that understanding why and how the facility was founded can shed light on infrastructure development issues. Based on the information gathered, most centres were built to address the concerns of individual mothers. For instance, a mother was unable to find a school for her child and opted to establish an SCC, and

as a result, most centres began in a simple setting, the home. In general, this is a challenge because residential neighbourhoods have limited expansion space because the plots are not planned for development.

Furthermore, the findings showed that there is a lack of infrastructure development because of financial constraints. To alleviate financial and infrastructure development constraints, centre managers are expected to request assistance from the DPWI to facilitate infrastructure development and ensure that buildings meet international universal design standards, but this is not possible because the department is not supporting the centres.

5.3.3.3 Theme 3: Lack of transport for learners

There are two types of SCCs, namely day and residential care centres. Residential care facilities provide learners with on-site housing so they do not require transportation, but learners who attend day care centres do need transport. When questioned about problems, most day care centre managers listed transportation as a major issue. According to the findings, the residential managers are eager to provide day services, but they cannot provide transportation for learners. Regarding transport, P#05 stated the following:

> Transport they are not providing, but they say from the subsidy that they give us, you have to try and get transport, which does not work. Food of course because from the subsidy we get, we, buy food, clothing, and stipends for the staff.

P#05 was asked to provide a solution to the transportation problem, and replied as follows:

> I think it's important for the government to provide transport as they do in normal schools, the same way they make a plan, we are not expecting a different thing for kids with special needs. We are just saying that if you provide for kids in schools, as, there is a scholar transport system provided by the government. Why can't they provide for these kids?

P#06 was asked about the challenges experienced, the participant said lack of reliable transport was the main issue, and explained as follows:

> We do not have any transport for the kids here. So as you see the Avanzas have parked there, they are old, but for us to go for the meetings, there is a community member who donated. He didn't donate as such, he borrowed us his Avanzas, two of them. We fill petrol in them. We are not paying anything. We just fill petrol and use them anyhow as much as we want. So he is part of us as a volunteer, is a driver, he is in transport, he is a guy who collects kids from different places

When asked to recommend a solution to the transportation problem, P#06 recommended the following:

> Transport department if they can donate because we don't even have transport for office work. Remember we have workshops, we have forum meetings that we need to attend, and we do submissions every month. So for us to go to taxis or to Uber, Ubering is a bit expensive. Besides they provide transport in schools, why not our kids?

Finally, P#07 described the difficulties of transporting children with intellectual disabilities by citing the following incident that happened with her on her way home from the hospital:

> Doctor phoned, and he said the child was discharged. I went there with a taxi, and come back with a taxi. She is 18 years, she is tall, and she doesn't know how to walk, and it was so painful in that taxi, because people when I got there, I saw that people were laughing. They didn't want the child to touch them, but our children like to touch, so when I was in taxi, I looked like a fool or like what, I do know.

Transportation and related services for children with disabilities can be expensive for SCCs and their managers. Currently, when learners are unable to access standard modes of transportation, centre managers make transportation arrangements for them, which puts financial strain on the institution, despite the fact that the Draft Policy (DBE, 2017a) stipulates that the Department of Transport must provide this service (see Chapter 2, Section 10.4).

According to the findings, transportation is limited because of financial restrictions. The lack of transportation in centres has been exacerbated by the Department of

Transport’s failure to fulfil its mission of providing transportation for intellectually disabled learners as indicated in the Draft Policy (DBE, 2017a).

Unfortunately, the managers believe that the DBE has double standards by providing scholar transportation in schools but not in SCCs. Despite the DBE's provision of scholar transportation in schools, centre managers are continually requesting that the DBE extend this service to SCC learners; however, these requests have been ignored.

5.3.3.4 Theme 4: Lack of capacity for fundraising

SCCs are NGOs, and fundraising enables them to fund their mission, cover overhead costs, establish instructional programs, and make enhancements that boost the sustainability of the services they provide. Fundraising is an integral component of any NGO’s business plan, regardless of its size. When the managers were asked about their skills and experiences, there were conflicting replies. The centre managers from well-established NGOs had skills that they had developed over time, but the managers from individual centres did not. When asked about fundraising, P#08 said the following:

> Then I deal with engaging funders, which is fundraising. In other words there should be four people or five people managing this job, but the issue of being an NGO funding is a problem and paying people is the biggest problem. We are doing fundraising but I think it is not enough.

P#08 was also asked if she had any formal training in fundraising, and she replied that “I have experience, through my work here at the centre, but I think it’s not enough. We need help in fundraising and this help can be inform of training on how to fundraise”. The sentiments of P#08 were shared by P#04 when she replied as follows to the question about her fundraising abilities:

> We get financial support from Health, which is not enough, so I do fundraising. Remember even the fundraising is once off. With fundraising we used to do Miss H, we used to do so many things. Community support, inviting who if I say I want so much they do give me. So we let them in that day so they would support us.

P#04 was asked a follow-up question about the fiscal impact of the centre’s services, and this is what she said, “As I am saying, that we are fundraising every day, even

though sometimes you don't get it, but we make an effort. This is the main stress I have got, so government to help in fundraising by conducting workshops or trainings".

However, one centre manager encountered a different fundraising obstacle since they failed to meet regulatory criteria due to confusing regulations by the DoH, and the challenge is that they are unable to fundraise due to inadequate documentation. P#02 had the following to say:

> You know why I say it is difficult is if you don't have the compliance certificate, the lease agreement is the one that can open the doors of our centre. We don't have a lease, and if we go out to source some funds, they want us to give them the lease agreement, and also we don't have a health certificate. If don't have those certificates, you can't source any donation. We have a lease, we are supposed to have partial care certificate so that we can apply for funding from lottery whatsoever so that we can run our centre smoothly and now every doors are closed for us. It's difficult.

NGOs, such as SCCs, play a crucial role in addressing social, educational, and environmental challenges, and fundraising is essential to their continued operation and success (see Chapter 3, Sections 10.3-4). Financial support enables NGOs to expand their reach and increase their impact. However, in South Africa, NGOs face financial limitations due to fundraising challenges, as demonstrated by the findings.

According to the findings, there is a shortage of professional fundraisers. To solve this scarcity, centre management requested that training be offered or that the government reimburse the wages of a qualified fundraiser, but the government has yet to respond. As a result, centre managers have financial difficulties and are unable to fundraise to supplement government financing.

5.3.3.5 Theme 5: Lack of adequate social services

Children with disabilities in the child welfare system are more vulnerable to exploitation and abuse due to a lack of access to appropriate services and support. In these cases, it is vital to do a thorough assessment to ensure that the child's requirements are met completely and that a safe and supportive environment is provided for their successful growth. Children with intellectual disabilities confront great obstacles in South Africa as the majority of them are either abandoned or orphaned.

P#05 described how a shortage of social services is evident among centre managers, and to clarify his point of view, he said the following:

> There must be a social worker or a social worker linked to every organisation. We have five organisations in this area, one social worker can be linked to them to provide social worker needs. A social worker can come check and go to the houses, even the same kids we have here when we release them on leave of absence to the homes. How do we know if the environment is conducive? The service of a social worker is needed.

To emphasize his argument about the shortage of social services, P#05 used the following example of a situation that required the services of a social worker:

> For these kids, the social development is needed because some of these kids the home environment is hostile, then we need the social development. We had two of our kids, we had two teenage girls, they go home December, and we give around 3–4 weeks holiday. They come back, and four months down the line we discover that they are pregnant. What is that? Its rape, but you know that there is something at home, and the social development is not involved.

P#09 also stated how important social workers are by saying the following:

> The social worker must be employed. You can imagine there are a lot of social issues to deal with in our centres. Because we have things like, for an example, there is a young lady here who was non-verbal, and we suspected she was raped, and it took an entire week to find a social worker. I had to go and have the child tested to find out if she was really raped at the centre, make a case, etc. I don't have all the knowledge of these legal matters. What are my legal parameters as the centre manager as I am expected to work in the interest of the child?

P#08's response to the dearth of social services was described as follows through the lens of counselling services for both learners and carers:

> I had a boy who came here, he was a twin. The father killed the other twin in the presence of this one, and then this one comes here. He is violet and keeps saying I need my brother, and here is a caregiver who is supposed to be a father and a mother to this kid, they get stressed. So they need continued therapy and

> counselling, but we can't afford that kind of counselling, but there is a department that can provide somewhere but they can't.

P#03, on the other hand, examined social difficulties through identification documents, which are under the purview of social workers, and stated the following:

> I have kids who don't have IDs [identification documents], and only this week I went to four different Department of Home Affairs. They keep referring to one another. This one says it's not us but another department. So you need the social development to get involved.

SCCs for disabled children often require workers with unique capabilities (see Chapter 2, Section 10). For example, a social worker who works with deaf children should be fluent in sign language to provide counselling without relying on interpreters. However, according to the findings, recruiting and retaining talented people in the NGO sector is challenging.

The findings showed that there is a paucity of social service provision at the centres, and that home visits are difficult. Centre managers requested assistance in the form of enough social workers or permanent placement in centres, but the request was denied, resulting in minimal provision of social services because of a shortage of social workers.

5.3.3.6 Theme 6: Lack of adequate funding

Many NGOs face financial difficulties, and SCCs are no exception. Centres mostly rely on relatively restricted government assistance that does not fund general institutional operations and is insufficient. According to the findings, the centres spend the majority, if not all, of their funds providing services rather than improving their organisations. The participants described the problem as follows:

> Its only Mental Health that gives us a subsidy for food, stationary, stipend, and cleaning material, but the money is not enough for things like transport or paying our staff. (P#01)

> The money we get is helping, am not saying it's not helping. It's helping, but it's not enough. From the money they give us, a certain percentage needs to go towards this, another percentage towards that, and so on. So we have 60% to

> go for HR for paying staff, and that money we get from Department of Health is not enough to pay everyone. (P#08)
>
> We do have financial support from Department of Health through subsidy per capita, which is not enough, because we claim a grant on monthly basis. They pay when they have it. Sometimes its stories, but that is not enough, and it covers I can say around 60–70% of our activities, and the other 30% we have to raise from different donors and sources so that we can pay caregivers. (P#05)
>
> Our main source of income is we are funded by the government as we are given subsidy by the Department of Health Mental Health Directorate. We get a monthly subsidy for each child, but it's not enough. So the state pays an amount per child as subsidy, and subsidy caters about 60% as salaries and 20% of the income comes from parents as they pay a small school fee, and we also provide transport for the children. (P#09)

In Section 2.6.6, I discussed the Children's Act (RSA, 2005), which mandates the government to provide comprehensive social services to children, prioritising funding in low-income communities and ensuring accessibility for children with disabilities (DSD et al., 2012). NGOs provide specified services, but the grants do not fully cover their expenses (see Chapter 3, Sections 10.3-4). According to the findings, a shortage of funds presents management issues for centre managers.

According to the findings, the Department of Health (DoH) provides financial assistance, but the centre administrators believe it is inadequate. The managers feel that the DoH should re-examine the grant for children with intellectual disabilities. While some centre administrators are able to fundraise, the data shows that they cannot raise enough.

5.3.3.7 Theme 7: Lack of adequate multidisciplinary professional support

SCCs admit children with intellectual disabilities, the majority of whom have multiple impairments. Children with intellectual disabilities struggle to navigate tasks that require physical, emotional, educational, verbal, and social abilities, and because of these obstacles, they require consistent and adequate support from multidisciplinary professionals. When asked about the extent of specialist help, P#09 stated the following:

> The other thing that is a challenge for us is that there is lack of professional services, but we advertise. We have got the money to employ but maybe not the asking price. But to give an example, we have a couple of occupational therapists that come and go. But these people cost money, and there are too expensive. Occupational therapist and physiotherapist it’s hard to get hold of them. That is a challenge for us.

Furthermore, P#09 highlighted the absence of professional help using the following example that occurred in my presence:

> It’s impossible for us to employ a nurse for cases like the child who was having epileptic seizures. We have struggled to find a nurse willing to work for a very low salary to assist with such needs. It would be very comforting to have a nurse on site to handle situations like epilepsy, but instead, we have to go to the hospital for such cases. Having a qualified nurse on site would be a great relief for us in terms of medical care.

Other participants indicated that the level of professional support is inadequate, describing the problem as follows:

> We also have the physiotherapists working here. They also go to the homes and do home visits, and check all these people who have strokes. These physiotherapists come here once every month, but each time there is a new group, and I think once in a month, it’s not enough. (P#06)

> We have a dire need of professional services, because of that at least even if it’s coming twice a month or so, we have a special needs teacher, a speech therapist, occupational therapist who comes, the reason why it was a better approach to look for help from people in the Department of Education, it was because as an NGO you don’t have the money, you can’t pay for the professional services. But again I think coming twice or so is not enough. (P#05)

> I approached the section dealing with NGOs in the Mental Health in City of Johannesburg, so engaging with the Department of Health to bring more services to the NGOs, because before we had one occupational therapist, she was coming once in a week and the funder said they cannot fund for that anymore. So what I did was look for funding if we need a professional service, I engaged

> the person to see if they can do it pro-bono if not look for another funder and negotiate a good deal and it is not easy. (P#04)

Vostrý et al. (2022) defined intellectual impairment as significant restrictions in cognitive functioning and adaptive behaviour, including social, practical, and conceptual skills. They found that these limitations contribute to low health literacy and health-related issues, such as limited awareness of illness, difficulty expressing pain or discomfort, and poor reasoning about disease causes and consequences. Individuals with intellectual disabilities require multidisciplinary support (see Chapter 2, Section 10). Due to these characteristics, multidisciplinary assistance from the DSD, DBE, and DoH through the Mental Health Directorate is essential, as outlined in the Draft Policy Document (DBE, 2017a).

According to the findings, the participants believed that the DBE provides extensive support, but that contact days with centres are insufficient. In addition, an educational support team includes a special education teacher, physiotherapist, speech therapist, occupation therapist, and psychologist. The DoH, on the other hand, provides modest multidisciplinary help, and the DSD support is non-existent, according to the participants.

5.3.3.8 Theme 8: Lack of constructive consultation with government

Consultation is the process of seeking and offering information and advice, exchanging ideas, and addressing problems in a respectful and trusting environment. To be effective, the process must be motivated by both parties' willingness to share information and collaborate to address problems. According to the findings, talks between government departments and SCCs are not fruitful. When asked if centre managers had discussed concerns with government departments, the participants said the following:

> Yes, we do talk to government. We talk about money, about kids, so many things, and the department is aware of most of things. Some of them tell us that they can't go beyond what they are giving us because they have a limit. (P#04)

> I have discussed with them. I have tried to discuss with Department of Health. I have discussed with Department of Education, but not formally though because with Department of Education we only do the meetings, but Department of Health

> I have discussed with the team because quarterly they do the audits so we discuss those challenges. And also we had a meeting with Department of Infrastructure, and we have told them the challenges and what is making us not happy, and no one is helping us. (P#08)
>
> Yes, we usually have meetings with Mental Health and Department of Education, but nothing is coming out. (P#06)
>
> We do talk to them. We have a task team for centre managers. We do talk to them about our challenges. We tell them that our centres are struggling with one, two and so on, but most of the time they have negative answers, and they tell us that we are just assisting, it's a subsidy, and it's not a payment, it's not a must. (P#01)
>
> I do, I discuss with whoever cares. I discuss with the departments, with our donors to say, even if you don't give us this, I have taken a tendency of, if a company comes and donate something, we don't finish our discussion before I ask what do you do, because some of it I tell them instead of providing me with money maybe you can provide me with your services. But nothing much comes out of it. (P#05)

Facilitating constructive conversations between policymakers and policy implementers is an important component of the policy implementation process. In this scenario, fruitful conversations are envisaged between various government departments and SCC managers (see Chapter 2, Section 10). Simao et al. (2021) argued that consultation involves more than just sharing information, and also involves meaningful engagement and the possibility of learning from each other and modifying the original plan based on input. This means that constructive consulting is built on a healthy relationship that includes mutual trust and open communication. It entails combining resources in order to develop effective problem-solving techniques. Dettmer et al. study of 2005 (as cited in Alshalawi, 2019) defined constructive consultations as shared responsibilities for program implementation and evaluation, as well as a problem-solving method.

According to the findings, centre managers are making every effort to confer with various government offices, but these departments are not presenting any constructive solutions and instead just provide lip service. The implication is that if the Grant Project

does not consistently allow for meaningful consultation, it might make improving services and making adjustments in SCCs more difficult than necessary.

5.3.4 Category 4: Adapting leadership and management mitigation strategies

Effective centre managers adapt and draw on a variety of skills and tactics depending on the situation. A typical day in SCC management demands leaders to transition from authority figure to teammate, coach, and therapist, navigating through a variety of positions as each demand arises. The ability to change and adjust leadership tactics based on what is required is critical to becoming an effective leader. This ability to change and adjust leadership techniques is driven by a desire to uncover mitigating measures that are influenced by manager-staff interactions. This brings us to leadership and management strategies for the challenges experienced by managers as shown in the findings.

To be able to provide data and analyse how centre managers adapt and address management difficulties, a discussion on how they adopt leadership and management theories was essential. According to the data obtained, centre managers use leadership and management styles as mitigation techniques. Three management models (subjective, collegial, and ambiguity models) and two leadership styles (distributive and instructional styles) were prominent in the collected data.

5.3.4.1 Theme 1: The subjective model

As indicated in Section 3.6.1, subjective models focus on individuals and imply that effective centre management is the sum of its individual contributions (Bush, 2020b). When asked how they feel about their relationships with other staff members, centre managers mentioned individualism as one of the challenges. P#04 stated the following:

> We work ok. But you know I can say, we are human beings, and we are different. Sometimes you have your moods, and I have my moods, so we need to control that. I won't go with their moods even if it's bad or good. If that day is not right, I make sure that I tell her not take the temper to kids. What I know is we are different, and remind them that everyone has got problems, but try to control your problems and as people let us help the children.

P#04's feelings about the disadvantages of individuality were in sync with P#05's, who remarked the following*:*

> We may not be the same, of course we should not be the same, but we should be running towards the same goal. The bigger picture is the same, and we bring different skills. The problem is when we are running in different directions.

P#06, on the other hand, saw individualism as a blessing because it allows her to tap into unique skills to increase centre functionality. She stated the following:

> But if I see someone, because we have different characters here, I like assessing people, like how is this one, and how is this one, and I see that there is this one who is always on point. Her ideas are very good. Then I will take notice of that person.

P#06's ideas on the value of individual contribution were in agreement with P#01's, and she said the following:

> We work well with my staff. Even if there is something a caregiver wants to do, we say show us how you do it. They showcase because people are different and can do different things. Then we give them that chance to showcase or do something.

Interestingly, P#08 examined individual contributions to centre management via the prism of leadership transition. He stated the following:

> I think the relationship is good, but sometimes it's challenging though. You know as I was saying that there are new developments, new challenges, and the other thing is most of the staff that is here, it's been working with mama. So you know the change of the manager, because she was her own character, and I am my own character, so the adjustment became a bit of a challenge, but now at least we understand each other.

As discussed in Section 3.6.1, the premise in a subjective model is that organisations are created by the individuals who work within them. In Section 3.6.1, I indicated that the ability to manage an SCC is dependent on the skills, knowledge, and experience of the personnel who manage the centre since they interpret challenges differently and extract different meanings from the same incident. These perspectives are consistent

with my findings as centre managers perceive and interpret events and circumstances through their own lenses and motivations. The theory here is that centre managers can change their ideas depending on the occasion or circumstance, as well as how they interact with other members of the centre's personnel.

In light of the foregoing, centre managers employ a subjective model in which they recognise individual differences in values and motivation and use this to strengthen centre management. Furthermore, the findings revealed that there is an element of subjectivity present in the centres, allowing it to deal with divergence and discrepancies and this is consistent with the findings.

5.3.4.2 Theme 2: The collegial model

As discussed in Section 3.6.3, this model asserts that power and decision-making should be dispersed among members of an SCC (Bush, 2020a). According to the data gathered, centre managers are practicing collaborative leadership by focusing on team building. During the semi-structured interviews, centre managers were asked whether they support teamwork and what the benefits of teamwork were. P#06 responded as follows regarding the encouragement of teamwork:

> If I see someone, because we have different characters here, I like assessing people, like how this is one and how is this one, and I see that there is this one who is always on point. Her ideas are very good. Then, I will take that person and team with the ones I know that their knowledge is less so that they can share. Always teamwork works. It wins always. But you need to know how to do it.

When asked about the benefits of teamwork, P#06 said, "You will see the change. You say they have learnt something new from each other. So it's nice when you see progress. Even to the kids, if the caregiver is experienced, you will see the change in the kids".

P#02 had the following to say regarding teamwork:

> Team work is very good. When you are doing team work, you can't go wrong. If I do a mistake, and we are a team, you will show me the mistake. The team member will show me to say, we do it this way and not that way.

P#02 said that the advantages of teamwork were that “sometimes you think you are right, but you are not. So, if you have a team, they will correct you. When we are doing the morning ring, we need team work, and when we are doing story telling”.

P#05 described teamwork as follows:

> Obviously, based on what I have said on delegation, team work is everything. I, especially in this line of work that we are doing. I, always one of the most important thing that I try to check when I interview a potential staff member, it’s whether they have a good attitude towards team work.

Furthermore, P#05 cited the following example of his hesitation to renew the contract of a staff member who was unable to work as part of the team to demonstrate his argument:

> I will give an example, I had one lady who was an auxiliary nurse. Wonderful lady, a hard worker, but she was not a team worker, and I didn’t renew the contract. Because no matter how one person knows how to do the job, if they can’t work with others, it will affect the outcomes, the results.

In addition, to demonstrate the benefits of teamwork, he used the following football comparison:

> So we must be able to work with others. We may not be the same, of course, we should not be the same, but we should be running towards the same goal. The bigger picture is the same. We are like the football team. Even if you have the best of the goal keepers rated the best in the world, but if the defender and the strikers are not working as a team, the team will not win. So team work to me it’s important. (P#05)

Lastly, P#08 said the following about teamwork at the centre:

> But we have what we normally call a family meeting. So we resolve the challenge with the staff in a family meeting. We talk about it, and also we give it seven days so that I can respond to it, and maybe it’s their proposal, or they are asking. We discuss in the next meeting, and we see what we can do to resolve the matter.

When P#08 was asked about the benefits of teamwork, he said the following:

> Even if am not here, I know that they will be able to take care of things. Maybe when am gone out to a meeting or workshop or something because everyone knows what we are doing here, so I trust them.

In Section 3.6.3, I highlighted that collegial management entails creating an environment in which all stakeholders can collaborate as partners to make shared decisions. The findings showed that SSCs provide forums for all stakeholders to openly express themselves and feel like they are part of a democratic decision-making process. This is congruent with Bush's (2020a) position that imposing judgements on SCC staff is morally abhorrent and contradicts the concept of consent. According to the findings, SCC managers practice collegial management since staff members participate freely during staff meetings and decisions are not imposed on them.

Given the foregoing, it can be concluded that Bush's (2020a) collegial model is an acceptable lens through which to evaluate the centres as the managers encourage teamwork. The findings showed that all staff members are participating in institutional management, which aligns with Bush's (2020a) collegial model. According to centre managers, the collegial management model alleviates difficulties while promoting stakeholder participation through power-sharing.

5.3.4.3 Theme 3: The ambiguity model

As noted in Section 3.6.2, the premise of ambiguity models is that uncertainty and unpredictability are fundamental elements of decision-making in SCCs (Bush, 2020b). The findings of this study are consistent with Bush's (2020a) assumptions because when the centre managers were asked how they experience leadership and management, they responded that they fix problems as they emerge. P#09 stated the following regarding leading and managing learners with intellectual disabilities:

> The challenges that we face are like what every school in the normal school set up. You get naughty children and good children in the same set up, but obviously our children are special children, and we treat them more a little bit carefully, and we deal with the problems as they arise because these children have many problems.

P#08 examined uncertainty in leadership and management through resource acquisition and stated the following:

> You can put the plan on paper, but the resources are not easy to get. It not easy to get what you want at that time, timeframes that you are targeting at that time. Financial constraints we are struggling financially, so it delays most of the things, and those are different challenges, but we try to solve as they come. We try solve each problem at a time, but it's not easy.

Interestingly, P#09 examined the uncertainty and unpredictability of leadership and management through the prism of how a centre manager must react and said that "when challenges come, they don't need you to react same time. You need to relax, sit back, and re-digest what happened, and then you will find the solution for that problem. Because different problems will come at different times".

In Section 3.6.2, I explored the ambiguity model that emphasises uncertainty and unpredictability in SCC management (Bush, 2020a). The findings from this study demonstrated that SCCs are unstable and complex, which is one of the reasons managing them is difficult. Furthermore, the findings demonstrated that operating SCCs is difficult because of the variety of learners' needs. As a result, adopting a formal model to manage would be impractical as formal models consider decision-making a straightforward cause-and-effect process. Based on the foregoing, it can be concluded that Bush's (2020a) ambiguity model is an acceptable lens through which to analyse special care structures because there is uncertainty and unpredictability in the way the centres function.

5.3.4.4 Theme 4: The distributive leadership model

According to the findings, centre managers use distributive leadership. During the semi-structured interviews, the centre managers were asked if they support task sharing and what the benefits are. P#03 responded as follows to the topic of task sharing:

> Last year what I did was that I put a different staff member in charge every month. I said, as centre manager, every month a different staff member acts a manager for a certain activity to introduce new ideas and be allowed to change rules at the centre. So everybody has the chance to implement an activity and work with others.

Furthermore, when asked about the advantages of task sharing, P#03 stated the following:

> This is how I share the tasks. When it comes to preparations for events, I let the teachers give me the ideas of what they want to do with the children and we share the tasks they have come up with for organising events.

When asked about task sharing, P#04 stated the following:

> We don't hold everything. Sometimes, as I have said, you need to teach others so that you share the knowledge. As you share the knowledge, you need to delegate some of the staff. That this is your month to do this, make sure you control this. Next time or quarter I change to the other one as supervisors. I don't have one supervisor.

When P#04 was asked about the benefits of sharing tasks, she cautioned about levels of sharing, stating the following:

> It's the easy and the right one because it gives me time to rest. You can't hold everything by yourself, except office work, because you have to be very careful. Like now we are having a meeting, I can't call them. Office work I share with the office administrator, like now she is preparing for the audit.

P#06 described task sharing at her centre as follows:

> I do share tasks with them. I believe that some of them when they come here, I look at their CVs, and I see that they have some qualification of sort, even if they came for caregiving position. If I see something that directs the work, I know you will be able to do, and I just call the person and say, can you do this for me.

P#06 described the benefits of task sharing as follows:

> The benefits of sharing tasks is first, that you get the work done in time. Remember if I have to keep everything to myself, when I am going to finish. And also not only that, they also learn. I like I said, if am not here, they will be able to do the work. So those are the benefits.

Lastly, when P#05 was asked about delegating duties, he said that "sometimes am expected to be overseeing audits and all that, but sometimes I say look, because the push back, in order to train them, I tell them that I am not well, so manage the process

of audit”. When P#05 was asked about the benefits of delegating duties in the centre, he responded as follows:

> As a human being, you can accomplish a certain amount on your own. My two hands can do a limited amount, but with four, six, eight, or even ten or twelve hands, much more can be achieved. Maybe it’s because I come from a church mind set where in my church what we call discipleship, its key. Discipleship is our focus. Discipleship simply meaning training others, passing on the skill. But I have, I believe in trying to make all of us all-rounders. So I believe delegation makes the job easier, but also it helps in issues of the progress and the future of every organisation.

Indeed, distributive leadership (Section 3.6.5) encourages the involvement of more actors in centre management because of the complexity and existence of multiple duties that appear to be impossible to manage effectively unless such functions are spread to other staff members. According to the findings of this study, centre managers can train other members of staff to pass on their skills. This aspect of distributive leadership was highlighted in the centre managers’ comments. Therefore, it can be concluded that centre managers use distributive leadership, and that it is an appropriate lens through which to examine the centres as managers promote task sharing. Managers must spread roles in this leadership style in order to respond to the centre’s rising external demands.

5.3.4.5 Theme 5: The instructional leadership model

As established in Section 3.6.6, instructional leadership promotes the development of teaching and learning, and SCCs are no exception. In an SCC, the centre manager oversees the process of instructional leadership. When the centre managers were asked about their roles, one of the functions highlighted was their oversight of instructional leadership within the SCC. For example, P#10 explained instructional leadership by saying, “I am checking my children, and checking my caregivers if they do the right thing, like stimulation, morning ring, and education work. And I feed the children. I stimulate the children, am the mother of the children”. P#04 was asked how she incorporates instructional leadership, and explained as follows:

> I need to be involved every day. I check the administration, check the kitchen staff and food to see if kids are eating right, monitoring of everything that is happening here. Checking if the programs in the classrooms are being followed.

When P#04 was questioned about the duties of managing a centre, she mentioned instructional leadership in her response, she said, "I check if the people in charge of the classroom are doing what they are supposed to do, as they are professionals in their field." P#02 echoed P#04's sentiments, stating, "I also check every day to ensure the kids are well cared for and that the teachers are effectively stimulating and teaching the children." P#08 supported the concept of instructional leadership by explaining, "From the finance side to the stimulation side—by 'stimulation side' I mean the classrooms focused on stimulation—I oversee that the overall operation of the centre runs smoothly." Finally, P#05 described his role, which includes instructional leadership, by saying, "I check on the staff attending to the children in classrooms, make sure they are well, and ensure they provide the services they are expected to provide

The fundamental business of an educational institution, as indicated in Section 3.6.6, is teaching and learning, and in the case of SCCs, are providing stimulation and educational services and centre managers oversee the process. Based on the findings, it was clear that centre managers are engaging in instructional leadership as they supervise class activities. For example, centre managers defined instructional leadership as a leadership style that focuses on acquiring and allocating resources to provide stimulation and educational services. This was clear as management prioritises providing basic outputs such as competent caregivers, hygiene products, learning and teaching resources, stimulation resources or materials, and so on in order to provide quality education and other services in the centres.

5.3.5 Summary

Following the exploratory sequential mixed methods design, I first collected and processed qualitative data, and then used the findings to generate survey questions using a questionnaire to quantify the qualitative findings in the second phase. In the first step, the qualitative data were analysed, interpreted, and presented using the

categories listed in Table 5.1. The four areas were managing SCCs, positive outcomes, leadership and management challenges, and adapting leadership and management mitigation strategies. The categories were separated into themes, which were presented and thoroughly analysed in order to answer the research questions or meet the study's objectives.

During the second step, the quantitative data was exported to an Excel document and shared with a statistician. The statistician used IBM SPSS version 25 to provide descriptive statistics, inferential statistics, including Pearson's correlation analysis, and cross tabulation results. The results of the analysis using descriptive statistics and Pearson's correlation analysis suggested that centre managers are content with the support provided by the DBE and DoH but dissatisfied with the DSD. Furthermore, the managers expressed mixed sentiments about receiving support from the DPWI and the Departments of Transport, and Corporative Governance because they were unaware that they could do so. Finally, the findings from the analysis of the qualitative and quantitative data were triangulated, and there were small inconsistencies, which are discussed in Section 5.6.

5.4 BIOGRAPHICAL DATA OF QUANTITATIVE PARTICIPANTS

The first component of this section addresses the reliability test of the questionnaire, while the second component covers the participants' biographical information. The data from the closed-ended surveys were then analysed. Participants' responses were examined and organized using frequency tables, pie charts, line graphs, histograms, and bar graphs. In addition to frequency distribution, measures of central tendency were employed to understand the distribution of scores. Specifically, the mean was used as the measure of central tendency.

The initial idea was to distribute 60 surveys to the centres. However, in the end, I only targeted 45 centres for data collection because the others failed to meet the DoH requirements. The questionnaire was distributed via Google forms, and of the 45 questionnaires distributed, 31 were completed and returned. This means that 31 participants were studied. The following subsections examines the quantitative data analysis through the use of research questions.

5.4.1 Reliability test for the questionnaire

Because this was an exploratory sequential study, the questionnaire reliability was tested during the quantitative phase (Phase 2). To ensure the reliability of the findings, the questionnaire questions were designed with simplicity and correctness in mind so participants could easily grasp them. To collect quantitative data for the study, open-ended and closed-ended questions were used in the questionnaire (Bonett & Wright, 2015). As a result, the questions were appropriately prepared, both in terms of quality and number, to allow me to obtain the desired data on leadership and management in Gauteng.

To ensure the consistency, validity, and reliability of the findings, I ensured the measurement errors in the research instruments were kept to a minimum by designing them appropriately and accurately (Creswell, 2014b). The reliability of the data collection instruments was therefore confirmed by confirming that they produced at least the same measures when used at varied intervals.

Furthermore, the structured questionnaire was subjected to Cronbach's alpha reliability test in Excel using analysis of variance. In each questionnaire, one item was used to assess for internal consistency. A question with Likert-scale items was chosen from the questionnaire using the Likert scale. The Cronbach's the Alpha rule states that the reliability test should not be less than 0.07 and should be near 1.0 (Kasunic, 2010). The questionnaire's Cronbach's alpha reliability test result was 0.944, as shown in Table 5.2. As a result of the reliability test, the questionnaire was shown to be dependable in producing believable results when employed consistently throughout time.

Table 5.2 The questionnaire's Cronbach's alpha reliability test

ANOVA						
Source of variation	**SS**	**Df**	**MS**	**F**	**P-value**	**F crit**
Rows	416,7871	30	13,8929	18,08004	1,56E-48	1,501562
Columns	59,72903	9	6,636559	8,636731	2,21E-11	1,914648
Error	207 471	270	0,768411			
Total	683,9871	309				
Cronbach's alpha			0,94469			

5.4.2 Presentation and analysis of biographical data

5.4.2.1 Gender analysis

Only 7 of the 31 centre managers who answered to the questionnaire were men, and the other 24 were women. As indicated in Figure 5.1, women continue to dominate leadership roles in Gauteng SCCs and hold 77.4% of leadership roles, while men hold only 22.6%.

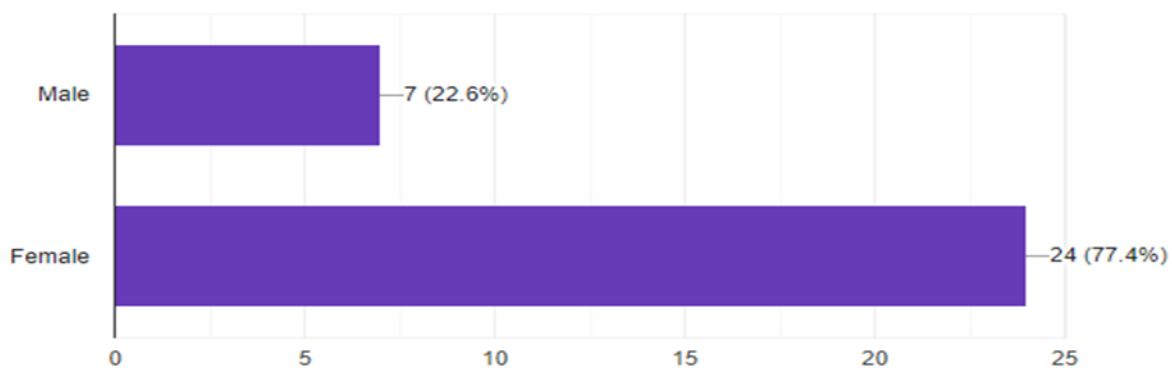


Figure 5.1 Gender distribution

5.4.2.2 Age analysis

According to the biographical data, the majority of participants are between the ages of 40 and 59, as shown in Figure 5.2. According to Figure 5.2, 11 (35.5%) of the participants are between the ages of 40 and 49, and 50 and 59, respectively. Participants aged 60 to 69 account for five (16.1%), while those aged 70 and up account for three (9.7%). Finally, only one (3.2%) person is between the ages of 30 and 39.

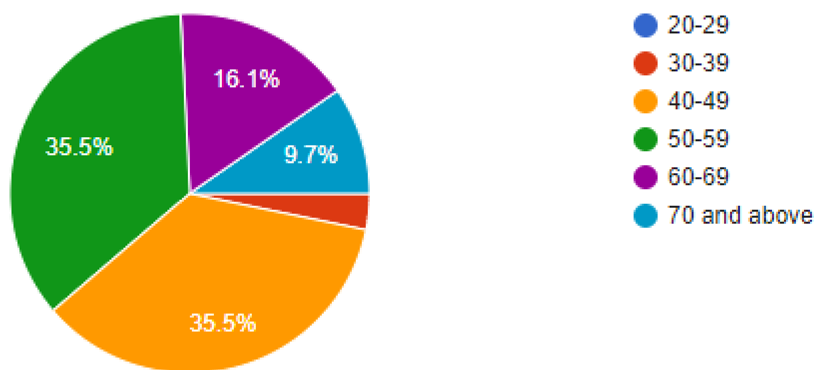


Figure 5.2 Age distribution

5.4.2.3 School qualification analysis

According to the biographical information, the majority of the participants hold a Grade 12 certificate (Matric). Figure 5.3 reveals that 21 (67.7%) participants have a Grade 12 diploma, and four (12.9%) have a Grade 11 diploma. Furthermore, two (6.5%) attended school up to Grade 10, and four (12.9) left school before Grade 10.

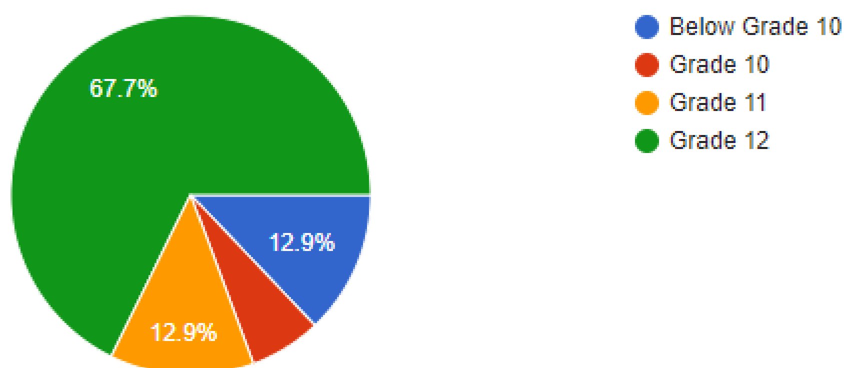


Figure 5.3 School qualifications

5.4.2.4 Tertiary qualification analysis

According to the participants' biographical information, the majority of their professional qualifications are at certificate level. Figure 5.4 reveals that 17 (54.87%) participants have a certificate as a professional qualification, whereas six (19.4%)

have diplomas. Furthermore, four (12.9%) have a degree, and the remaining four (12.9%) have N qualifications.

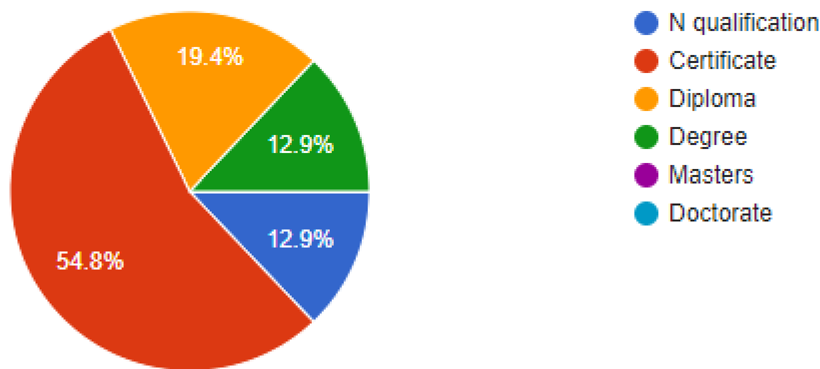


Figure 5.4 Tertiary qualifications

5.4.2.5 Specialised trainings analysis

According to the biographical information, the majority of the participants have received specialised training in stimulation and learning programs. It is worth noting that each course was individually calculated to percentage. Figure 5.5 shows that 22 of 31 participants (71%) participated in the learning program's instruction, and just nine (29%) did not. Secondly, 19 of 31 (61.3%) individuals received stimulation training as specialised training, and 12 (38.7%) did not. Thirdly, 4 of 31 (12.9%) participated in special education training, and the remaining 27 (81.7%) did not. Fourthly, four (12.9%) attended inclusive education, and 27 (87.1%) did not. Three of 31 (9.7%) had leadership training, and the remaining 28 (90.3%) did not, and finally, 4 of 31 (12.9%) received management training, while the remaining 27 (87.1%) did not.

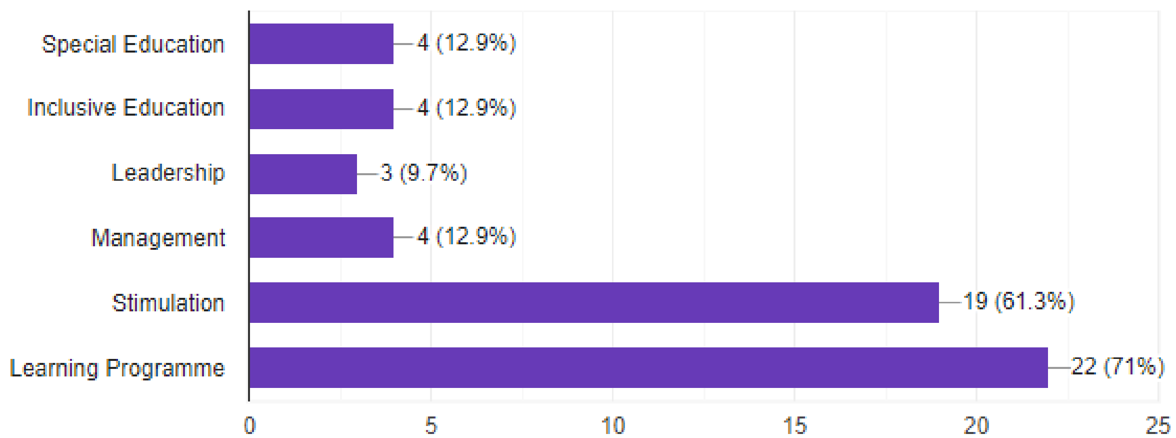


Figure 5.5 Specialised training

5.4.2.6 Centre management experience analysis

The final section on the demographic data shows the participants' centre management experience. According to Figure 5.6, the majority of participants (9; 29%) have centre management experience ranging between 10 and 14 years, and six (19.4%) have 0 to 4 years' experience. Furthermore, five (16.1%) participants had centre management experience ranging from 5 to 9 years and 20 to 24 years, respectively. Four (12.9%) have 15 to 19 years of centre management experience, and two (6.5%) have more than 25 years' experience.

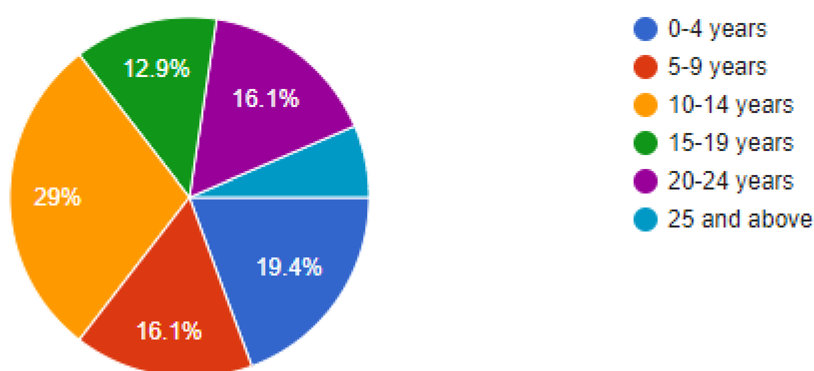


Figure 5.6 Centre managers work experience

5.5 ANALYSIS OF THE QUANTITATIVE DATA

The quantitative data was analysed according to the following objectives:

- Describe the task and place of SCCs for LSPID;
- Establish the problems that SCC managers experience managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;
- Find out which strategies and other measures have SCC managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng; and
- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

The following subsections report on the analysis and presentation of the qualitative data using the objectives of the study. The discussion and analysis of the data are summarised in Table 5.3 below. The data are presented and interpreted as objectives and themes that were derived from the quantitative data.

Table 5.3 Objectives and themes derived from the questionnaires

Sn	Objectives	Themes
1	Objective 1: Describe the task and place of special care centres for LSPID	• The special care centre • Services/tasks offered by special care centres
2	Objective 2: Establish the problems that special care centres managers experience managing a centre for LSPID in Gauteng	• Support from different departments • Correlation analysis of level of support by different department
3	Objective 3: Determine how well prepared special care centre managers are to engage with these management challenges in LSPID centres in Gauteng	• Pre-service preparation • In-service preparation
4	Objective 4: Find out which strategies and other measures have special care centre managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng	• Adopted management strategies • Correlation between management strategies and knowledge of centre management

5.5.1 Objective 1: Describe the task and place of special care centres for LSPID

The objective is describe the task and place of SCCs for LSPID. The presentation and analysis can be divided into two parts. To begin, the discussion of a centre's location comprises geographical area, infrastructure, and management, in this instance centre

managers academic and professional qualifications. The task discussion, on the other hand, is based on the services and types of disabilities registered at the centre. To gain a clear understanding of the analysis, descriptive statistics were used, as they are useful for describing the tasks and roles of SCC managers.

5.5.1.1 The special care centre

Firstly, in terms of geographical location, the responses were evenly distributed. The data shows that the maximum frequency is 9 and the lowest frequency is 7 split among the four regions. This demonstrates that all responses were represented evenly. Table 5.4 displays distribution responses, indicating the location of SCCs in four regions across Gauteng province.

Table 5.4 Regional information

Region	Frequencies	Percentages
Johannesburg Region	9	29.0%
Ekurhuleni Region	7	22.6%
Tshwane Region	8	25.8%
Sedibeng Region	7	22.6%
Total	**31**	**100.0%**

Secondly, the research review in Chapter 2 stressed the reality that children with intellectual disabilities have numerous disabilities, including physical disabilities. As a result, it is vital to provide a barrier-free atmosphere in SCCs to ensure the independence, convenience, and safety of all children with disabilities. As shown in Table 5.4, all 31 research sites (100%) have ramps for easy access by wheelchair users, whereas 22 out of 31 (71%) have wheelchair accessible doors. Furthermore, 17 out of 31 (54%) of the participating centre have walker rails, and 13 out of 31 (41%) have wheelchair accessible bathrooms. Table 5.5 illustrates the above discussion.

Table 5.5 Accessibility of centre buildings

Accessibility of centre buildings		Not selected	Selected	Total
Centre buildings: Ramps for wheelchairs	n	0	31	31
	%	0.0%	100.0%	100.0%
Centre buildings: Wheelchair accessible doors	n	9	22	31
	%	29.0%	71.0%	100.0%
Centre buildings: Walk rails	n	14	17	31
	%	45.2%	54.8%	100.0%
Centre buildings: Bathrooms that are wheelchair friendly	n	18	13	31
	%	58.1%	41.9%	100.0%

Accessibility of the centre's buildings is monitored and managed by the SCC managers. According to statistics obtained in Gauteng province and shown in Table 5.6, 24 out of 31 managers (77.4%) are women, while 7 out of 31 (22.6%) are men.

Table 5.6 Gender distribution

Gender	Frequency	Percentages
Female	24	77.4%
Male	7	22.6%
Total	31	100.0%

To summarise, the Gauteng centres that participated in this study were uniformly dispersed, all centres have ramps for easy access with a wheelchair, three-quarters of centre managers have a Grade 12 certificate, more than half have a certificate as the highest tertiary qualification, and about three-quarters have training in learning program.

5.5.1.2 Services/tasks offered by special care centres

SCCs are intended to satisfy the unique requirements of learners with intellectual disabilities. Although many individuals with special educational needs have average to above-average intelligence, most children with intellectual disabilities require a different and more specialised learning environment in order to reach their full potential.

The services provided in Gauteng SCCs are depicted in Table 5.6, which shows that all (100%) of the centres provide stimulation services, while 27 out of 31 (87.1%) provide education services, 13 out of 31 (41.9%) provide social services, and 17 out of 31 (51.7) provide health services.

Table 5.7 Services offered in centres

Services offered in SCCs	Number	Not selected	Selected	Total
Stimulation	N	0	31	31
	%	0.0%	100.0%	100.0%
Education	N	4	27	31
	%	12.9%	87.1%	100.0%
Social	N	18	13	31
	%	58.1%	41.9%	100.0%
Health	N	15	16	31
	%	48.4%	51.6%	100.0%

A child's impairment can be one of the most marginalising aspects in their existence, and finding strategies to address the learning needs of learners with disabilities can be difficult in SCCs. Therefore, is essential that SCC managers have knowledge of disabilities.

Table 5.8 shows that in Gauteng, all 31 centres (100%) have enrolled learners with cerebral palsy. Additionally, 12 out of 31 centres (38.7%) have admitted learners with Down syndrome, 17 out of 31 centres (54.8%) have learners diagnosed with autism spectrum disorder, 3 out of 31 centres (9.7%) have learners with foetal alcohol spectrum disorder, and 14 out of 31 centres (45.2%) have learners diagnosed with mental disabilities. Furthermore, 10 out of 21 centres (47.6%) have learners with multiple disabilities, and 17 out of 21 centres (80.9%) have admitted learners with physical disabilities. Therefore, the findings indicate that SCCs in Gauteng have admitted learners with a range of disabilities, including Down syndrome, cerebral palsy, autism spectrum disorder, foetal alcohol spectrum disorder, mental disabilities, multiple disabilities, and physical disabilities.

Table 5.8 Types of disabilities

Types of disabilities	Number	Not selected	Selected	Total
Down syndrome	N	10	21	31
	%	32.3%	67.7%	100.0%
Cerebral palsy	N	0	31	31
	%	0.0%	100.0%	100.0%
Fragile X syndrome	N	31	0	31
	%	100.0%	0.0%	100.0%
Autism spectrum disorder	N	14	17	31
	%	45.2%	54.8%	100.0%
Foetal alcohol spectrum disorder	N	28	3	31
	%	90.3%	9.7%	100.0%
Mental disabilities	N	17	14	31
	%	54.8%	45.2%	100.0%
Multiple disabilities	N	21	10	31
	%	67.7%	32.3%	100.0%
Spinal bifida	N	31	0	31
	%	100.0%	0.0%	100.0%
Physical disabilities	N	14	17	31
	%	45.2%	54.8%	100.0%

The first objective was to describe the place and task of SCCs. Firstly, the location discussed the distribution of SCCs in Gauteng province, the infrastructure of the centres, and the gender of centre managers, high school credentials, tertiary qualifications, and centre manager training. While the centre's task specified the services provided by the centre and the sorts of disabilities admitted to the SCCs.

5.5.2 Objective 2: Establish the problems that special care centres managers experience managing a centre for LSPID in Gauteng

Every child, regardless of their difficulties, has the right to the same opportunities as others, and children with intellectual disabilities are no exception. Support from various government departments is critical for children with intellectual disabilities because it allows them to get quality education tailored to their specific requirements.

The findings from Phase 1 showed that management issues include a lack of government backing, a lack of facility development, a lack of transportation for learners, and a lack of fundraising capacity. The findings also highlighted a lack of proper social services, finance, and multidisciplinary professional support, as well as a lack of constructive consultation with government. The quantitative data were used to quantify these issues observed by the centre managers.

5.5.2.1 Support from different departments

According to the data in Table 5.9, two-thirds of centre managers are satisfied with the help they receive from the DBE, while half the participants felt that support from the DoH is adequate and the half felt it is inadequate.

Table 5.9 Level of support from different departments

Level of support from different departments	N/%	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Total
DBE	N	7	3	1	11	9	31
	%	22.6%	9.7%	3.2%	35.5%	29.0%	100%
DoH	N	4	10	4	11	2	31
	%	12.9%	32.3%	12.9%	53.5%	6.5%	100%
DSD	N	5	8	10	3	5	31
	%	16.1%	25.8%	32.3%	9.7%	16.1%	100%
Department of Transport	N	21	0	0	2	8	31
	%	67.7%	0.0%	0.0%	6.5%	25.8%	100%
DPWI	N	19	1	2	3	6	31
	%	61.3%	3.2%	6.5%	9.7%	19.4%	100%

5.5.2.2 Correlation analysis of level of support by different department

Spearman's correlation analysis was used to examine the correlation of support provided by several departments with activities such as staff development, assistive equipment, LTSM, and infrastructure development. The results are shown in Table 5.10, with correlation values lower than 0.005 ($p < 0.005$) as significant.

Table 5.10 Correlation analysis of level of support

Department	Correlation with staff development (p-values)	Correlation with assistive devices (p-values)	Correlation with LTSM (p-values)	Correlation with infrastructure development (p-values)
DBE	0,000	0,000	0,000	0,002
DoH	0.001	0,012	0,008	
DSD		0,019	0.025	
Department of Transport	0.000	0,000	0,000	
DPWI	0.002	0,001	0.000	0,032

Table 5.9 summarises the assistance provided to SCCs by several departments as reported by the participants. Staff development, assistive equipment, and LTSM were among the assistance provided. Only statistically significant scores are displayed, and blank scores have a value higher than 0.005 ($p > 0.005$), and are therefore not significant and not displayed. The various cases are detailed below.

Training provided by the DBE ($p = 0.000$), DoH ($p = 0.001$), Department of Transport ($p = 0.000$), and DPWI ($p = 0.002$) is statistically significant; however, training provided by the DSD is not significant ($p > 0.005$). This means that training provided by the DBE and DoH adds value to support services, whereas trainings for transport operators and building repairers that should be provided by the Department of Transport and the DPWI are non-existent. Transport operators should be trained in safety, and building developers should be trained in the universal design of buildings, and if this is done, it will increase the value of level of support by different departments.

Table 5.9 show that there is statistical significance for the DBE ($p = 0.000$), DoH ($p = 0.012$), DSD ($p = 0.019$), Department of Transport ($p = 0.000$), and DPWI ($p = 0.001$). The acquisition of assistive devices by the DBE, DoH, and DSD development is considerable, and is urged to continue. On the other hand, secure transportation and the storage of assistive devices are as important. This increases device availability and enhances the quality of life for LSPID.

The data also demonstrated that providing LTSM is important. The provision of LTSM by the DBE ($p = 0.000$), DoH ($p = 0.008$), and DSD ($p = 0.025$) is statistically significant. This indicates that improving the quality and quantity of LTSM provisions improves the quality of service provision at centres, and as a result, improves the quality of life for LSPID. In terms of LTSM transportation and storage, the data showed that it is statistically significant for Department of Transport ($p = 0.000$) and the DPWI

(p = 0.000). This means that safe transportation and storage of LTSM should be promoted because it enhances the level and quality of support provided by SCCs.

As for infrastructure development, support by the DBE (p = 0.002) and DPWI (p = 0.032) was statistically significant. This means that the DBE and the DPWI should continuously improve centre infrastructure so the provision of services is enhanced and are in line with universal designs of buildings.

Furthermore, Table 5.11 shows that the centre managers had mixed feelings about fundraising abilities, advocating for learners with disabilities, and constructive consultations with government.

Table 5.11 Management support activities

Activity	N/%	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Total
Fundraising skills	N	3	14	5	7	2	31
	%	9.7%	45.2%	16.1%	22.6%	6.5%	100%
Constructive consultation	N	6	4	15	3	3	31
	%	19.4%	12.9%	48.4%	9.7%	9.7%	100%
Advocacy	N	6	3	4	12	6	31
	%	19.4%	9.7%	12.9%	38.7%	19.4%	100%

Three out of 31 (9.7%) participants were *very dissatisfied* with their fundraising skills, 14 out of 31 (45.2%) were *dissatisfied*, and 5 out of 31 (16.1%) were neutral. On the other hand, 7 out of 31 (22.6%) participants were *satisfied* with their fundraising skills, and 2 out of 31 (6.5%) were *very satisfied*. Secondly, in terms of constructive consultations with government, 6 out of 31 (19.4%) participants were *very dissatisfied*, 4 out of 31 (12.9%) were *dissatisfied*, and 14 out of 31 (48.4%) were neutral. While 3 out of 31 (9.7%) participants were *satisfied* and *very satisfied*, respectively. Finally, 6 out of 31 (19.4%) participants felt *very dissatisfied* with advocacy, 3 out of 31 (9.7%) were *dissatisfied*, and 4 out of 31 (12.9%) were neutral; however, 12 out of 31 (38.7%) participants were *satisfied*, and 6 out of 31 (19.4%) were *very satisfied*.

5.5.3 Objective 3: Determine how well prepared special care centre managers are to engage with these management challenges in LSPID centres in Gauteng

In an era of higher standards and greater responsibility, it is vital that SCCs have leaders who are willing to go to any length to improve services, and this can be achieved through leadership programs. Managers' preparation programs, when done

correctly, can help place competent managers in every SCC who understand how to lead institutional transformation.

5.5.3.1 Pre-service preparation

As for pre-service preparatory programs, it is critical to understand managers' academic qualifications because they influence leadership and management at SCCs. According to Table 5.12, 21 out of 31 (67%) participants completed Grade 12, 4 out of 31 (12.9%) attended below Grade 10 and Grade 11, and 2 out of 31 (6.5%) completed Grade 10.

Table 5.12 School level qualifications

School level qualification	Frequency	Percentages
Below Grade 10	4	12,9%
Grade 10	2	6,5%
Grade 11	4	12,9%
Grade 12	21	67,7%
Total	**31**	**100,0%**

In terms of tertiary qualifications, Table 5.13 shows that 17 out of 31 (54%) participants have a certificate, 6 out of 31 (19.4) have a diploma, and 4 out of 31 (12.9) have an N Qualification and a degree each respectively.

Table 5.13 College and university qualifications

College and university qualification	Frequency	Percentages
N Qualification	4	12,9%
Certificate	17	54,8%
Diploma	6	19,4%
Degree	4	12,9%
Total	**31**	**100,0%**

5.5.3.2 In-service preparation

In terms of specialised training, Table 5.14 shows that 22 out of 31 (71%) participants have participated in learning program training, 19 out of 31 (61%) have participated in stimulation workshops, 4 out of 31 (12.9%) have participated in management, special education, and inclusive education, and 3 out of 31 (9.7%) have participated in leadership workshops.

Table 5.14 Specialised qualifications

Specialised qualifications		Not selected	Selected	Total
Special education	N	27	4	31
	%	87,1%	12,9%	100,0%
Inclusive education	N	27	4	31
	%	87,1%	12,9%	100,0%
Leadership	N	28	3	31
	%	90,3%	9,7%	100,0%
Management	N	27	4	31
	%	87,1%	12,9%	100,0%
Stimulation	N	12	19	31
	%	38,7%	61,3%	100,0%
Learning program	N	9	22	31
	%	29,0%	71,0%	100,0%

To summarise the findings on in-service and pre-service preparatory programs, the managers lack appropriate academic qualifications and have only attended a few in-service seminars in leadership, inclusive education, special education, and management. On the plus side, more centre managers have received training on the learning program.

5.5.4 Objective 4: Find out which strategies and other measures have special care centre managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng

Management jobs are difficult and demanding, and managing an SCC is no exception. SCCs are complex institutions that require management measures to ensure learners realise their maximum potential. According to the findings, centre managers implement management practices that emphasise creating relationships with different stakeholders and working collaboratively with centre staff members and the community. According to the findings, other management tactics used by centre managers include advocating for learners with intellectual disabilities and multitasking.

5.5.4.1 Adopted management strategies

Table 5.15 shows how the participants adopted different management strategies.

Table 5.15 Adopted management strategies

Management strategies	n/%	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Total
Building relationship with staff	N	7	3	2	14	5	31
	%	22.6%	9.7%	6.5%	45.2%	16.1%	100%
Sharing tasks	N	6	5	0	8	12	31
	%	19.4%	16.1%	0.0%	25.8%	38.7%	100%
Collaborating with others	N	7	4	1	7	11	31
	%	22.6%	12.9%	3.2%	22.6%	38.7%	100%
Community engagement	N	5	4	4	7	11	31
	%	16.1%	12.9%	12.9%	22.6%	35.5%	100%
Advocating for learners with intellectual disabilities	N	6	3	4	12	6	31
	%	19.4%	9.7%	12.9%	38.7%	19.4%	100%
Multitasking work	N	6	4	13	5	3	31
	%	19.4%	12.9%	41.9%	16.1%	9.7%	100%

In terms of creating relationships, 7 out of 31 (22.6%) participants were *very dissatisfied*, 3 out of 31 (9.7%) were *dissatisfied*, and just 2 out of 31 (6.5%) were neutral. On the other hand, 14 out of 31 (45.2%) participants were *satisfied*, and 5 out of 31 (16.1%) were *very satisfied*. This suggests that two-thirds were *satisfied* to *very satisfied* and one-third was *dissatisfied* to *very dissatisfied*.

Regarding work sharing, 6 out of 31 (19.4%) participants were *very dissatisfied*, 5 out of 31 (16.1%) were *dissatisfied*, 8 out of 31 (25.8%) were *satisfied*, and 12 out of 31 (38.7%) were *very satisfied*. This implies that one-third of participants was *dissatisfied* to *very dissatisfied*, while two-thirds were *satisfied* to *very satisfied*.

Concerning collaboration on work activities, 7 out of 31 (22.6%) participants were *very dissatisfied*, 4 out of 31 (12.9%) were *dissatisfied*, and 1 out of 31 (3.2%) was neutral; however, 7 out of 31 (22.6%) were *satisfied*, and 11 out of 31 (35.5%) were *very satisfied*.

With regard to working with the community, 5 out of 31 (16.1%) participants were *very dissatisfied*, 4 out of 31 (12.9%) were *dissatisfied*, and 4 out of 31 (12.9%) were neutral. Furthermore, 7 out of 31 (22.6%) participants were *satisfied*, while 11 out of 31 (35.5%) were *very satisfied*. This suggests that two-thirds were *satisfied* to *very satisfied*, whereas the other one-third was *dissatisfied* to *very dissatisfied*.

With respect to advocacy for learners with intellectual disabilities, 6 out of 31 (19.4%) participants were *very dissatisfied*, 3 out of 31 (9.7%) were *dissatisfied*, and 4 out of 31 (12.9%) were neutral. However, 12 out of 31 (38.7%) participants were *satisfied*,

while 6 out of 31 (19.4%) were *very satisfied*. This suggests that two-thirds were *satisfied* to *very satisfied*, and the other one-third was *dissatisfied* to *very dissatisfied*.

Regarding multitasking work tasks, 6 out of 31 (19.4%) participants were *very dissatisfied*, 4 out of 31 (12.9%) were *dissatisfied*, and 13 out of 31 (41.9%) were neutral. Furthermore, 5 out of 31 (16.1%) participants were *satisfied*, and 3 out of 31 (9.7%) were *very satisfied*. This suggests that there were more centre managers who were indifferent than *satisfied* to *very satisfied* or *dissatisfied* to *very dissatisfied*.

To summarise, two-thirds of centre managers can establish strong connections with staff members, share duties with them, interact with others, work with communities, and advocate for learners with intellectual disabilities. However, centre managers had mixed sentiments about multitasking because more than one-third of managers are unable to multitask.

5.5.4.2 Correlation between management strategies and knowledge of centre management

Table 5.15 shows the power of several management strategies as experienced by the centre managers, how they see these strategies being applied in centres, and how the knowledge of centre managers influences management strategies. The data from Spearman's correlation analysis is provided in Table 5.16, and the different case answers are reported.

Table 5.16 Correlation analysis of management strategies

Management strategies	Knowledge of centre management r/rho	Knowledge of centre management p-value
Share tasks	-0.650	0.000
Collaborating with others	-0.578	0.001
Community engagement	-0.531	0.002
Advocating for learners with disabilities	-0.540	0.002
Multitasking work	-0.667	0.000

For variable sharing tasks, there is a statistically significant ($p < 0.005$) correlation between task distribution and knowledge of centre management (rho = -0.650; p = 0.000). The ability to share tasks can be directly attributed to centre managers' knowledge of centre management. If managers are provided with necessary guidance, they will be able to manage the centres efficiently and effectively through task sharing.

For working collaboratively, there is a statistically significant ($p < 0.005$) association between working with other staff members and understanding of centre administration (rho = -0.578; p = 0.001). The ability to collaborate can be directly ascribed to centre managers' expertise of centre management. Managers will be able to administer centres efficiently and successfully if they are encouraged and guided on how to collaborate.

With reference to working with the community as a variable, there is a statistically significant ($p < 0.005$) association with understanding of centre administration (rho = -0.531; p = 0.002). The ability to collaborate with the community in centre activities can be directly ascribed to centre manager's understanding of centre management. If managers are encouraged and guided on how to interact with the community in which the centre is located and beyond, they will be able to manage the centres efficiently and successfully with community support.

In terms of advocating for learners with intellectual disabilities as a variable, there is a statistically significant ($p < 0.005$) relationship between advocacy and knowledge of centre administration (rho = -0.540; p = 0.002). The ability of centre managers to advocate for learners with disabilities can be directly attributed to their expertise of centre administration. Managers who are encouraged and guided on how to advocate will be able to operate the centres efficiently and successfully with the help of various stakeholders in the disability sector and beyond.

Finally, in terms of multitasking as a variable, there is a statistically significant ($p < 0.005$) association between multitasking centre activities and knowledge of centre management (rho = -0.667; p = 0.000). The capacity to multitask can be directly ascribed to centre managers' expertise of centre management. If managers are encouraged and guided on how to multitask, they will be able to manage the centres efficiently and effectively with the assistance of internal human resources while reducing their workload and stress.

5.5.5 Summary

In conclusion, the findings suggested that SCCs are evenly spread across Gauteng. The SCCs are wheelchair accessible, with the exception of certain bathrooms. The SCCs provide LSPID with stimulation, education, social, and health services.

SCC managers face managerial issues such as insufficient government support. Examples include inadequate building development, a lack of transportation for LSPID, and a lack of fundraising abilities. Furthermore, support from several departments was discovered, and the DBE, DSD, DoH, and DPWI are the four key departments analysed using Spearman's correlation. The DBE and DPWI had the lowest p-values of the four departments, indicating that they are more significant than the DSD and DoH, although these two departments are still significant. This indicates that DBE and DPWI support is critical for the Grant Project to be beneficial to LSPID.

Managers lack fundraising skills but can advocate for LSPID. Furthermore, the results showed that managers are dissatisfied with government consultations because they believe they represent one side of the government. In terms of pre-service programs for managing SCCs, the findings showed that the managers are not well prepared and that in-service training consists solely of stimulation and education strategies.

To address these management issues, centre managers have implemented management mitigation strategies such as developing relationships with staff, sharing duties, collaborating with others, working with the community, advocating for LSPID, and multitasking. When SCC managers face management issues, these mitigation strategies come in handy.

5.6 TRIANGULATION OF QUALITATIVE AND QUANTITATIVE PHASES

In accordance with the exploratory sequential mixed methods design, data analysis and interpretation were divided into two phases: The qualitative phase (Phase 1) and the quantitative phase (Phase 2). This section is concerned with triangulating or integrating the qualitative and quantitative datasets. Noble and Heale (2019) defined research triangulation as the process of increasing the credibility and validity of research. In other words, research triangulation tries to validate the findings of a study. The qualitative themes from the interviews and document analysis were combined with the numerical data from the quantitative phase from the questionnaire.

The triangulation of the qualitative and quantitative datasets is jointly presented in Table 5.16. According to Fetters (2019), joint displays are tabular or graphical tools or matrices used for qualitative and quantitative presentations in mixed methods research investigations. The advantages of joint display presentations include the

ability to compare and contrast qualitative and quantitative data, to draw inferences from specific phases, and to present the overall results of a mixed methods study (Bazeley, 2018). In addition to providing integrated qualitative and quantitative datasets, the joint display also incorporates excerpts from the literature review and theoretical framework. According to McCrudden et al., (2021), a joint display presentation is also used to express analytic integration that is framed by a theory.

Table 5.17 Joint display of qualitative and quantitative results

Objectives	Literature review	Theoretical framework	Qualitative findings	Quantitative findings	Inferences
Describe the task and place of SCCs for LSPID	*Place:* SCCs are NGOs registered with the DoH and DBE and managed by centre managers who are mostly parents of disabled children. SCCs in Gauteng are evenly spread in four administrative districts. SCC staff include managers, caregivers and auxiliaries.	The CHAT emphasises culture as historical trajectory of actions. The CHAT looks at leadership and management historically. The CHAT captures the multi-voiced engagement of actors in a system. The CHAT allows examining an activity continuous process of conflict and not linear.	n = 10 All centres registered with the DoH and DBE as prescribed. Eight SCCs managed by mothers of disabled children, two church appointees, and one with disability experience. Seven SCC managers are women and three are men. Seven managers hold Grade 12 and below, two a diploma, and one a degree.	(n=31) 31 (n=31) registered with DoH and DBE. N=24 Female N=7 male N=21 Grade 12 certificate N=4 Grade 11 certificate N=2 Grade 10 certificate. N=17 a certificate as tertiary qualification. N=6 a diploma as tertiary qualification. N=2 a degree as tertiary qualification.	Confirms that centres are registered by DoH and DBE. Confirms that there are more female managers than men. Sharma et al. (2016) stated that there are societal and cultural pressures on women to take on the position of family caregiver, which is why there are more female leaders. Confirms that a huge number of managers do not have appropriate qualifications.
	Tasks: Section 2.3 describes different types of disabilities to demonstrate that LSPID cannot be managed as an all-size-fits-all.	The CHAT focuses on understanding human beings, as well as interactions, in natural everyday life circumstances.	Managers are familiar with the services provided in SCCs, namely stimulation, education, social, and health.	Services; N=31 stimulation services. N=27 for education services. N=13 for social services. N=16 for health services	Confirms that SCC managers are aware of the tasks of the centres. The knowledge has been gained through work experience.
Establish the problems that SCC managers experience managing	Section 2.10 provides policy guidance for LSPID at international,	Section 3.3.1 states that the CHAT allows examining an activity in a centre as a continuous	Section 5.3.3.1 discusses lack of support from government, lack of infrastructure	Chapter 5 (5.4.3.1) discusses support from	Confirms that even if there is a policy framework, SCCs are facing challenges.

Objectives	Literature review	Theoretical framework	Qualitative findings	Quantitative findings	Inferences
a centre for LSPID in Gauteng	regional, and national levels. Section 2.9 provides milestones of educating LSPID in South Africa. Section 2.12 provides the current situation in relation to provision of services in SCCs.	process of conflict and development that does not support linear cause-and-effect assumptions. The CHAT provided a tool to learn how SCC managers engage and interact with others in performing management duties.	development, lack of transport for learners, lack of fundraising skills, lack of adequate funding, and lack of multidisciplinary personnel support.	Different government departments (n = 31) Department of Transport: *satisfied* to *very satisfied* (n = 10), *very dissatisfied* (n = 21), and *neither* (n = 0). DPWI: *Satisfied* to *very satisfied* (n = 9), *very dissatisfied* (n = 20), and *neither* (n = 2).	Support from DBE and DoH was acknowledge by SCC managers. Support is lacking from DPWI and Departments of Transport, and Cooperative Governance.
Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng	Section 2.10.2 discusses pre-service and in-service preparatory programmes for centre managers.	The CHAT discusses how the Culture and History affects activities in the SCCs (Section 3.3.3) Section 3.6.1-3.6.6 discusses subject (individuals managing centres) and management models, and leadership styles to be adopted when managing a centre.	Pre-service training (n = 10) Grade 12 and less (n = 7) Diploma level (n = 2) BA degree (n=1) In-service training include training by the DBE, which includes stimulation and learning programs.	Pre-service training (n = 31) Grade 12 (n = 21) Grade 11 (n = 4) Grade 10 (n = 2) Below Grade 10 (n = 4) Tertiary qualifications Certificate (n = 17) Diploma (n = 6) degrees (n = 4) N certificates (n = 4) In-service training Stimulation (n = 19) Learning program by DBE (n = 22)	Confirms that two-thirds of centre managers hold a Matric certificate. Confirms that fewer centre managers hold a degree as most hold a certificate. Confirms that DBE is providing stimulation and learning programs as in-service training
Find out which strategies and other measures have SCC managers adopted to deal with the	Section 2.12 discusses the management of SCCs	Section 3.6.1-3.6.6 discusses measures managers have adopted, such as management models	Subjective model (Section 5.3.4.1) Collegial model (Section 5.3.4.2)	Correlation analysis (Section 5.4.5.2)	Confirms that for a centre to be managed efficiently and effectively, the centre manager should able

Objectives	Literature review	Theoretical framework	Qualitative findings	Quantitative findings	Inferences
complexities of management challenges in LSPID centres in Gauteng		and leadership styles (Sections 3.6.3–3.6.7).	Ambiguity model (Section 5.3.4.2) Distributive leadership (Section 5.3.4.3) Instructional leadership (Section 5.3.4.4)	Sharing tasks (r/rho = -0.650; p = 000) significant. Collaboration with others (r/rho = -0578; p = 0.001) significant. Community engagement (r/rho = -0.531; p = 0.002) significant. Multitasking (r/rho = -0667; p = 0.000) significant.	to share tasks, collaborate with others, engage the community in centre activities, and be able to multitask.

5.6.1 Summary of triangulated data

5.6.1.1 Objective 1: Describe the task and place of special care centres for LSPID

The literature review (Chapter 2) outlined that SCCs offer stimulation, education, and health services to LSPID. Centres are managed by managers who, in some cases, are parents of disabled children. The centres cater for learners with intellectual disabilities, such as Down syndrome, cerebral palsy, spinal bifida, autism, and hydrocephalous. According to the findings, in Gauteng, SCCs are evenly distributed in the four regions, but largely fall in townships, there are more female managers than male managers, managers lack the necessary qualifications to manage centres because they did not attend management preparation programs, and managers have low educational backgrounds. Additionally, the findings showed that the centres have three beneficial outcomes: Parental involvement, child safety, and the promotion of children's rights.

5.6.1.2 Objective 2: Establish the problems that special care centres managers experience managing a centre for LSPID in Gauteng

Care managers play an important role in integrating stimulation, education, and social services, particularly for LSPID in SCCs. Unfortunately, the findings showed that managers frequently confront numerous problems carrying out their responsibilities, such as lack of transportation, insufficient money, insufficient fundraising capacity, insufficient social services and funding from government, insufficient professional support, and a lack of productive conversations between managers and the provincial government.

5.6.1.3 Objective 3: Determine how well prepared special care centre managers are to engage with these management challenges in LSPID centres in Gauteng

Management preparation programs prepare centre managers to operate SCCs efficiently and successfully. A lack of preparation programs for centre management can impede the efficient operation of SCCs, and as a result, it is critical to expose centre managers to management preparation programs. The findings on preparation

programs used by centre manager showed that two-thirds of centre managers have a Grade 12 certificate or less, one-third has certificates and degrees as academic credentials, and none of the centre managers have received professional training. On the plus side, as part of site training, managers were instructed on the learning program and stimulation.

5.6.1.4 Objective 4: Find out which strategies and other measures have special care centre managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng

Care managers coordinate management services by monitoring and evaluating activities such as administration, support, therapy, stimulation, and education, to name a few. Monitoring and evaluating these activities presents enormous challenges, and it is the responsibility of a centre manager to develop mitigation strategies to overcome these challenges. To address the management issues exposed by the findings, centre managers implement management models and leadership styles as mitigation methods. Management models include the subjective model, which considers leadership to be influenced by individuals such as managers; the ambiguity model, which considers centres to be unpredictable and uncertain; and the collegial model, which considers decision-making power in the centre to be shared. Leadership styles include the distributive style in which power is shared in the centre; the instructional style that focusses on understanding teaching and learning; and the social justice style, which promotes equality and equity. The benefits of implementing these mitigation techniques are visible in the centres because there are good relationships between managers and other staff members, tasks are done on time, and the models and styles reduce the centre managers' tension.

5.7 CHAPTER SUMMARY

In this chapter, several datasets were analysed and evaluated with the goal of determining how SCCs for LSPID can be managed effectively in South Africa's Gauteng province. To that end, the four research sub-questions and objectives (Section 1.5) were qualitatively and quantitatively analysed in two steps before being interpreted by integrating the results of the two stages using a joint display table and summarising them in descriptive form.

The qualitative data (Phase 1) were gathered through document analysis and semi-structured interviews. The documents were examined using the READ approach (Section 4.9.1.1). It should be emphasised that the information acquired from the documents informed the analysis of the data from the semi-structured interviews in the qualitative phase, which were also analysed using the READ approach. The statistical program SPSS was used to analyse the quantitative data (Phase 2) acquired using a survey with a questionnaire as the instrument. During the quantitative part of the investigation, analysis was carried out using both descriptive statistics and correlation analysis. Following that, the results from the two stages of analysis were integrated and interpreted in accordance with the research questions and objectives of the study.

In Chapter 6, I discuss the findings of the data analysis and give a quick overview of the study. This is followed by the conclusions drawn from the evaluated literature and the study's primary findings. As part of the suggestions, the findings are used to produce guidelines for properly managing SCCs for LSPID in Gauteng. Finally, I make recommendations for additional research.

CHAPTER 6
SUMMARY, FINDINGS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents an overview of the research. Firstly, I give a summary of each chapter of the thesis, highlighting the important problems addressed in each chapter. Secondly, I draw conclusions from the findings of the literature review in Chapter 2, the theoretical framework in Chapter 3, and the empirical inquiry in Chapter 5. The research questions that the study attempted to address drove the development of the conclusions. In light of these findings, I explore proposals for improving the efficiency and effectiveness of SCC management. These conclusions provide alternative guidelines to the current management style and will be made available for education stakeholders to examine and apply.

This was an exploratory design since qualitative data was first collected and analysed, and the themes were then used to develop a quantitative instrument to further investigate the research issues and address the research objectives using narratives. Individual interviews and document analysis were used to gather data to answer the research questions (Section 4.8.1–4.8.2). Individual interviews were performed with SCC managers. I did the document analysis at the offices of the centre managers. The data collected using the various methodologies revealed four themes (Table 5.1). The use of several data collection methods helped me triangulate the data to ensure it is trustworthy.

6.2 SUMMARY OF THE STUDY

This section summarises the previous chapters of this study. This research was divided into six chapters, which are described here. This study looked into how to better manage SCCs for LSPID in Gauteng, South Africa. Participants were SCC managers from across Gauteng's four regions.

The study sought to address the following objectives:

- Describe the task and place of SCCs for LSPID;

- Establish the problems that SCC managers experience managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;
- Find out which strategies and other measures have SCC managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng; and
- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

The following is a synopsis of each chapter of the thesis to illustrate how the research objectives were met:

- **Chapter 1:** This chapter served as the study's introduction and orientation. It emphasised the background information and rationale for conducting the research on how to effectively manage SCCs for LSPID (Section 1.2). The chapter included the study's goal, problem statement, and primary and sub-research questions. It also gave a sneak peek at the theoretical framework, literature review, and study technique. The study's core keywords (Section 1.13) were specified, and the program framework was presented (Section 1.14).
- **Chapter 2:** This chapter discussed the literature on the idea of disability and how it is seen in various nations, including South Africa (Sections 2.2–2.3). It also addressed what the scientific literature says regarding various types of disabilities (Section 2.3). The chapter expanded on what the literature says about the history of special education (Section 2.4), how special education is viewed in international, regional, and South African discourse (Section 2.5.3), and education provisions for learners with special needs in the South African context (Sections 2.6). Finally, the chapter described LSPID (Section 2.7) before detailing the SCC and the activities it provides (Section 2.10).
- **Chapter 3:** This chapter served as the study's theoretical foundation. It addressed the two theoretical frameworks that led the interpretation and discussion of the findings on how to effectively manage SCCs for LSPID in Gauteng, South Africa. The chapter discussed and clarified the major elements

of the CHAT (Section 3.3), as well as management and leadership theories, and how they were used to fulfil study objectives (Sections 3.5–3.6).

- **Chapter 4:** This chapter offered the research plan and technique for the empirical investigation. Using a sample of 31 participants drawn from various SCCs, the study used an exploratory sequential mixed methods design to investigate how to effectively manage SCCs for LSPID in Gauteng, South Africa (Section 4.3.1.2). Empirical data from SCC management were acquired using structured questionnaire, semi-structured interview guides, and document analysis (Section 4.8). Although numerous research paradigms were acceptable for this study, I chose pragmatism as the best research paradigm (Section 4.5). Purposive and whole population sampling strategies were used to sample research participants because I intended to include people who were educated about the phenomenon being examined in order to supply rich material suitable for addressing the established research questions (Section 4.6). The measures taken to assure the reliability of the research findings were credibility, transferability, dependability, and conformability (Section 4.11), and were informed by the qualitative aspect of this investigation. The study's ethical principles included accessibility to research sites, informed consent, confidentiality, and anonymity (Section 4.12). The chapter concluded by analysing the study's contribution to the body of knowledge (Section 4.13) and the limitations and delimitations of the study design (Section 4.14).
- **Chapter 5:** This chapter examined the data gathered through interviews, document analysis procedures, and the questionnaire (Section 5.3). The qualitative data were analysed using thematic analysis. The categories were delineated to themes as the primary findings of the research, which were analysed and discussed in order to generate responses to the posited research sub-questions, which were then used to generate a questionnaire. The topics were interpreted and discussed using the categories that emerged (Table 5.4). The qualitative data from the semi-structured interviews were provided verbatim quotes by the key informants. The quantitative data were collected using questionnaires distributed to centre managers and analysed using SPSS version 25, which ran statistical tests and gave descriptive statistics, correlation and crosstabs analysis. The findings from both the quantitative and qualitative

data revealed insights into how centre managers perceive leadership and management techniques in the institutions (Sections 5.3–5.5).

6.3 FINDINGS OF THE STUDY

The study's principal empirical findings centred on the categories and themes that emerged during data processing. Semi-structured interviews, document analysis, and a questionnaire were used to collect data from SCC managers in Gauteng, South Africa. The findings were derived from the following main research question: How should SCCs for LSPID be managed effectively in the Gauteng province of South Africa? Four sub-questions were derived from this research question. This section highlights the significant findings from each objective. Each finding has a matching objective (Section 1.5). This section compelled me to revisit the literature review in Chapter 2 and the Theoretical Framework in Chapter 3 and compare them to the data analysed in Chapter 5, and then draw conclusions. As a result, the findings of each objective and sub-aim are discussed in the following subsections.

6.3.1 The findings regarding Objective 1: Describe the task and place of special care centres for LSPID

The first objective of the study was to characterise the place (location) of the SCCs and the services provided (tasks) by the centres. The location of an SCC comprised the geographic location in Gauteng and managers' background information, and the task description focused on the services offered by the centres. This section of the study was driven by the literature review conducted in Chapter 2. The specific findings about the tasks and places of SCCs for LSPID in Gauteng are discussed in the following subsections.

6.3.1.1 Special Care centre as a place in Gauteng

The following key findings emerged from the SCCs as a place:

- The qualitative portion of the study comprised 10 SCCs (Section 5.3) and the quantitative phase included 31 SCCs (n = 31; Section 5.5.1.) that were purposely chosen since they were in Gauteng and registered with the DoH through Mental Health Directorate and the DBE. The findings showed that the

centres are evenly distributed throughout four regions in Gauteng province (Section 5.5.1.1).

- In terms of qualifications, two-thirds of the managers have a Grade 12 certificate or less, less than one-third has a university degree, and none have specialised training in special education. The age range is between 40 to 69 years old (Section 5.4.2.3).
- The findings showed that female managers who are mothers of disabled children outnumber male managers. Two-thirds, however, have received training in the learning program and stimulation exercises (Section 5.4.2.5.).
- All of the study's locations are wheelchair accessible and have walk rails, although not all have wheelchair accessible bathrooms (Section 5.5.1).

In summary, the SCCs in Gauteng are well managed despite being run by NGOs and overseen by managers with limited educational backgrounds. However, when it comes to translating policy documents that regulate the everyday activities of the centres, managers with limited education backgrounds have difficulties. On the positive side, the managers are able to cope because they understand their roles and responsibilities, which they have learnt through experience. Additionally, there are more female managers than male managers, which is likely because of the prevalent belief that women can better care for LSPIDs.

6.3.1.2 Services offered by the centres

The following key findings emerged from the task of SCCs:

- Concerning the services provided by SCCs, all give stimulating and educational services, half proffer health services, and very few offer social services (Section 5.5.1.2).
- The SCC managers stated that the disabilities of the learners include fragile X syndrome, autism spectrum disorder, foetal alcohol spectrum disorder, Down syndrome, cerebral palsy, spinal bifida, physical disabilities, and multiple disabilities. Simply put, managers are familiar with different types of disabilities offered in the centres (Section 5.5.1.2).
- SCC managers were able to name the different types of disabilities enrolled in the centres. This knowledge revealed that centre managers are conversant

with various sorts of disabilities, putting them in a better position to provide appropriate services to learners with intellectual disabilities (Section 5.5.1.2).

Ultimately, the facilities are accessible to individuals with disabilities, feature sturdy buildings, and offer basic services such as stimulating activities and educational opportunities. However, because the centres were founded by either mothers of disabled children or churches, there is little consistency in their design and construction. This means that even if the buildings appear to be in good condition on the outside, it is impossible to tell if the centres are structurally stable. This aligns with Agarwal's (2020) study for the United Nations, which found that educational infrastructure in many countries is underfunded and that these institutions are more susceptible to natural hazards compared to other types of buildings. Additionally, Agarwal (2020) discovered that while institutions often perceive incorporating accessibility features into the design of SCCs as costly, these features typically account for less than 1% of the total construction expenses.

Additionally, the benefits of having SCCs in the communities include parental involvement, which fosters a sense of community collaboration; the safety of children with intellectual disabilities, as abuse has been reported in the home environment in some cases; and the centres providing a practical platform to advocate for children's rights.

6.3.2 The findings regarding Objective 2: Establish the problems that special care centres managers experience managing a centre for LSPID in Gauteng

The second objective was to identify some of the challenges that SCC managers experience when managing an LSPID centre in Gauteng. The following major findings emerged:

- According to the findings, management concerns include a lack of adequate government support, which includes facility development, learner transportation, and fundraising capacity. The findings also revealed a lack of appropriate social services, insufficient funding, and inadequate multidisciplinary professional support, as well as a lack of constructive consultation with the government (Section 5.3.3.1 & 5.5.2).

- On the plus side, the managers are pleased with the help provided by the DBE and DoH, but they are dissatisfied with the DSD, Department of Transport, and DPWI. The managers, for example, were delighted with the DBE's provision of LTSM, and with the availability of financial support from the DoH, even if they felt it was insufficient (Section 5.3.3.1 & 5.5.2.1).
- Regarding infrastructure development, managers thought the government is not helping because building developments are provided by the centres without government assistance (Section 5.3.3.2 & 5.5.2.1).
- Concerning transport, the managers felt that the Department of Transport was not offering assistance with transferring learners to and from SCCs, despite the fact that they were intended to be important actors in the Grant Project. According to records, the Department of Transport has not participated in the project from its inception in 2018 until 2023 (Section 5.3.3.3 & 5.5.2.1).
- SCCs are NGOs established for various reasons by individuals from diverse backgrounds, all with the common goal of providing services to learners with intellectual disabilities. Because the majority of centre managers have a low educational background, they have not been exposed to fundraising skills, and as a result, the findings showed that they face fundraising issues at their institutions (Section 5.3.3.4 & 5.5.2.1- 5.5.2.2).
- According to SCC management, the DSD offers few social services. As if minimal social services are not enough, the services given are not coordinated and are frequently delivered intermittently, which negatively impacts the support provided to learners with intellectual disabilities (Section 5.3.3.5 & 5.5.2.1- 5.5.2.2).
- LSPID have numerous disabilities, and so require multidisciplinary support. According to the findings, the SCC managers are delighted with the support staff from the DBE rather than the DoH. Managers believe that the multidisciplinary team from the DBE is providing adequate help but that the number of centre visits is insufficient. Furthermore, the centre managers believed that the team from the DoH only visits the centres to conduct audits and not to provide learner support (Section 5.3.3.7 & 5.5.2.1- 5.5.2.2).
- The study found that consultations between various provincial government agencies and centre managers are difficult. Managers believed that the various

government departments that serve the centres are unwilling to engage in positive consultations since government communication is one-sided. As a result, centre managers complained that support is not always provided appropriately or at the appropriate time (Section 5.3.3.8 & 5.5.2.1- 5.5.2.2).

To sum up Objective 3, it can be concluded that management challenges as described by managers are lack of sufficient social services, financing, and multidisciplinary professional aid, as well as a lack of constructive collaboration with the government. This was highlighted as the centre managers considered that the DBE and DoH provide enough support. Furthermore, the managers alleged that the DSD offers very little assistance to centres, while the DPWI and the Departments of Transport, and Cooperative Governance offer none at all. This contradicts both the planned policy statement for learners with intellectual disabilities (DBE, 2017a). The two policy documents provide explicit guidelines on how the three departments (DPWI, Transport, and Cooperative Governance) can assist LSPID centres. It was also evident that the managers considered the financial support insufficient because funding for children with intellectual disabilities has not taken inflation and living costs into account.

6.3.3 The findings regarding Objective 3: Determine how well prepared special care centre managers are to engage with these management challenges in LSPID centres in Gauteng

The third objective was to establish how well prepared are SCC managers are to engage with management challenges in centres with LSPID in Gauteng. The key findings are as follows:

- In terms of pre-service training, the findings showed that managers lack acceptable academic qualifications, with about three-quarters holding a Grade 12 certificate or less. This means that most of managers have lower literacy levels, which may make it hard for them to translate policy documents or other written communication. This suggests that a large number of managers have not received enough pre-service training (Section 5.3.1.5; 5.4.2.5 & 5.5.3.1.).
- As for in-service training, centre managers have not attended any seminars on leadership, inclusive education, special education, or management, with the exception of learning programmes and stimulation strategies. Managers

believed they need additional and advanced training that is well-structured and covers all areas of centre management, as well as themes relevant to leadership and management, inclusive education, and special education, in order to adequately prepare them with contemporary management styles (Section 5.3.1.5; 5.4.2.5 & 5.5.3.1.5).

From the findings, it can be concluded that the managers have not received adequate pre-service preparation because their lack of appropriate academic qualifications. According to Kumar (2015), the importance of the qualities of SCC managers cannot be overstated, as the effectiveness and success of an educational system rely heavily on how these managers operate the centre. It is widely believed that a nation's quality is reflected in the quality of its citizens, and the quality of its citizens is in turn determined by the quality of their education (Kumar, 2015). Consequently, the quality of education at an SCC is directly influenced by the manager's capabilities. Factors such as the manager's educational background, professional training, and advanced managerial skills significantly impact the quality of learner outcomes.

Furthermore, it is evident that except for learning programs and stimulation strategies, centre managers have not participated in any in-service training seminars on leadership, inclusive education, special education, or management.

6.3.4 The findings regarding Objective 4: Find out which strategies and other measures have special care centre managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng

The fourth objective was to find out which strategies and other measures SCC managers have adopted to deal with the complexities of management challenges in centres in Gauteng. The major findings were as follows:

- According to the findings, the centre managers employ management techniques that stress building relationships with various stakeholders and working cooperatively with centre staff members and the community. Furthermore, the findings showed that other management methods used by centre managers include advocating for learners with intellectual disability and having adequate expertise to multitask management duties (Section 5.5.4).

These management strategies are aligned with Bush's (2020b) subjective, collegial, and ambiguous models, as well as distributive and instructional leadership approaches. As stated by McCaffery (2018), the management model of an SCC determines which models can be pursued within the organization and which are "beyond the pale" of the centre. In this study, the models provided a framework for understanding how management is practiced in SCCs. According to the findings, centre managers can employ these management strategies since they understand their roles and obligations (5.3.4.1-5.3.4.5 & 5.5.4.1-5.5.4.2).

6.4 RECOMMENDATIONS

In response to the study's findings, the following recommendations are made for policy formulation and the enhancement of the current policies at provincial and national levels for the Grant Project for LSPID. The recommendations are based on both the data collected and the literature review. The recommendations are arranged in the same order as the sub-questions, sub-aims, and accompanying findings.

6.4.1 Recommendations relating to Objective 1: Describe the task and place of special care centres for LSPID

For this objective, the recommendations are delineated into the tasks and place of SCCs.

6.4.1.1 Recommendations of special care centres as a place in Gauteng

The following key recommendations are made for SCCs as a place:

- As previously stated, two-thirds of the managers have a Grade 12 certificate or less, and less than one-third has a university degree, and therefore, centre managers should increase their academic qualifications to raise their literacy levels. This, in turn, will help the managers interpret policy documents and other documentation in centres. Their qualifications can be upgraded in the following two ways:
  - The provincial government can directly conduct workshops for centre managers to improve literacy and arithmetic levels; and
  - The provincial government can provide incentives like bursaries for managers to upgrade themselves (Sections 5.3.1.5 & 5.4.2.3).

- According to the findings, two-thirds of managers were trained in the learning program and stimulation strategies. In addition to leadership and management trainings, managers should be trained in leadership and management techniques because it will improve communication with others, analytical thinking, interpersonal skills, and human resource development. According to Santana et al., (2020), training in human resource skills will enable managers to structure a centre organogram, and manage the advertisement process, the interview process, staff retention, leave, fundraising, business management, and information and communication technology skills. Currently most SCC managers lack these skills due to their limited educational background (Section 5.4.3.5 & 5.5.3).
- The provincial government should take up the construction and maintenance of SCCs. This can be accomplished by either constructing and maintaining facilities through the DPWI, or providing financing for construction and upkeep, which the DPWI must monitor. This recommendation is consistent with the UN's Sustainable Development Goal 1 (World Bank, 2015) and the Basic Education Minimum Standard for Infrastructure Development (DBE, 2015). These objectives require governments or departments to construct and improve education facilities that are child, disability, and gender sensitive, as well as to provide safe, nonviolent, inclusive, and effective learning environments (5.3.3.2 & 5.5.2.1).

6.4.1.2 Recommendations on services offered by centres in Gauteng

The following recommendations are suggested for the tasks of SCCs:

- The Grant Project's implementation design calls for collaboration across various provincial government departments to support SCCs (DBE, 2017a). The findings showed that there is a lack of collaboration among different departments, which negatively impacts the quality of services provided to the centres. This can be improved by reviewing the court ruling (Western Cape High Court, 2011) and the Draft Policy statement (DBE, 2017a) and request all relevant departments to actively engage in the Grant Project's implementation. Currently, the DBE, DoH, and DSD are taking an active role. Therefore, it is proposed that the three departments interact with other departments, such as

the DPWI, and Departments of Transport, and Cooperative Governance, as outlined in the Draft Policy and court case verdict. According to collected data, the provincial government has not taken adequate steps to meet this suggestion (Sections 5.3.1.6 & 5.5.3.2).

- Learners with intellectual disabilities face lifelong conditions, but if centre managers can identify different types of disabilities correctly and support caregivers in delivering specialised instruction so individuals learn compensatory strategies, many can overcome or accommodate their limitations. This will allow LSPID to improve and make strides in all areas of stimulation and educational services, as well as create their own self-efficacy and self-esteem as they develop their toolbox to realise their full potential. This can be accomplished if centre managers are capable of going beyond simply naming different types of disabilities and possess additional knowledge, such as causes, characteristics, and interventions strategies. It is recommended that managers be capacitated with advanced knowledge of types, causes, and intervention options for LSPID. This information will put centre managers in a better position to serve LSPID with various types of disabilities, allowing them to provide appropriate services to children with intellectual disabilities (Sections 5.5.1.2 & 5.3.1.3).

6.4.2 Recommendations relating to Objective 2: Establish the problems that special care centres managers experience managing a centre for LSPID in Gauteng

The findings indicated that centre managers face management challenges, and the following recommendations are made to solve these challenges:

- In response to the issues identified by findings, it is advised that the provincial government gives suitable support, such as infrastructure development, learner transportation, and fundraising training, for centre managers. Furthermore, it is recommended that the DSD offer adequate and appropriate social services, while the DoH revisits its funding choices and takes inflation and cost of living into consideration. In addition, the provincial government should give enough interdisciplinary professional support by making enough

centre visits and encouraging constructive consultation with centre management (Sections 5.3.3.1-5.3.3.8 & 5.5.2.1).

- On the bright side, it is recommended that the DBE continues to provide LTSM, and that the DoH continues to give financial support to the centres (Sections 5.3.3.1 & 5.3.3.6).
- As previously discussed, it is proposed that infrastructure development in SCCs be overseen by the DPWI. It is proposed that the provincial government, through the DPWI, takes over all facilities or provide funds for their infrastructure upgrades (Sections 5.3.3.2 & 5.5.2.1).
- Concerning transportation, it is proposed that the Department of Transport be one of the key participants in transporting learners to and from SCCs. According to the findings, the Department of Transport (DoT) has not participated in the Grant Project since its commencement in 2018, which disregards the recommendations of the Western Cape High Court (2011). It is recommended that the Department of Transport follow the 2015 *National Learner Transport Policy* (DoT, 2015). The provincial government should review the *National Learner Transport Policy* (DoT, 2015) as it does not address accessibility and safety concerns for learners, especially those with disabilities. The provincial Department of Transport should declare that transportation for people with disabilities must follow universal design principles. All processes involved, from planning to implementation, must consider the requirements of learners with disabilities and provide the necessary support that is lacking in the *National Learner Transport Policy*. (Section 5.3.3.3 & 5.5.2.1)
- Furthermore, the findings showed that the DSD delivers few social services, and that those they do provide are not coordinated and are frequently intermittent. As a result, it is proposed that interdepartmental support be strengthened and better coordinated in order to increase project delivery efficiency (Section 5.3.3.5 & 5.5.2.1-5.5.2.2).
- It is suggested that consultations between provincial government departments (DBE, DoH, DSD, Department of Transport, and DPWI) and centre management be made a priority. Currently, only three ministries (DBE, DoH, and DSD) support SCCs, and the managers believed that the three

departments are unwilling to engage in constructive talks since government communication is one-sided. Therefore, it is proposed that a consultation platform be built to allow relevant departments and centre managers to engage (Section 5.3.3.8 & 5.5.2.1).

6.4.3 Recommendations relating to Objective 3: Determine how well prepared special care centre managers are to engage with these management challenges in LSPID centres in Gauteng

- It is proposed that centre managers upgrade their academic qualifications, as three-quarters have a Grade 12 certificate or lower. Upgrading qualifications will boost literacy skills, which will come in helpful when managers need to translate policy documents or other written communication (Section 5.4.3.3-5.4.3.4 & 5.5.1.1).
- It is recommended that centre managers receive in-service training in leadership and management styles, inclusive education, special education, and organisational development as the data revealed that their current skills in these areas are inadequate. It is also suggested that the training should be well-structured and cover all aspects of centre management to enable managers to mitigate management challenges (Section 5.4.3.5 & 5.5.3.2).

6.4.4 Recommendations relating to Objective 4: Find out which strategies and other measures have special care centre managers adopted to deal with the complexities of management challenges in LSPID centres in Gauteng

- It is advised that centre managers receive in-service training that emphasises the use of management practices that prioritise creating relationships with various stakeholders, sharing duties, and collaborating with centre personnel and the community. The training should also include advocating for learners with intellectual disabilities and having a solid understanding of multitasking management roles. This training will help managers manage their daily obligations in an efficient and successful manner (Section 5.3.1.4-5.3.1.5 & 5.5.3.2).

6.5 CONTRIBUTION OF THE STUDY

This study makes three additions to the scholarly body of knowledge in the field of education leadership, management and policy on the abilities required to effectively manage SCCs:

- This is a one-of-a-kind study that experimentally investigated how to efficiently and effectively manage SCCs for LSPID in the South African context, focusing on the Gauteng province. Previous research in the domains of special education, inclusive education, and educational leadership and management has largely ignored the management of SCCs for LSPID, focusing instead on instructional provisions, policy implementation, and caregivers' experiences. For instance, Rendoth et al. (2024) examined curriculum provisions, McKenzie et al. (2017) reflected on the implementation process of a Western Cape court case, Flink et al. (2023) studied children's and parents' communicative behaviour, and Lawson and Jones (2018) analysed teachers' pedagogical decision-making and its influence on teaching learners with severe intellectual disabilities. This study, which integrates the disciplines of special education and leadership and management, makes a valuable contribution to the limited body of knowledge on special centre management.
- The study will impact policy because the data gathered provides a pathway to improve existing procedures and policies related the management of SCCs in Gauteng. Such knowledge will allow all stakeholders in schools to become more sensitive and attentive when dealing with LSPID.
- This study created questionnaire for centre managers that can be used in future studies to assess SCC managers' level of satisfaction with their leadership and management experiences in the sector. Using Likert-scale item questions, the centre managers' surveys were determined to have a Cronbach's alpha factor of 0.945 in terms of reliability. This is a significant contribution to scholarly methods (Section 5.4.1).
- The study proposes a model framework for use by SCCs, the provincial government, and government policymakers to improve effective and efficient leadership and administration in LSPID centres. The proposed framework is discussed in the next section.

6.5.1 Proposed framework

The study's findings informed the proposed framework, which is depicted in Figure 6.1. The framework was designed to address the intentional measures that centre managers and the provincial government must put in place to improve the relevance of good leadership and management in SCCs. The framework outlines the fundamental qualities required to expand on existing best practices and improve service provision in SCCs across Gauteng, as well as each partner's role in achieving this. The framework answers the last sub-question of the study: Which guidelines can be introduced for SCC managers in Gauteng to manage facilities more effectively?

This is a duo-level framework since its design and execution methods recognise collaboration and coherence at all levels of the system, both provincial and SCC. Furthermore, the duo-level framework allows implementers to draw on the knowledge and experience of centre managers, and to leverage the capacity of provincial government authorities to support LSPID.

The framework is meant to bring together existing action plans focused at strengthening SCCs. It builds on the work that SCCs are already doing with their remodelling strategies to successfully manage change, allocate resources, and respond to LSPID needs. Future programs offered by the provincial government and its partners will be consistent with the framework. It is meant to provide a consistent strategy customised to the Gauteng environment and linked with the difficulties that SCCs confront in the province. It is intended to be implemented methodologically throughout Gauteng, but in a way that takes into account the unique conditions and needs of each SCC.

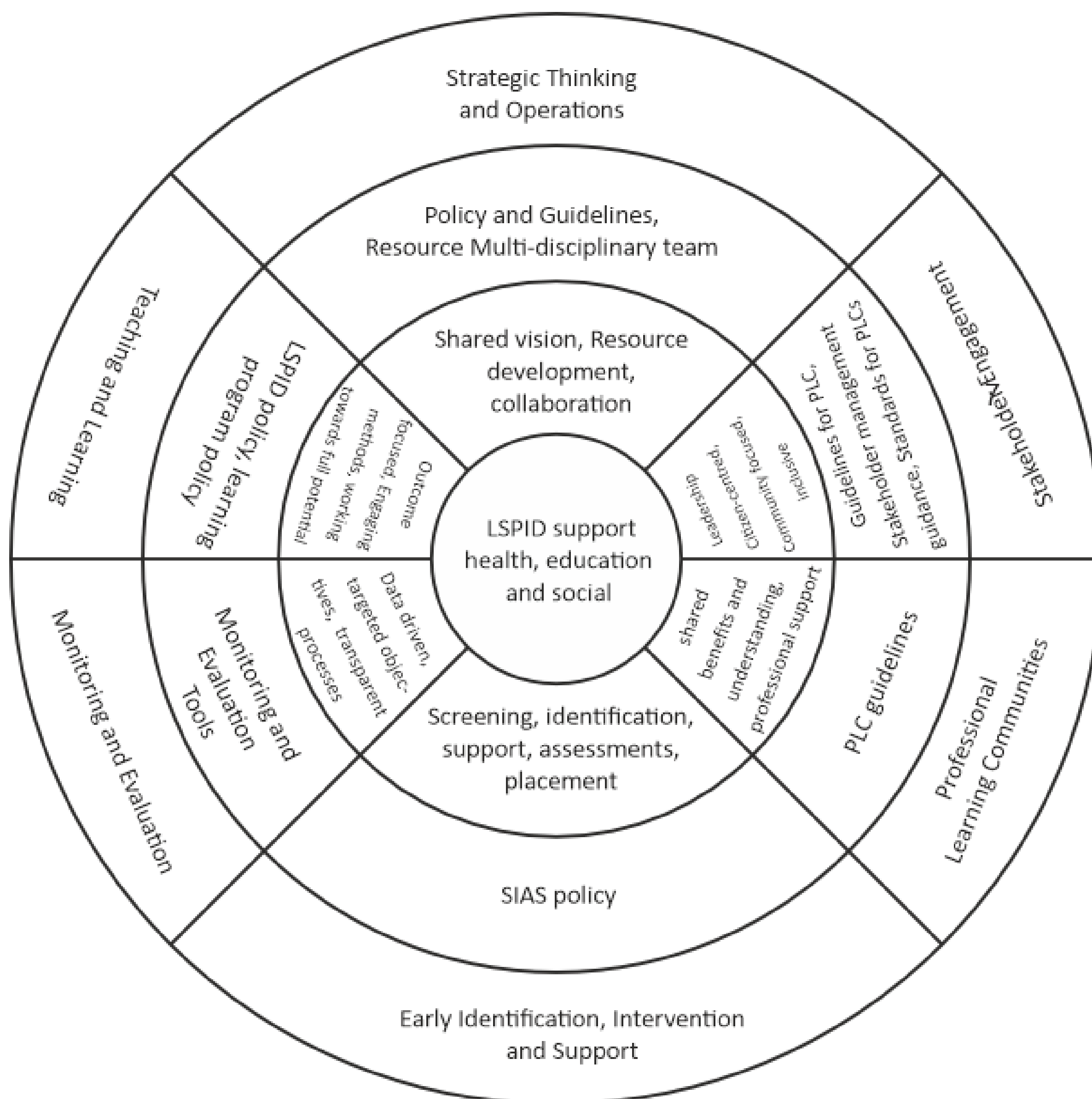


Figure 6.1 Framework for SCC leadership, management, and support

6.5.2 The synthesis of action points in the framework

The framework is supported by six fundamental themes that pervade and intersect with all elements of SCC operations and culture. The themes are strategic thinking and operations; stakeholder engagement; professional learning communities; early identification, intervention, and support; monitoring and evaluation; and stimulation, teaching, and learning.

6.5.2.1 Strategic thinking and operations

- **Provincial Government**
  - Translate national policies to align with the provincial business strategy through the development of provincial policies and guidelines;
  - Create a robust provincial support structure by assisting SCCs in networking and collaborating with one another, as well as with other community programs, to maximise facility sharing and best practices; and
  - Provide interdisciplinary staff assistance, LTSM, as well as finance and training.
- **SCC**
  - Give leadership through a shared vision and resource development (both human and material); and
  - Encourage teamwork, advocacy, multitasking, community engagement, role sharing, and individual development in SCCs.

6.5.2.2 Stakeholder engagement

- **Provincial Government**
  - Establish a platform for cross-departmental collaboration and guarantee that stakeholder management guidelines are in place; and
  - Create agreed-upon priorities and initiatives for health, education, and social services that will be implemented, monitored, and evaluated in all SCCs.
- **SCC**
  - Ensure leadership and management strategies are citizen-centred, community-focused, and inclusive of all stakeholders, whether internal or external staff.

6.5.2.3 Professional learning communities

- **Provincial Government**
  - Play an important role in promoting and supporting the development of professional learning communities between SCCs in and across

districts, as well as in promoting the common moral purpose, social justice, and equity that are central to supporting LSPID; and
    - Create standards for establishing and managing professional learning communities across the province.

- **SCC**
    - Encourage networking to share best practices, increase professional knowledge and understanding, and eliminate variation within the centre; and
    - Continue to expand the networking opportunities available in many different provincial departments as this will allow for greater sharing of innovative and effective practice, as well as grant access to strong and ever-growing knowledge bases and a broader range of learning and stimulation strategy resources.

6.5.2.4 Early identification, intervention, and support

- **Provincial Government**
    - Play an important role in ensuring SCCs receive adequate assistance and resources when working with children with disabilities, including LSPID; and
    - Guarantee that intervention and support for SCCs are timely, tailored to centres' specific requirements, and based on the most recent research. As it is, the multidisciplinary team can be a source of knowledge for provincial governments to draw from. Currently, the SIAS policy document (DBE, 2014) provides recommendations for identification, intervention, and support.
- **SCC**
    - Recognise that intervention is an important component of centre management to ensure all caregivers and staff are working efficiently;
    - Guarantee that intervention tactics are given top priority in the centre's activities; and
    - Ensure interventions are handled at the centre level, starting with the local province government, and typically through multi-departmental action involving health providers, other agencies, and voluntary entities.

6.5.2.5 Monitoring and evaluation

- **Provincial Government**
  - Take responsibility for overall learner outcomes in the SCCs that it manages and supports;
  - Help SCCs manage, provide, and use performance and management information, including data produced as part of national data collections; and
  - Focus on enhancing best practices and closing the gap between effective and ineffective centres to improve educational experiences and life opportunities for all LSPID. This necessitates monitoring and evaluation by provincial government.
- **SCC**
  - Analyse performance and create improvement targets for their improvement plans during monitoring and evaluation. The improvement plan aims must include improvements in the quality of education and stimulation services and LSPID outcomes; and
  - Ensure that all the process are transparent so confidence can be placed in the results.

6.5.2.6 Stimulation, teaching, and learning

- **Provincial Government**
  - Play an important role in ensuring the learning program is executed and information is exchanged so SCCs can learn from one another across centres and districts;
  - Ensure centres boost LSPID levels of achievement to their greatest potential; and
  - Ensure the policy document and learning program are implemented.
- **SCC**
  - Provide caregivers with professional information about how LSPID acquire and develop skills and an understanding of the implications of delivering education and stimulation services to learners;

- Understand how caregivers' provision of education and stimulation services affects engagement with LSPID in order to achieve the intended outcome; and
- Ensure caregivers adopt outcomes-based instructions and use contemporary pedagogies, and LSPID reach their full potential.

6.6 RECOMMENDATIONS FOR FUTURE RESEARCH

The study's findings indicated several avenues for future research. The recommended regions may not only supplement the findings of this study but also clarify those that appear unclear. The following are recommended for future research:

- The empirical investigation for this study was limited to the Gauteng province, and therefore, it is suggested that similar investigations be expanded to national level to gain a more comprehensive understanding of how SCCs for LSPID can be effectively managed.
- The study found that parental involvement and support for their children's education and stimulation services are inadequate in SCCs in Gauteng. Research could be conducted to analyse parents' awareness of their role in providing education and stimulation services for their children, as well as how best to assist them in supporting their children's education and stimulation services.
- This research aimed to get better knowledge and critical insight into SCC managers' experiences and perceptions of managing LSPID centres. It would be interesting and beneficial if future research could focus on the role of management in sustaining the Grant Project's provisions of stimulation and education at LSPID centres.

6.7 LIMITATIONS AND DELIMITATIONS OF THE STUDY

As an exploratory mixed methods investigation, this study had both strengths and limitations. The limitations related to the methodology of the study are highlighted below. The first limitation was that only a small number of centre managers participated in the study, despite the fact that others could have. There were 10 participants in the qualitative phase and 31 (n = 31) in the quantitative phase, and the small sample size limited the ability to generalise the findings. However, this restriction

may be minimal given that the study included all aspects of SCC management. In light of this, I hope that the sample size can still be regarded big enough considering the focus of the study was managers' experiences while managing LSPID centres.

The study was also limited to South Africa's Gauteng province. Given this, the data cannot be extrapolated to other provinces or the national level. According to Newby, (2014), the goal of research is to gain a deeper and clearer understanding of the topic under investigation, and this is exactly what this study attempted to accomplish. As a result, the findings of this study provided more insights into management experiences in SCCs in Gauteng, South Africa, which scholars can learn about and/or investigate further.

I wanted to use a bigger study sample in the quantitative phase, but only 31 participants were available to participate (Section 4.6.3). Several variables made this necessary, and I was unable to overcome them. For example, the University of South Africa Ethics Committee delayed issuing ethical clearance to perform the study; and some SCC management delayed granting permission to conduct the study in their facilities, while others denied participation. These constraints impacted questionnaire retention among centre managers. The use of unforeseen alternative arrangements to acquire data, such as using cell phones, emails, WhatsApp, and other internet-based platforms, was not beneficial in yielding the needed results on time.

Another limitation is that I used three data collection techniques, namely document analysis, semi-structured interviews, and surveys, using a questionnaire as the instrument. Visits and observations at SCCs could have provided a new viewpoint on the research. To acquire a more comprehensive understanding of the study, I may have increased the number of participants and the number of data collection methodologies.

6.8 PERSONAL REFLECTION

For five years, I have worked at the GDE's Head Office as a Senior Education Specialist in the Inclusion and Special Schools Directorate under the Condition Grant Project for LSPID. During this time, I became aware of the many challenges that centre managers face when implementing the Grant Project for LSPID. During the course of performing this research, I was overwhelmed by the number of challenges that centre

managers take for granted when carrying out their responsibilities at SCCs. This research highlighted the importance of centre managers' academic and professional qualifications, understanding their roles and responsibilities, promoting engagement with stakeholders, and mitigating management challenges.

In light of the foregoing, I believe that the study's goal has been realised, and that the research has increased my understanding of the obstacles and possibilities faced by centre managers when administering an SCC for LSPID in Gauteng, South Africa.

6.9 CONCLUSION

Managing an SCC for LSPID is never easy, and the findings of this study supported this assumption. This study discovered that several issues impede the implementation of policy documents. As presented in Chapter 4, discussed in Chapter 5, and summarised in Chapter 6, the issues hindering the implementation of policy documents include poorly qualified centre managers, lack of transport for learners, inadequate support from different departments of provincial government, lack of infrastructure development, minimal parental involvement, lack of fundraising skills, and inadequate funding. To overcome the above stated challenges and achieve fruitful implementation of policy documents while adhering to the court case ruling, the Gauteng Provincial Government, in collaboration with all stakeholders, must develop a practical and flexible blueprint of the implementation process that can be modified and adapted to meet the needs of SCCs.

Furthermore, to move forward with the provision of education, health, and social services in SCCs, the Gauteng Provincial Government must support managers to ensure that centres decide on the values and goals of education, the next step to take in the implementation process, how to develop the spirit of advancing social justice and operating procedures, how to develop and support SCC managers, and on roles and processes of providing stimulation, education, health and social services.

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APPENDICES

ANNEXURE A: PROOF OF REGISTRATION AT UNISA

1033 M1RST

ZIMBA Z MR
P O BOX 7710
JOHANNESBURG
2000

STUDENT NUMBER : 3506-633-4

ENQUIRIES NAME : MR P POLKARD
ENQUIRIES TEL : 0861670411

DATE : 2023-05-22

Dear student

I wish to inform you that your registration has been accepted for the academic year indicated below. Kindly activate your Unisa myLife (https://myunisa.ac.za/portal) account for future communication purposes and access to research resources.

DEGREE : PHD (EDUCATION) (90019)

TITLE : Guidelines for managing special care centers for learners with intellectual diabilities in the Gauteng Province of South Africa

SUPERVISOR : Prof RJ BOTHA (botharj@unisa.ac.za)

ACADEMIC YEAR : 2023

TYPE: THESIS

SUBJECTS REGISTERED: TFPEM01 PhD - Education (Education Management)

A statement of account will be sent to you shortly.

You must re-register online and pay every academic year until such time that you can submit your dissertation/thesis for examination.

Students registering for the first time for a dissertation or thesis must complete a research proposal in their first year of study. Guidelines will be provided by your supervisor/contact person.

If you intend submitting your dissertation/thesis for examination you have to submit an intention to submit form (available on the website www.unisa.ac.za) at least two months before the date of submission. If submission takes place after 15 November, but before the end of January of the following year, you do need not to re-register and pay registration fees for the next academic year. Should you submit after the end of January, you must formally reregister online and pay the full fees.

Please access the information with regard to your personal librarian on the following link:
https://bit.ly/3hxNqvr

Yours faithfully,

Prof M S Mothata
Registrar

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE B: UNISA ETHICAL CLEARANCE

UNISA COLLEGE OF EDUCATION ETHICS REVIEW COMMITTEE

Date: 2023/07/05

Ref: **2023/07/05/35066334/37/AM**
Name: Mr Z Zimba
Student No.:35066334

Dear Mr Z Zimba

Decision: Ethics Approval from 2023/07/05 to 2028/07/05

Researcher(s): Name: Mr Z Zimba
E-mail address: 35066334@mylife.unisa.ac.za
Telephone: 0788865847

Supervisor(s): Name: Prof R. J. Botha
E-mail address: botharj@unisa.ac.za
Telephone: 0824116361

Title of research:
GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

Qualification: PhD Education Management

Thank you for the application for research ethics clearance by the UNISA College of Education Ethics Review Committee for the above mentioned research. Ethics approval is granted for the period 2023/07/05 to 2028/07/05.

*The **medium risk** application was reviewed by the Ethics Review Committee on 2023/07/05 in compliance with the UNISA Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.*

The proposed research may now commence with the provisions that:

1. The researcher will ensure that the research project adheres to the relevant guidelines set out in the Unisa Covid-19 position statement on research ethics attached.
2. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.

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3. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the UNISA College of Education Ethics Review Committee.
4. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
5. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing.
6. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
7. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.
8. No field work activities may continue after the expiry date **2028/07/05.** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number **2023/07/05/35066334/37/AM** *should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Kind regards,

Prof AT Motlhabane
CHAIRPERSON: CEDU RERC
motlhat@unisa.ac.za

Prof Mpine Makoe
EXECUTIVE DEAN
qakisme@unisa.ac.za

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE C: DOH ETHICAL CLEARANCE

Research Committee of Johannesburg Health

Enquiries: Prof S. Moosa |researchjoburg@gmail.com

DATE: 4th September 2023

ATT: Mr. Zondani Zimba

EMAIL: 35066334@mylife.unisa.ac.za

Dear Sir/Madam

STUDY TITLE: GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

NHRD REF. NO.: GP_202307_066

OFFICIAL APPROVAL

The District Research Committee has reviewed your application. This letter serves as a final approval letter for this study.

The following conditions must be observed:

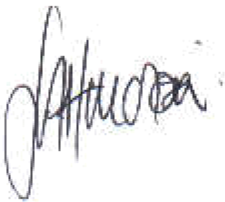
- The facilities in which the research will be conducted are listed below
- These facilities will be visited from: 2023/09/04 to 2024/07/18
- Participants' rights and confidentiality will be maintained all the time.
- Neither the District nor the facility will incur any additional cost for this study.

- No resources (Financial, material and human resources) from the above facilities will be used for the study.
- The study will comply with Publicly Financed Research and Development Act, 2008 (Act 51 of 2008) and its related Regulations.
- You will submit a copy (electronic and hard copy) of your final report. In addition, you will submit an annual progress report to the District Research Committee.
- If this is academic research then your supervisor and the University will ensure that these reports are being submitted timeously to the District Research Committee.
- The District must be acknowledged in all the reports/publications generated from the research and a copy of these reports/publications must be submitted to the District Research Committee.
- You will liaise with the manager/s listed below as relevant before initiating the study.

We reserve our right to withdraw our approval, if you breach any of the conditions mentioned above. Please feel free to contact us, if you have any further queries.

On behalf of the District Research Committee, we would like to thank you for choosing our District to conduct such an important study.

Regards,



Prof S. Moosa

Chairperson: District Research Committee

Johannesburg Health District

As delegated by Mrs M.L. Morewane, Chief Director, Johannesburg Health District, and Mr Frans Moseane, Acting ED Health, City of Johannesburg

ANNEXURE D: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH IN DEPARTMENT OF HEALTH (MENTAL HEALTH).

UNIVERSITY OF SOUTH AFRICA (UNISA)

To: Head of Department Gauteng Provincial Government

Gauteng Department of Health (mental health)

Dear Sir/Madam

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH IN SPECIAL CARE CENTRES

I, Zondani Zimba, am studying for a Doctoral Degree in Education (Education Leadership and Management) with the University of South Africa (UNISA), under the supervision of Prof R J (Nico) Botha, in the College of Education, and wish to conduct an empirical research study entitled:

GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

The aim of the study is to determine how Special Care Centres for LSPID should be managed more effectively in the Gauteng Province of South Africa. The specific objectives of the study are to

- Describe the task and place of Special Care Centres for LSPID;
- Establish the problems that SCC managers experience in managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;
- Find out which strategies and other measures have SCC managers adopt to deal with the complexities of management challenges in LSPID centres in Gauteng; and

- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

Your department has been selected because all the special care centres in Gauteng province are registered with Department of Health under by Mental Health Directorate. The study will entail gathering of data on how Special Care Centre managers experience, and practice leadership and management in the institutions. Data will be collected in two phases. Thus, Phase 1 (Qualitative) will be document analysis and semi-structured interviews. Thereafter, data will be collected using surveys and questionnaire as the instrument in Phase 2 (Quantitative)

The benefits of this study are that it will add to the limited knowledge since there are minimal studies on management of special care centres at a national, regional, and international level. Through the study, guidelines will be developed, centre managers will have step-by-step guidance in leading and managing special care centres. Also, the data generated from this study has the potential to improve existing practices and policies regarding the management of SCCs in Gauteng. On the other hand, potential risks are COVID transmission and confidentiality in terms of data management. Mitigations for COVID will be all prevention protocols will be observed and data will only be used for research purposes and pseudonyms will be used.

There will be no reimbursement or any incentives for participation in the research. As part of feedback, participants will read through the transcribed interviews to confirm if they agree with the transcription. Thereafter a letter expressing appreciation will be forwarded to participants. I humbly appeal to you to permit me to conduct my study within your department at the special care centres.

Yours sincerely

Zondani Zimba PhD Student

UNISA student number: 35066334, Cell no: 0788865847) Researcher Email: 35066334@mylife.unisa.ac.za

This study is supervised by Professor R J (Nico) Botha, Cell: 0824116361. Email of supervisor: botharj@unisa.ac.za

ANNEXURE E: REQUEST FOR PARTICIPATION FOR PHASE 1 (QUALITATIVE): CENTRE MANAGER PARTICIPANT

UNIVERSITY OF SOUTH AFRICA (UNISA)

The Centre Manager,

Special Care centre

Dear Sir

RE: REQUEST TO CONDUCT RESEARCH IN YOUR SPECIAL CARE CENTRE

I, Zondani Zimba, am studying for a Doctoral Degree in Education (Education Leadership and Management) with the University of South Africa (UNISA), under the supervision of Prof R J (Nico) Botha, in the College of Education, and wish to conduct an empirical research study entitled:

GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

The aim of the study is to determine how Special Care Centres for LSPID should be managed more effectively in the Gauteng Province of South Africa. The specific objectives of the study are to

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- Establish the problems that SCC managers experience in managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;
- Find out which strategies and other measures have SCC managers adopt to deal with the complexities of management challenges in LSPID centres in Gauteng; and

- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

This invitation serves to invite centre managers from special care centres to take part in the research. Your Special Care centre has been selected because it is in Gauteng province and registered with Department of Health under by Mental Health Directorate, supported by Department of Education and admits LSPID. The study will entail gathering of data on how Special Care Centre managers experience, and practice leadership and management in the institutions. Data will be collected in two phases. Thus, Phase 1 (Qualitative) will be document analysis and semi-structured interviews. An audio recording of the interview will be made during it. We have picked your centre to participate in the semi-structured interviews, and to better understand how the centre functions daily, we will require access to centre documents.

The benefits of this study are that it will add to the limited knowledge since there are minimal studies on management of special care centres at a national, regional, and international level. Through the study, guidelines will be developed, centre managers will have step-by-step guidance in leading and managing special care centres. Also, the data generated from this study has the potential to improve existing practices and policies regarding the management of SCCs in Gauteng. On the other hand, potential risks are COVID transmission and confidentiality in terms of data management. Mitigations for COVID will be all prevention protocols will be observed and data will only be used for research purposes and pseudonyms will be used.

Note to participants:

- Your identity will not be divulged under any circumstance.
- Participation is voluntary and you may withdraw from the study at any time.
- There are no correct or incorrect answers. Your views on experiences and practice form the foundation of this study.
- All responses will be treated with strict confidentiality.
- You will not be forced to disclose information you do not want revealed.
- Written notes and audio recordings will be done and stored in my personal safe for five years and thereafter incinerated.

- Permission to conduct this study has been obtained from the Gauteng Department of Health (Mental Health) ethical clearance has been received from UNISA.

There will be no reimbursement or any incentives for participation in the research. As part of feedback, participants will read through the transcribed interviews to confirm if they agree with the transcription. Thereafter a letter expressing appreciation will be forwarded to participants. I humbly appeal to you to permit me to conduct my study within your department at the special care centres.

Yours sincerely

Zondani Zimba PhD Student

UNISA student number: 35066334, Cell no: 0788865847)

Researcher Email: 35066334@mylife.unisa.ac.za

This study is supervised by Professor R J (Nico) Botha, Cell: 0824116361; (botharj@unisa.ac.za)

ANNEXURE F: REQUEST FOR PARTICIPATION FOR PHASE 2 (QUANTITATIVE): CENTRE MANAGER PARTICIPANT

UNIVERSITY OF SOUTH AFRICA (UNISA)

The Centre Manager,

Special Care centre

Dear Sir/Madam

RE: REQUEST TO CONDUCT RESEARCH IN YOUR SPECIAL CARE CENTRE

I, Zondani Zimba, am studying for a Doctoral Degree in Education (Education Leadership and Management) with the University of South Africa (UNISA), under the supervision of Prof R J (Nico) Botha, in the College of Education, and wish to conduct an empirical research study entitled:

GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

The aim of the study is to determine how Special Care Centres for LSPID should be managed more effectively in the Gauteng Province of South Africa. The specific objectives of the study are to

- Describe the task and place of Special Care Centres for LSPID;
- Establish the problems that SCC managers experience in managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;
- Find out which strategies and other measures have SCC managers adopt to deal with the complexities of management challenges in LSPID centres in Gauteng; and

- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

This invitation serves to invite centre managers for special care centres to take part in the research. Your Special Care centre has been selected because it is in Gauteng province and registered with Department of Health under by Mental Health Directorate, supported by Department of Education and admits LSPID. The study will entail gathering of data on how Special Care Centre managers experience, and practice leadership and management in the institutions. Data will be collected in two phases. Thus, Phase 1 (Qualitative) will be document analysis and semi-structured interviews while Phase 2 (Quantitative) is survey using questionnaire as data collecting tool. Your centre has been selected to take part in the in surveys and questionnaire as the instrument in the second phase (Quantitative)

The benefits of this study are that it will add to the limited knowledge since there are minimal studies on management of special care centres at a national, regional, and international level. Through the study, guidelines will be developed, centre managers will have step-by-step guidance in leading and managing special care centres. Also, the data generated from this study has the potential to improve existing practices and policies regarding the management of SCCs in Gauteng. On the other hand, potential risks are COVID transmission and confidentiality in terms of data management. Mitigations for COVID will be all prevention protocols will be observed and data will only be used for research purposes and pseudonyms will be used.

Note to participants:

- Your identity will not be divulged under any circumstance.
- Participation is voluntary and you may withdraw from the study at any time.
- There are no correct or incorrect answers. Your views on experiences and practice form the foundation of this study.
- All responses will be treated with strict confidentiality.
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- Written notes and audio recordings will be done and stored in my personal safe for five years and thereafter incinerated.

- Permission to conduct this study has been obtained from the Gauteng Department of Health (Mental Health) ethical clearance has been received from UNISA.

There will be no reimbursement or any incentives for participation in the research. As part of feedback, participants will read through the transcribed interviews to confirm if they agree with the transcription. Thereafter a letter expressing appreciation will be forwarded to participants. I humbly appeal to you to permit me to conduct my study within your Special Care centre.

Yours sincerely

Zondani Zimba PhD Student

UNISA student number: 35066334, Cell no: 0788865847)

Researcher Email: 35066334@mylife.unisa.ac.za

This study is supervised by Professor R J (Nico) Botha, Cell: 0824116361; (botharj@unisa.ac.za

ANNEXURE G: CONSENT TO PARTICIPATE FOR PHASE 1 (QUALITATIVE): CENTRE MANAGER PARTICIPANT

university of south africa UNISA

UNIVERSITY OF SOUTH AFRICA (UNISA)

CONSENT TO PARTICIPATE IN THIS STUDY (Return slip)

I,_____(participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable). I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the Semi-Structured interviews.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname (please print) ___

______________________________ ______________________________

Participant signature Date

Researcher's Name & Surname (please print) _

______________________________ ______________________________

Researcher's signature Date

ANNEXURE H: CONSENT TO PARTICIPATE (PHASE 2 (QUANTITATIVE) CENTRE MANAGER PARTICIPANT)

university of south africa UNISA

UNIVERSITY OF SOUTH AFRICA (UNISA)

CONSENT TO PARTICIPATE IN THIS STUDY (Return slip)

I,_____________________ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to take part in answering the questions in the questionnaire. I have received a signed copy of the informed consent agreement.

Participant Name & Surname (please print) ______

____________________________ ____________________________

Participant Signature Date

Researcher's Name & Surname (please print) ______

____________________________ ____________________________

Researcher's signature Date

ANNEXURE I: REQUEST FOR PILOT STUDY: SEMI-STRUCTURED INTERVIEWS AND SURVEYS FOR PHASE 1 & 2: CENTRE MANAGER PARTICIPANT

UNIVERSITY OF SOUTH AFRICA (UNISA)

The Centre Manager,

Special Care centre

Dear Sir/Madam

RE: REQUEST TO CONDUCT PILOT STUDY IN YOUR SPECIAL CARE CENTRE

I, Zondani Zimba, am studying for a Doctoral Degree in Education (Education Leadership and Management) with the University of South Africa (UNISA), under the supervision of Prof R J (Nico) Botha, in the College of Education, and wish to conduct an empirical research study entitled:

GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

The aim of the study is to determine how Special Care Centres for LSPID should be managed more effectively in the Gauteng Province of South Africa. The specific objectives of the study are to:

- Describe the task and place of Special Care Centres for LSPID;
- Establish the problems that SCC managers experience in managing a centre for LSPID in Gauteng;
- Determine how well prepared SCC managers are to engage with these management challenges in LSPID centres in Gauteng;
- Find out which strategies and other measures have SCC managers adopt to deal with the complexities of management challenges in LSPID centres in Gauteng; and

- Present guidelines in the form of a proposed model for SCC managers in LSPID centres in Gauteng to manage these facilities more effectively.

This invitation serves to invite managers for special care centres to take part in the pilot study. Your Special Care centre has been selected because it is in Gauteng province and registered with Department of Health under by Mental Health Directorate, supported by Department of Education and admits learners with severe to profound intellectual disability. The study will entail gathering of data on how Special Care Centre managers experience, and practice leadership and management in the institutions. Data will be collected in two phases. Thus, Phase 1 (Qualitative) will be semi-structured interviews and audio recording will capture during the process. Thereafter, you will be expected to take part in survey and the questionnaire will be used as an instrument in Phase 2 (Quantitative).

The benefits of this study are that it will add to the limited knowledge since there are minimal studies on management of special care centres at a national, regional, and international level. Through the study, guidelines will be developed, managers will have step-by-step guidance in leading and managing special care centres. Also, the data generated from this study has the potential to improve existing practices and policies regarding the management of SCCs in Gauteng. On the other hand, potential risks are COVID transmission and confidentiality in terms of data management. Mitigations for COVID will be all prevention protocols will be observed and data will only be used for research purposes and pseudonyms will be used.

Note to participants:

- Your identity will not be divulged under any circumstance.
- Participation is voluntary and you may withdraw from the study at any time.
- There are no correct or incorrect answers. Your views on experiences and practice form the foundation of this study.
- All responses will be treated with strict confidentiality.
- You will not be forced to disclose information you do not want revealed.
- Written notes and audio recordings will be done and stored in my personal safe for five years and thereafter incinerated.

- Permission to conduct this study has been obtained from the Gauteng Department of Health (Mental Health) ethical clearance has been received from UNISA.

There will be no reimbursement or any incentives for participation in the research. As part of feedback, participants will read through the transcribed interviews to confirm if they agree with the transcription. Thereafter a letter expressing appreciation will be forwarded to participants. I humbly appeal to you to permit me to conduct my study at your special care centres.

Yours sincerely

Zondani Zimba

PhD Student

UNISA student number: 35066334, Cell no: 0788865847)

Researcher Email: 35066334@mylife.unisa.ac.za

This study is supervised by Professor R J (Nico) Botha, Cell: 0824116361; (botharj@unisa.ac.za)

ANNEXURE J: CONSENT TO PARTICIPATE IN A PILOT STUDY FOR PHASE 1 AND 2: CENTRE MANAGER PARTICIPANT

UNIVERSITY OF SOUTH AFRICA (UNISA)

CONSENT TO PARTICIPATE IN PILOT STUDY (Return slip)

I,_____(participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the Semi-Structured interviews.

I agree to take part in answering the questions in the Questionnaire I have received a signed copy of the informed consent agreement.

Participant Name & Surname (please print) ______

______________________________ ______________________________

Participant Signature Date

Researcher's Name & Surname (please print) ______

______________________________ ______________________________

Researcher's signature Date

ANNEXURE K: SEMI-STRUCTURED INTERVIEW SCHEDULE (PHASE 1-CENTRE MANAGER PARTICIPANT)

UNIVERSITY OF SOUTH AFRICA (UNISA)

Part A

1. Tell me about yourself:

1.1 How many years have you been a centre manager?

1.2 How old are you?

1.3 Tell me about brief history or background of the centre?

1.3 What are your qualifications?

1.3 Do you have any qualifications related to disabilities? (If yes, please tell me more)

1.4 For how long have you worked with children with disabilities? (Please give details about experience).

1.5 Do you have any training in Special Education? (If yes, tell me about the training).

2. Please tell me what you understand by the term Children with Severe to Profound Intellectual Disability?

2.1 Tell me about the types of disabilities you have admitted at the centre

2.2 What type of activities are you offering to children in this centre?

2.3. Is the atmosphere of the centre conducive to supporting children with disabilities? (If so, what role do you play in creating an atmosphere which is conducive?)

3. As a Centre Manager of a Special Care centre, what are your roles?

3.1 How do you experience management of a Special Care centre?

3.2 What challenges if any, do you face as a centre manager of a Special Care centre? (Any practical experience you would like to highlight?).

3.3 What steps have you taken to overcome these challenges?

3.4 What opportunities does the Special Care centre bring to children and the community?

4 How would you characterise your working relationship with other staff member in the centre (Please explain or give examples)

4.1 Are you able to share tasks with other staff members? (Please give examples)

4.2 As a Centre Manager, have you had adequate support, under these categories from nation and provincial government? (Give details for each support)

- Financial
- Assistive devices and stimulation equipment
- Infrastructure
- LTSM
- Training for caregivers to offer simulation/education services in the centre
- Transport and food

Part B: These questions are about your staff and the Centre but require your views as the manager.

5.1 What do you think are challenges experienced by caregivers as they offer stimulation/ education services to children in the centre?

5.2 What have you done to support your staff in their implementation of stimulation/education services in your centre?

5.3 What measures would you like to be in place from Social Development, Department of Health, and Department of Education to make implementation stimulation/education services more efficient and effective?

5.4 Have you had discussions with policy makers who make decisions what you feel would make your centre efficient in supporting children with disabilities at the centre? If so, motivate your answer.

5.5 Please describe the structure you have put in place and measures you have taken to support your staff in addressing challenges of implementing stimulation/education services in your centre.

5.6 What assistance do you require to make the Special Care centre more conducive to support children with disabilities from (Please provide details)

- Department of Education

- Department of Social Development
- Department of Health
- Any other Department

5.7 What are your recommendations to make the Special Care centre improve?

ANNEXURE L: COVER LETTER FOR A QUESTIONNAIRE PHASE 2 (QUALITATIVE)-CENTRE MANAGER PARTICIPANT)

UNIVERSITY OF SOUTH AFRICA (UNISA)

Title of questionnaire: GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

Dear respondent

This questionnaire forms part of my Doctoral research entitled: **GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA** for the degree D.Ed. at the University of South Africa. You have been selected by a Whole Population Sampling strategy from the population of Sixty (60). Hence, I invite you to take part in this survey.

The aim of this study is to investigate how Special Care Centres for Learners with Severe to Profound Intellectual Disability (LSPID) should be managed more effectively in the Gauteng Province of South Africa. The benefit of this study is that guidelines will be developed, centre managers will have step-by-step guidance in leading and managing special care centres. Also, the data generated from this study has the potential to improve existing practices and policies regarding the management of SCCs in Gauteng Province

You are kindly requested to complete this survey questionnaire, comprising three sections as honestly and frankly as possible and according to your personal views and experience. No foreseeable risks are associated with the completion of the questionnaire which is for research purposes only. The questionnaire will take approximately forty (40) minutes to complete.

You are not required to indicate your name or organisation and your anonymity will be ensured; however, indication of your age, gender, occupation position etcetera will

contribute to a more comprehensive analysis. All information obtained from this questionnaire will be used for research purposes only and will remain confidential. Your participation in this survey is voluntary and you have the right to omit any question if so desired, or to withdraw from answering this survey without penalty at any stage. After the completion of the study, an electronic summary of the findings of the research will be made available to you on request.

Permission to undertake this survey has been granted by the Department of Health (Mental Health) and the Ethics Committee of the College of Education, UNISA. If you have any research-related enquiries, they can be addressed directly to me or my supervisor. My contact details are: 0788865847 email: 35066334@mylife.unisa.ac.za and my supervisor can be reached at 0824116361 Department of Leadership and Management, College of Education, UNISA, email: botharj@unisa.ac.za).

By completing the questionnaire, you imply that you have agreed to participate in this research. Please return the completed questionnaire to me the researcher before (Date)______

ANNEXURE M: QUESTIONNAIRE PHASE 2 (QUANTITATIVE)-CENTRE MANAGER PARTICIPANT)

UNIVERSITY OF SOUTH AFRICA (UNISA)

Title of questionnaire: GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

Title of questionnaire: GUIDELINES FOR MANAGING SPECIAL CARE CENTERS FOR LEARNERS

WITH INTELLECTUAL DISABILITIES IN THE GAUTENG PROVINCE OF SOUTH AFRICA.

Instructions: Insert a tick [ ] or indicate your responses in the appropriate spaces (...) provided

	Section A: Background Information
1	Indicate your gender **1 [ ]** Male **2 [ ]** Female
2	Age range of the Centre Manager **1 [ ]** 20 -29 years **2 [ ]** 30 -39 years **3 [ ]** 40 -49 years **4 [ ]** 50-59 years **5 [ ]** 60 -69 years **6 [ ]** 70-and above
3	What type of provisions does your Centre offer? **1 [ ]** Day **2 [ ]** Boarding **3 [ ]** Both Boarding and Day
	How many years have you been a Centre manager?

4	1 [ ] 0 -4 years 2 [ ] 5 -9 years 3 [ ] 10 -14 years 4 [ ] 15-19 years 5 [ ] 20 -24 years 6 [ ] 25-and above
5	School Level qualification 1[ ] Below Grade 10 2[ ] Grade 10 3[ ] Grade 11 4[ ] Grade 12
6	College/University qualification 1 [ ] N Qualification 2 [ ] Certificate 3 [ ] Diploma 5 [ ] Masters 6 [ ] Doctorate
7	Do you have any Specialized qualification in any of the following? (you can tick more than 2) 1 [ ] Special Education 2 [ ] Inclusive Education 3 [ ] Leadership 4 [ ] Management 5 [ ] None of the above.

8	Have you done a short course/training in the following? (You can tick more than one} **1 [ ]** Special Education **2 [ ]** Inclusive Education **3 [ ]** Leadership **4 [**] Management **5 [ ]** Stimulation **6 [ ]** Learning Program
B	**Questions on Special Care Centre and disabilities**
9	State who owns the Special Care Centre? **1 [ ]** Owned by parent of a disabled child **2 [ ]** Owned by an individual who has experience in disability. **3 [ ]** Owned by an established NGO/Organization **4 [ ]** Owned by a church **5 [ ]** Owned by professionals
10	Select the category of the Centre manager **1 [ ]** Parent of a disabled child **2 [ ]** An individual with experience in disabilities **3 [ ]** An individual employed by an established NGO/Organization **4 [ ]** Employed by a church **5 [ ]** An individual with medical background
11	In which region is the Special Care Centre located? **1 [ ]** Johannesburg Region **2 [ ]** Ekurhuleni Region **3 [ ]** Tshwane Region **4 [**] Sedibeng Region
12	From the list; What type of disabilities have you admitted at your Centre? (You can tick more than one} 1 [ ] Down Syndrome 2 [ ] Cerebral Palsy 3 [ ] Fragile X Syndrome

	4 [ ] Autism Spectrum Disorder 5 [ ] Fetal Alcohol Spectrum Disorder 6 [ ] Mental Disabilities 7 [ ] Multiple Disabilities 8 [ ] Spinal Bifida 9 [ ] Physical Disabilities
13	From the list below; which services do you offer at your Centre? (You can tick more than one} 1[ ] Stimulation services 2[ ] Education services 3 [ ] Social services 4 [ ] Health services 5 [ ] All the above
14	Which of the following does Centre buildings have? (You can tick more than one} 1[ ] Ramps for wheelchairs 2[ ] Wheelchair accessible doors 3[ ] Walk Rails 4[ ] Bathrooms which are wheel chair friendly
15	From list below; choose reason(s) why you feel it is important to admit children with intellectual disabilities in a Special Care Centre? (You can tick more than one} **1 [ ]** To play with other children **2 [ ]** To have easy access to medical care **3 [ ]** To fulfill all the rights like all other children **4 [ ]** To get education like any other child **5 [ ]** To be exposed/learn about their communities

16. Rate your **level of satisfaction** with how leadership and management is experienced by managers in a special Care Centre. **Complete this part by *circling* a number corresponding with your level of satisfaction on the scale of 1-5 (Where 1 = Very Satisfied; 2 = Satisfied; 3 = Neither; 4 = Dissatisfied, and 5 = Very Dissatisfied) on all 35 items listed in the table below.**

No.	Item Rating	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied
	Leadership and Management					
1	How do you rate your basic knowledge of Special/Inclusive Education	1	2	3	4	5
2	How do you rate your basic knowledge of Education Leadership and Management	1	2	3	4	5
3	How do you rate your ability to manage others	1	2	3	4	5
4	How do you rate your relationship with other staff members	1	2	3	4	5
.5	How do you rate your ability to share tasks (work) with other staff members in the Centre	1	2	3	4	5
.6	How do you rate your ability to work closely(Collaborate) with other staff members in the Centre	1	2	3	4	5
.7	How do you rate your ability to work with the community to promote the Special Care Centre agenda?	1	2	3	4	5
.8	How do you rate your ability to advocate for children with intellectual disability?	1	2	3	4	5
.9	How do you rate your ability to multi-task work at your Centre	1	2	3	4	5
10	How do you rate yourself working under pressure at your Centre?	1	2	3	4	5
	Questions on challenges in managing the Special Care Centre					
11	How do you rate your knowledge about managing a Special Care Centre	1	2	3	4	5
12	How do you rate your understanding of the roles of a Centre manager	1	2	3	4	5
13	How do you rate your support rendered to caregivers in providing stimulation and education services at the Centre	1	2	3	4	5

14	Do you have any training in supervising caregivers providing stimulation and education services at the Centre? 1[ ] Yes 2[ ] No					
14	How do rate the quality of your supervision of stimulation and education services by caregivers?	1	2	3	4	5
15	Do you conduct fundraising at your Centre? 1[ ] Yes 2[ ] No					
16	How do you rate your fundraising skills at your Centre?	1	2	3	4	5
	Questions on support from Government to Special Care Centre					
.17	How do rate support for infrastructure development in your Centre from Government.	1	2	3	4	5
.18	How do you rate support for staff development (trainings) from Government	1	2	3	4	5
19	How do you rate support in provision of assistive devices from government	1	2	3	4	5
20	How do you rate support for provision of Learning, Teaching and Support Materials from Government.	1	2	3	4	5
21	Rate the support from Department of Education	1	2	3	4	5
22	Rate the support from Department of Health	1	2	3	4	5
23	Rate the support from Department of Social Development	1	2	3	4	5
24	Rate the support from Department of Transport	1	2	3	4	5
25	Rate the support from Department of Infrastructure	1	2	3	4	5

26	Have you had any discussion with policy makers (Government) about the challenges in supporting children with intellectual disabilities in your Centre? 1[ ] Yes 2[ ] No					
27	How do you rate the response by the policy makers in resolving your challenges?	1	2	3	4	5
28	In your opinion, what are your recommendations to make the Special Care Centre improve? 1……… 2…… 3…… 4…… 5………					

ANNEXURE N: LETTER FROM LANGUAGE EDITOR

KARIEN HURTER
Copy Editor and Proofreader
Email: karien.hurter@gmail.com
Tel: 071 104 9484

29 February 2024

To Whom It May Concern:

This letter is to confirm that *Guidelines for Managing Special Care Centres for Learners with Intellectual Disabilities in the Gauteng Province of South Africa* by Zondani Zimba was edited by a professional language practitioner. It requires further work by the author in response to my suggested edits. I cannot be held responsible for what the author does from this point onward.

Regards,

Karien Hurter

ANNEXURE O: TURNITIN REPORT

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

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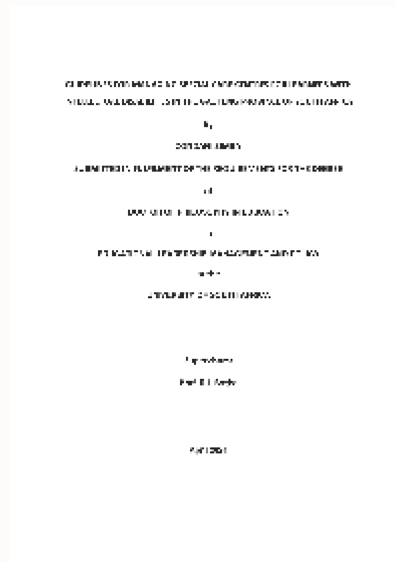

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