Access to quality education for children with Severe to Profound Intellectual Disabilities: Examining barriers amid the COVID-19 pandemic and exploring the support of the Department of Basic Education in special care centres in Cape Town

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DECLARATION

I, *Pearl Tukwayo,* hereby declare that the work on which this dissertation/thesis is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university.

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ABSTRACT

The exclusion of children with Severe to Profound Intellectual Disability (SPID) from the education system has been a challenge as they have been previously deemed as" ineducable" or "untrainable" and consequently neglected by the Department of Basic Education (DBE) in South Africa regarding the provision of resources to the caregivers who provide education to the children. The *purpose* of the study was to investigate the experiences of the support staff in Special Care Centre (SCCs) on the support that is currently being received from the DBE and stakeholders. This will be achieved by determining barriers to accessing quality education in an inclusive education system and exploring viable solutions to these barriers amid the COVID-19 pandemic. The *methodology* that was employed was a qualitative research method to explore the experiences of the participants. The human rights of children with SPID was an important factor of this study, the theoretical framework that was employed was an *ecological* systems theory. Where necessary, the interview questions were simplified in isiXhosa for the participants who were struggling to grasp some concepts. The cohort of participants included one centre manager, one assistant caregiver, and six caregivers. The participants were identified in SCCs in the Western Cape in different communities namely, Langa, Gugulethu, and Maitland. I chose participants using *purposive sampling* as it was vital to choose the participants who possessed the ability to respond to the research questions. *Ethical clearance* was provided by the Human Research Ethics Committee of the University of Cape Town *(HREC 013/2021sa*). Informed consent was obtained from all the participants before the interviews were conducted. *Semi-structured interviews* were recorded on a mobile device and hand notes were taken throughout. Data was collected in isiXhosa and later transcribed into English and an *inductive analysis* was completed manually. The investigation on the experiences of the support staff in special care centres has *found* that although the support staff require high levels of support to advance quality education for children with SPID in an inclusive education, the support that they are currently receiving has been found to be inadequate. The children are still receiving education in a segregated setting using different curricula and the caregivers are not provided with adequate specialised training. The study *recommends* effective implementation of Inclusive Education in SCCs so that SCCs can be part of the DBE where children with SPID will follow the same curriculum as children who do not have disabilities, but which can be adapted, be taught by adequately equipped caregivers, have an opportunity to attend fully inclusive schools, and the provision of specialised training for caregivers to equip them with greater knowledge on the theoretical perspective of caring for children with SPID.

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My God, You restore my soul, You lead me in the paths of righteousness, You anoint my head with oil and my cup is overflowing. You are an impressive God and have given me strength and courage every day on this journey. You are worthy to be praised!

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To my beautiful children, thank you for being understanding of my busy schedule. Thango for showing me a different side to you by effortlessly taking care of your sisters and loving them unconditionally. Nanilethu, this journey began when you were a baby and you have been patient with me. Lastly, Nonopha, your birth unleashed a fire in me that I never knew existed. **I love you all**.

In conclusion, I would like to thank the staff at the Special Care Centres who willingly engaged in my study. I treasure your valuable contribution to my study; I am filled with gratitude.

DEDICATION

This thesis is dedicated to my three children, Thango, Nanilethu, and Nonopha. **You three are my world.**

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LIST OF ABBREVIATIONS

APA	American Psychiatric Association
CPTM	Cape Town Museum
CPTT	Cape Town Travel
CWDs	Children with Disabilities
COVID-19	Coronavirus 2 (SARS-CoV-2)
DBE	Department of Basic Education
DBE	Department of Health
DBE	Department of Social Development
DMA	Disaster Management Act
DSM	Diagnostic and Statistical Manual
EWP6	Education White Paper 6 Special Needs Education: Building an Inclusive Education and Training System
HREC	Human Research Ethics Committee
ICF	International Classification of Functioning, Disability, and Health
ID	Intellectual Disability
ISP	Individual Support Plan
MBS	Muriel Brand School
MDG	Millennium Development Goal
MMID	Mild to Moderate Intellectual Disability
RTE	Right to Education
SAHO	South African History Organization
SCCs	Special Care Centres
SDG	Sustainable Development Goal
SPID	Severe to Profound Intellectual Disability

UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disability
UNESCO	United Nations Educational, Scientific, and Cultural Organization
WCFID	Western Cape Forum for Intellectual Disability
WHO	World Health Organisation

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The focus of the study was to investigate the support that is currently being received by staff in special care centres (SCCs) in the Western Cape in South Africa. The study reiterates several concerns about access to quality education for children with SPID. Education is a human right for all (United Nations Educational, Scientific, and Cultural Organization [UNESCO],1994; *South African Schools Act, No. 84, 1996,* 1996:chap 2; United Nations [UN], 2006) in the light of inclusive education as envisioned in the Education White Paper 6 Special Needs Education: Building an Inclusive Education and Training System (EWP6). The EWP6 policy is a rights-based-approach policy that was implemented in 2001, post-apartheid, in South Africa. It aimed to move away from apartheid education, which was an era of segregation, especially for the SPID group as it originated way back when disability was intellectual and racial as there was a view of black people being intellectually incapable (Department of Basic Education [DBE], 2001; de Boer, Vera & Munde 2015; McKenzie, 2021). It is a policy that embraces the paradigm shift in that it adopts a new categorisation approach that categorises the level of support rather than the type of disability. It aims to provide support to learners with intellectual impairment so that they can develop their education potential to the maximum (DBE, 2001). The implementation of the EWP6 was an opportunity for education to be transformed through inclusive education. However, we ask the question as to whether it has been transformed for children with SPID.

Despite this growing implementation of inclusive education, children with SPID are extremely excluded and discriminated against (de Boer, Vera & Munde, 2015; McKenzie, 2021). A crucial aspect of the EWP6 is for the government to support learners who need high levels of support and to support educators of these children as they have been left on their own to design their own materials. The children with SPID have been isolated and deprived because the education system is failing to give access to the quality of education they should be receiving as there is a notion that they would be occupying valuable space in the school for “more deserving” children (Geiger, 2012; Wood et al., 2019). As a consequence, there has been a dearth of access to resources for the SCCs which has had repercussions on the resources provided to caregivers.

The remainder of this chapter encompasses the background of the study, problem statement, rationale of the study, motivation of the study, study context, purpose of the study, research question, aims and objectives, outline of the study, findings of the study, and summary.

1.2 BACKGROUND OF THE STUDY

Including children with SPID in the education system where their caregivers are provided with adequate support is a significant challenge to society and the families of children around the world. When investigating the background of this study, this challenge was observed in the selected townships and Cape Flats in Cape Town. In this investigation, there is emphasis that the right to education (RTE) includes children with SPID as it currently seems as though, practically speaking, this right excludes children with SPID. Recent studies (Donohue & Bornman, 2014; Wood et al., 2019) found that children in our communities continue to be excluded from school and their RTE due to their disabilities, especially children with SPID, is not fulfilled. Despite having this right, exclusion continues even after the court ruled that the government has a responsibility to these children (Ngwena, 2013 - see Chapter 2). According to the draft policy for the provision of quality education and support for children with Severe to Profound Intellectual Disability (Draft CSPID Policy) which was drafted by the DBE in 2016, these children are then sited in SCCs which are establishments of care and education for children with SPID. Some SCCs are under the registration of the Department of Health (DoH) or Department of Social Development (DSD) and receive funding from these departments while others are not registered and lack resources. While others are well equipped, with a full staff capacity, and managed by NGOs, others are operating in residential areas and informal settlements and support from the DBE has been limited to an extent that the SCCs have limited funds to provide adequate support for the caregivers (DBE, 2016).

At the beginning of 2020, South Africa and the world were faced with a pandemic that brought many changes to the way we have all been going about our day-to-day activities. The COVID-19 pandemic has caused disruptions across the world. To respond to the outbreaks and as a precautionary measure, on 15 March 2020 the Executive of the Republic of South Africa, under the guidance of the South African Disaster Management Act No. 57 of 2002 (DMA), announced a state of disaster which resulted in a national lockdown at midnight on 26 March 2020 where gatherings were limited, businesses shut down and schools were completely closed (Kamga, 2020; Parker, Morris & Hofmeyr, 2020). The education of children with SPID was highly affected, especially those who were in disadvantaged areas. In this study the transition to online learning was a disadvantage as the SCCs had to shut down which left the children with limited educational stimulation at home and the emotional support they received from the support personnel at the SCCs was minimal to non-existent.

1.3 PROBLEM STATEMENT

The dilemma is that there is limited clarity on the level of support that is being received by support staff at special care centres amid the COVID-19 pandemic. Numerous studies have shown that due to various discriminatory factors such as disability and economic status, there are still many children with SPID who are not accessing basic quality education (Ngwena & Pretorius, 2012; Boer, Vera & Munde, 2015). The challenge is that SCCs are not receiving sufficient support from the DBE and other educational resources for children with SPID (Murungi, 2011; Khumalo & Hodgson, 2017). A lack of this support prohibits children with SPID from accessing quality education in a system that includes all (Lomofsky & Lazurus, 2001; Hayes & Bulat, 2017; Gregory, 2018; Mpu & Adu, 2021). Additionally, there is currently no direct transfer of resources made available to SCCs by the DBE as the DBE is providing indirect funding by paying salaries to the outreach teams (Molteno, 2006; DBE, 2019). Moreover, SCCs have not been included in strategic plans of budgets for education needs and this has led to the exclusion of children with SPID, lack of caregiver training and inadequate support for caregivers, and a dearth of support for SCCs from the DBE (Geiger, 2012; Mckenzie et al., 2017). With the world facing the COVID-19 pandemic, these centres were disproportionally affected by insufficient support from DBE and the inequalities made them further vulnerable. Thus, the experiences of support of the support staff in SCCs must be investigated. These investigations will give the DBE and stakeholders insight into the experiences of the support staff, and this will lead to optimal support from the DBE and stakeholders. This will empower the support staff to provide stellar care and education to the children with SPID.

1.4 RATIONALE FOR THE STUDY

Although all children in Africa have a RTE, the attainment of education for children with SPID has been far from being achieved (UNESCO, 2004; Chataika et al., 2012; Mckenzie et al., 2017). Children with SPID are significantly affected by the inconsistencies of the education system because they are not accepted in mainstream schools and there are limited day-care facilities that accept children with severe disabilities (Molteno, 2006; Geiger, 2012). Despite the concepts of inclusive education and education for all, children with SPID are not accessing the quality of education as stipulated in the Constitution that all children have the right to basic education (Ngwena, 2011, 2013; Geiger, 2012; McKenzie, McConkey & Adnams, 2013; McCowan, 2010; Chataika et al., 2012; Beckmann & Reyneke, 2021). Children with SPID require care that is lifelong, and for this to happen, their education needs collaboration between the various role players to provide superior quality education and a meaningful life for them. With the needs of children with SPID being multiple and complex, they require superior quality care that is respectful and competent (Theofilou, 2013; Bown et al., 2015). Children with SPID need education to improve their functional and communication capacity and they also require skills development to improve their ability to self-care (DBE, 2016). For this to be achieved, there needs to be formalised and adequate support strategies to enable the caregivers.

1.5 MOTIVATION OF THE STUDY

I was motivated to embark on the current study because I observed the number of children with SPID in my area who were out of school. Some of them have never been to any sort of educational facility and some were at some point enrolled but had to drop out due to several reasons. Teaching children with SPID is very demanding in terms of educational support and the development of the child. Importantly, when it comes to the education of children with SPID, the caregivers play the most significant role as they are at the centre of the support of children with SPID. There is limited knowledge and research that illuminates the caregiver experiences, and it was, therefore, important for me to conduct this research because caregivers are the paramount role players in terms of the realisation of quality education in an inclusive education system for children with SPID. The support needs for children with SPID are at the governmental level; however, the people who know the exact needs of the children are the caregivers who are on the ground level. This study focuses on the SPID group. The motive for this choice was that these children currently have no access to government-funded education and support. This increases vulnerability as they do not receive the services that are being provided to children who are attending school age and deny them their RTE (DBE, 2016:14).

1.6 STUDY CONTEXT

The current study was conducted in SCCs in Cape Town, Western Cape. In the current study, the SCCs that were investigated are in three areas in Cape Town, Western Cape namely Langa, Gugulethu, and Maitland. Langa, which has a population of 52 401, was developed as a consequence of the South African Urban Act (1923). Langa was designated for Black South Africans before apartheid and is the oldest of this kind of suburb in Cape Town (South African History Organization [SAHO], 2022). Gugulethu which has 98 486 people is the township where South Africans were relocated as they were prohibited from living in Cape Town city (SAHO, 2022). Maitland with 9782 residents has always been a transport hub (SAHO, 2022). The emphasis of the study was on the experiences of support port staff at SCCs in advancing education in an inclusive education system. As indicated in the problem statement, children with SPID are still struggling to receive an education, and this is not different in Cape Town. Some households are living below the poverty line with the percentage being 35.7% (Statistics South Africa, 2011). Unemployment is a challenge, and the statistics show that 23.9% of the people in Cape Town are unemployed and the statistics for the youth are staggering at 31.9%. Although the Western Cape is at the lowest in persons with disabilities, only a total of 16.9% of children with disabilities (CWDs) are attending school.

1.7 PURPOSE OF THE STUDY

The purpose of the study was to investigate the experiences of the support staff in SCCs on the support that is currently being received from the DBE and stakeholders. This will be achieved by determining barriers to accessing quality education in an inclusive education system and exploring viable solutions to these barriers amid the COVID-19 pandemic.

1.8 RESEARCH QUESTION

This study aimed to investigate, explore, and inductively analyse the experiences of support of the support staff in the SCCs. The research question allowed me to explore experiences of support from the various stakeholders. To uncover this, the question that I posed was:

"What experiences of support do support staff at special care centres currently have in advancing quality education in an inclusive education system?"

1.9 AIM AND OBJECTIVES

1.9.1 Aim

This study aimed to examine barriers amid the COVID-19 pandemic and explore the support of the Department of Basic Education for children with SPID in access to quality education.

1.9.2 Objectives

The objectives of the study were as follows:

1. To explore the views of service providers in SCCs about the support that they receive and require.

2. To understand the barriers to the implementation of care and education for children with SPID within SCCs and to explore viable solutions to these barriers.
3. To understand the role of the Department of Basic Education in the SCCs.
4. To uncover what impact COVID-19 has had on the support received by SCCs.

1.10 OUTLINE OF STUDY

The current thesis comprises six chapters which are as follows: the current chapter, which is the introduction, review of related literature, research methodology, study findings, discussion of findings, and recommendations and conclusions.

Chapter 2: Review of related literature

The chapter encompasses a literature review of concepts that address the broader perspective of the study. These concepts describe the current understanding of the study topic while aiming to distinguish the research gaps and to develop the research question and sub-questions. A discussion on children with SPID is provided and the human rights of the children as per the United Nations Convention on the Rights of Persons with Disabilities [UNCRPD] are addressed. Education is a crucial aspect of this study, it is addressed in detail as it relates to all children in South Africa, including CWDs. This is then followed by a focus on the education of children with SPID. It was important to also explore SCCs because this is where the children get their care and education. During the time of the study, the world was experiencing the COVID-19 pandemic and, therefore, a brief background has been provided.

Chapter 3: Research Methodology

This chapter is the methodology that was utilised in this study. An exploratory descriptive methodology was used to allow flexibility to the participants. The overarching paradigm of constructivism was best suited because it is about multiple truths and the experiences of the participants. All the attributes of the study were addressed in this chapter and this chapter ends with ethical considerations.

Chapter 4: Study Findings

The chapter provides an inductive analysis of the data that was collected which was on the views on the experiences of the support staff. Themes and sub-themes emerged, and these are presented in this chapter. The themes include advocating for children with SPID, advancing quality education and good care, barriers to quality education and good care, and SCCs during the COVID-19 pandemic.

Chapter 5: Discussion of the study findings

This chapter encompasses a discussion of the outcomes of the study. The discussion addresses the perceptions of the support staff on the support for children with SPID, the education for children with SPID, challenges in supporting SCCs, and the role of the DBE.

Chapter 6: Recommendations and Conclusions

This chapter provides recommendations on how best to support children with SPID, the support staff, and the SCCs. I also make a recommendation for further study. This chapter ends with a conclusion of the present study.

1.11 FINDINGS OF THE STUDY

The findings displayed that children with SPID require high levels of support and therefore should be supported at home by being afforded a quality of life, in society through social inclusion, and in SCCs by receiving the care that they require. The study further found that RTE has been a challenge for children with SPID because they are still receiving education in a segregated education system with inadequate resources. This challenge which has been felt for years was dire during the COVID-19 pandemic. It further emerged that the SCCs have been experiencing several challenges but in the perspective of the current study, the pertinent challenges are that the support staff was not equipped with the relevant training that is required to educate children with SPID and this is due to a lack of funding for the SCCs. Furthermore, even though there are policies that highlight the RTE for all children, the DBE has fallen short in providing some of the social economic needs of children, with the pertinent need in this study being RTE. Moreover, the resources that were provided for the support staff were inadequate. Having fallen short of providing the children with SPID with the RTE, and the support staff with adequate resources has meant that the children did not have access to resources and accommodations, and this was aggravated during the pandemic which further highlighted the inequalities in the unfair education system of South Africa. Thus, the investigation on the experiences of the support staff in special care centres has found that although the support staff require high levels of support to advance quality education for children with SPID in an inclusive education, the support that they are currently receiving has been found to be inadequate.

1.12 SUMMARY

This chapter elucidated the background of the study, problem statement, rationale for the study, motivation of the study, study context, purpose of the study, research question, aims and objectives, outline of the study, and findings of the study. The RTE for children with SPID and the support by the DBE to caregivers are highlighted in this chapter and it was by various policies which include the EWP6 and UNCRPD. The following chapter is a review of the literature related to the study.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

The purpose of the UNCRPD is to ensure that all persons with disabilities have equal rights and complete gratification of all human rights (UN, 2006). The dignity of every human being and their equality, regardless of their differences, and equal opportunity of participation are the values that are highlighted in a human rights-based framework. A rights-based framework explains that education is a right for all children, including children with SPID (Browne & Millar, 2016; Shaboodien 2016:49). Caregivers play a critical role in the education and care which includes teaching children with SPID basic skills. This review was aimed at gathering crucial information which pertains to the context of the study. In this chapter, the literature will focus on children with SPID in South Africa; however, international literature will be explored from time to time. Initially, there will be a short discussion on the theoretical framework that guides the study. A review of the related literature on intellectual disability which encompasses the intellectual and adaptive functions, the RTE for all children with a focus on the RTE for CWDs, the educational needs of children with SPID and the support that is needed for SCCs, and the background will be provided to address the COVID-19 pandemic as the study took place during the pandemic will follow. Finally, in the conclusion section of this chapter, the findings and discussions of other researchers will be summarised.

2.2 THEORETICAL FRAMEWORK

The ecological systems theory of Urie Bronfenbrenner (1970) was adopted as a theoretical framework in this study, and it was utilised as the tool to unpack the experiences of support of support staff in advancing quality education for children with SPID in an inclusive education system. The model indicates that several structures interact directly or indirectly, and these levels have an impact on the child's life (Bronfenbrenner, 1977, 1986; Singal, 2006). To elaborate on the ecological model, Bronfenbrenner (1993) specifies two propositions that define the model. Proposition one states that in the early stages and to a great extent throughout the course, human development takes place through a process of complex reciprocal interactions in its immediate environment which is the support that the support staff require from the family, other caregivers, and the society. Proposition two states that the form, power, content, and direction of the proximal process affecting development vary systematically and this can be viewed as the DBE and the various stakeholders (Bronfenbrenner, 1993).

Additionally, Kalenga & Fourie (2011) explain that the framework looks at the relationships between different organised structures which include people and their physical milieu. A holistic view of every part of these relationships ensures the survival of the entire system. It further describes that the development of the child is a complex process that involves unlimited changes. The different levels of development that influence the child with SPID are presented in Figure1:

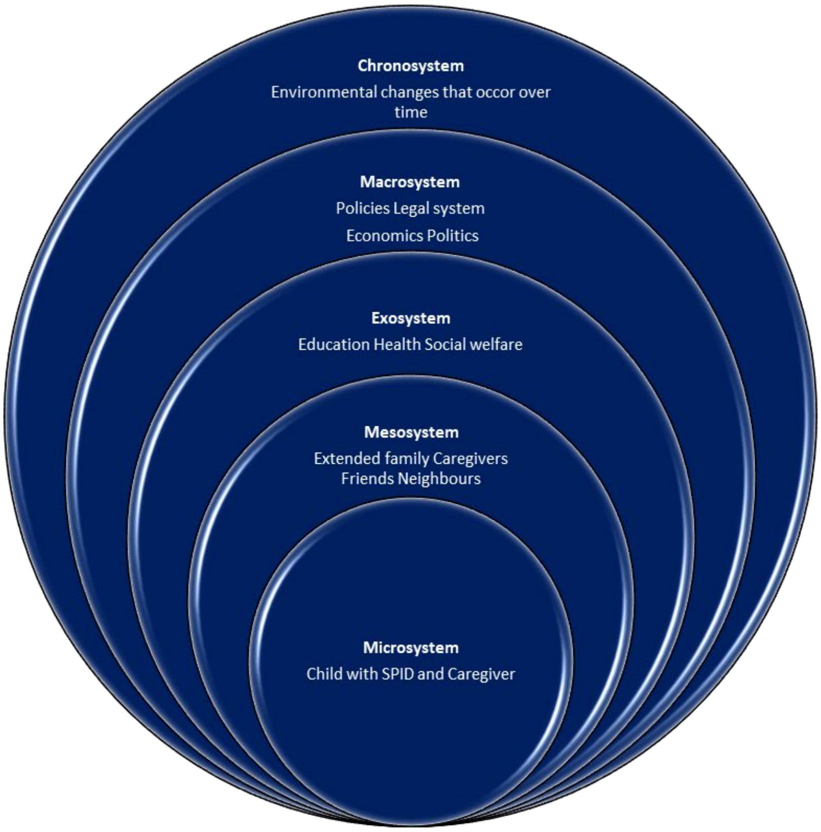

Figure 1: An illustration of Bronfenbrenner's ecological systems theory

(Modified from Landsberg, Kruger & Swart, 2005)

The above figure depicts the different levels of development that participate in a dynamic relationship between all systems where the development can be affected by the interaction of the overlapping systems (Singal, 2006). Furthermore, the model was revised to include the caregiver with the child in the microsystem. The purpose of the revision of the illustration was to provide the basis of the research findings on the experiences of support the support staff in SCCs are currently receiving to advance quality education in an inclusive education system.

Bronfenbrenner (1989) highlights the interaction between the development of the child and the environment as part of systems within the environment in the model. Thus, to summarise, the ecological model is used to examine a child's human development. In this model, human development is examined by focusing on three aspects: namely, an individual's perspective of the environment, the environment surrounding that individual, and the dynamic interaction between the individual and the environment. In addition, Landsberg, Kruger & Swart (2005) adds that the ecological model of development has much relevance to emphasising the interaction between the individual's development and systems. The general challenges of development cannot be separated from the more specific challenges of addressing social issues and barriers to learning as they are all connected (Landsberg, Kruger & Swart, 2005). This model is relevant for this study as it highlights the importance of collaboration in supporting the support staff in SCCs. The systems are the microsystem, mesosystem, exosystem and macrosystem, and chronosystem Johnson (2014:302) and will be discussed as follows:

1) Microsystem

This is the level that is closest to the child and caregiver where direct activities and roles are played out between the child, the caregiver, and the closest environment which includes the school, family, and peers (Bronfenbrenner, 1977, 1986; Härkönen, 2001). CWDs and those who experience barriers in learning are repeatedly discriminated against, labelled, stereotyped, and seen as worthless and a danger to others, hence it was vital in this study for the child and the caregiver to be present in the microsystem within the inner level of the ecosystem (Landsberg, Kruger & Swart, 2005; Mariga & McConkey, 2014). The study sought to determine the need for support for the support staff in SCCs to advance education in an inclusive education system.

2) Mesosystem

The mesosystem consists of the broader system which involves peers, extended family, and society with which the caregiver actively interacts (Landsberg, Kruger & Swart, 2005). It refers to the relationship that is developed and exists between the structures of the microsystem of the child. These structures interact with one another in several settings that include the developing individual, for example, the relationship between the child and the caregiver, and the caregiver and the home. This suggests that the mesosystem highlights the connecting interrelationship between the levels in the microsystem (Ryan, 2001). This study investigates ways in which support staff experience support, especially through the collaborations that are formed among the various role players.

3) Exosystem

Embedded in the exosystem is the microsystem and mesosystem which involves the education and health system (Landsberg, Kruger & Swart, 2005). This involves the system where the caregiver is not an active influence but influences the life of the child and the interactions. It does not involve the person that is being developed directly but influences the positive and negative processes within the immediate settings (Härkönen, 2001; Ryan, 2001). The exosystem in this study establishes the various challenges the support staff may encounter which may have an impact on their experiences of support.

4) Macrosystem

This layer is further from the child and comprises cultural values, norms, and policies (Ryan, 2001). It further involves attitudes, beliefs, ideologies, and the culture of a society which could influence the previously mentioned systems (Landsberg, Kruger & Swart, 2005:12). Bronfenbrenner emphasises the importance of this system and its significance in human development (Renn &, 2003; Landsberg, Kruger & Swart, 2005). The macrosystem level was used as a tool to determine whether the support that was provided by the DBE was adequate. The DBE should understand that, while they are failing to accommodate the children with SPID, the caregivers are active participants in the realisation of the inclusion of children with SPID (Landsberg, Kruger & Swart, 2005).

5) Chronosystem

The system encompasses the timeframe in how it relates to the child's environments both externally and internally (Ryan, 2001). The study was conducted during a time that was out of the ordinary and therefore it aimed to investigate the preparedness of the DBE during the pandemic and determine whether the support staff was adequately supported to educate children with SPID during this time. The educational support of children with SPID has been a challenge because of the different views on the medical model and social model. The human rights model poses a model that could address some of the challenges that are experienced by children with SPID. The following sub-section will address these models.

2.1.1 Models of Disability

To unpack disability, Boezaart (2012) shares that the notion of disability can be understood within three theoretical models and these models are the medical, social, and human rights models. The medical model (disability as a disease) places emphasis on the individual impairment, locating the problem within the person whereas the social model addresses the problem as being external to the individual, existing in the way that society is constructed to deal with different people. Furthermore, impairment in the social model is minimised as the model does not consider the differences between impairments and views people with disabilities as a unified group (Oliver, 2013). As a disability constructed by society, the social model is used to promote equality and inclusion and argues against using disability as justification for exclusion and segregation (Lawson & Beckett, 2021). The human rights model, which is the conceptual framework of the current study, addresses the response by the state to obstacles that have been created by society as it is a model that aims to ensure that all people have equal rights, respect, and dignity (Boezaart, 2012). Additionally, it concentrates on the n dignity and finds the main subject outside the person and in society. Locating the main issue in the social external to the individual highlights the similarities between the social model of disability and the human rights model (Lawson & Beckett, 2021). A human rights-based framework means that everyone, including children with SPID, has a right to remain in their local milieu, equal and basic education, health, employment, and social services. The right to basic education for all is one of the foundations of a human rights-based framework (Browne & Millar, 2016; Shaboodien, 2016:49). Moreover, the framework promotes and protects the rights of all children in saying that they should all receive an education, including children with SPID (Shaboodien, 2016:49). Spreen & Valley (2006) also use a rights framework to recognise the connection between the RTE and other human rights, highlighting that education allows people, including children with SPID, to fully reap the benefits of all human rights. Human rights specifically related to disability are affirmed in the UNCRPD. Article 1, Article 7, and Article 24 are especially relevant to this study. The articles are as follows:

Article 1

The purpose of the present convention is to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity (UN, 2006:04).

Article 7

State parties shall take all necessary measures to ensure the full enjoyment of children with disabilities of all human rights and fundamental freedoms on an equal basis with other children (UN,2006: 07).

Article 24

State parties recognize the rights of persons with disabilities to education. To realize this right without discrimination and based on equal opportunities (UN, 2006:16).

These articles highlight that all CWDs have rights and one of them can be highlighted as the right to basic education. Having explained the models of disability it is important to commence with a background to SPID. The following sub-section will provide definitions and a discussion of intellectual disability (ID) which will lead to SPID.

2.3 SEVERE TO PROFOUND INTELLECTUAL DISABILITY

The International Classification of Functioning, Disability and Health (ICF) elucidates disability as an overarching term that groups physical and intellectual impairments, limitations in activity, and restricted participation in individuals (World Health Organization [WHO], 2007:2). The WHO explains ID as a limited ability to comprehend new information, and this can reduce the ability to cope independently and, as a result, it reduces the prospects of coping independently (WHO, 2010). ID is perceived as a disorder that occurs in the phase of development of a child. The Diagnostic and Statistical Manual (DSM)-5 and Schalock, Luckasson &Tasse (2021) further explain that ID affects both the intellectual and adaptive functions and can be characterised as a significant limitation that causes deficits (American Psychiatric Association [APA], 2013; Schalock, Luckasson & Tasse, 2021). Intellectual and adaptive functions can be defined as follows:

Intellectual functions: Limitations in intellectual functions and they struggle with reasoning, solving problems, planning, and academic learning. There needs to be confirmation of these deficits (APA, 2013).

Adaptive functions: Deficits in adapting which fails to be independent and responsible socially. They require continuous support in social, school, and home life (APA, 2013). Adaptive functioning can be further explored with the three domains which are conceptual, social, and practical domains.

- *Conceptual domain:* Individuals have limited memory and struggle with language, reading, writing, mathematics, and problem-solving.
- *Social domain:* awareness of others, self-thought and feelings and experience, and social communication skills.
- *Practical domain:* a challenge in learning, the management of the individual behaviour in the way tasks are organized.

According to DSM-5, the categories of severity of ID are mild, moderate, severe, and profound. The severe and profound groups will be explored (as they are the focus of this study) as to how they affect these groups in the above-mentioned domains (APA, 2013). The severe and profound groups overlap in some instances but can be defined as those children who are at the lower level of functioning within the severe category and those within the level of functioning of the profound group. In the severe to profound category, these children are at the lowest level of development (DBE, 2016).

Severe intellectual disability

- *conceptual domain*: limited attainment of conceptual skills, individual struggles to understand language and numbers and must be supported by caregivers throughout their lives (APA, 2013).
- *social domain*: spoken language is limited, singular words are used and can be supplemented through augmentative means, and simple gestures and speech are understood by individuals (APA, 2013).
- *practical domain*: individual requires support with bathing and feeding, constant supervision is required, individuals are not able to make important decisions unassisted, and ongoing teaching, learning, and support are required (APA, 2013).

Profound intellectual disability

- *conceptual domain*: conceptual skills are more physical than they are symbolic, the individual may use objects to achieve goals and complete tasks, in some individuals using objects might be a challenge because of their sensory impairments (APA, 2013).
- *social domain*: there is restricted conversation and gestures in the individuals and impairments that co-exist may prevent individuals from participating in social activities (APA, 2013).
- *practical domain*: individuals are fully reliant on carers for all aspects of health and safety, can perform simple tasks, individuals enjoy recreational activities, for example,

music and movies, and co-occurring physical and sensory impairments might be a challenge and barrier to participating (APA, 2013).

Children with SPID require elevated levels of support to participate and engage meaningfully socially or educationally. The definitions used by medical professionals, which were under the medical model, have progressed over time and terminologies and classifications have expanded (Ellis, 2013). The terms often reflect the attitudes of society to describe people and they often focus on the characteristics which can become stigmatising (Collins & Ludlow, 2018).

Luckasson & Schalock (2013) suggest the functionality approach as it focuses on a broader approach to classification rather than focusing on the IQ as it was done historically. Furthermore, with this approach, there should be an objective for the classification, and it should be utilised to understand the individual (Schalock & American Association on Intellectual and Developmental Disabilities, 2012). With appropriate and personalised long-term support, there can be impairment in the functioning of the individual. While diagnosing ID is necessary to access the appropriate care and support services, Shaboodien (2016:9) adds that diagnosis is justified and appropriate if it results in support being provided to advance the quality of life and should be balanced by a human rights perspective.

The above literature has displayed that, despite limitations to adaptive functioning within the various categories of the severity of the ID a human rights-based approach and sufficient support, children with SPID should be enabled to exercise their basic human rights. The definitions of ID and the different intellectual categories were provided. Within those categories, the domains are unpacked. The domains provide insight into the education and support needs of children with SPID. The education for children with SPID falls within the education for all children in SA; however, research has shown that this has not been the case. It is therefore imperative to unpack the RTE for all children, including CWDs. The following section will be utilised to explore the RTE for all children which will lead to the RTE for CWDs in South Africa and abroad.

2.4 RIGHT TO EDUCATION

Since 1948 there have been many conventions and additions to the processes relating to the RTE and during this time it has been rephrased as ‘education for all’ (Christie, 2010). These underpinning international conventions include the International Convention against Discrimination in Education (1960), the Convention on the Rights of the Child (1989), and the Convention on the Rights of Persons with Disabilities (2006). The UNCRPD is a rights framework that is aimed at protecting the rights of people with disabilities and article 24 of UNCRPD highlights the RTE for persons with disabilities, rights without discrimination, and inclusive education across all levels (UN, 2006). In South Africa, common citizenship and equal enjoyment of rights form part of the founding principles of the South African Constitution. The Constitution of the Republic of South Africa, 1996, Chapter 2 of the Bill of Rights, Section 29 highlights and emphasises a range of rights which include the right to basic and adult education (*South African Schools Act, No .84 of 1996* 1996:chap 2; Spreen & Valley, 2016; Mestry, 2017). The rights to education are stipulated in Chapter 2 of the Bill of Rights in Section 29 a

> *Everyone has the right—*
>
> *(a) to basic education, including adult basic education; and*
>
> *(b) to further education, which the state, through reasonable measures, must*
>
> *make progressively available and accessible.*
>
> *(2) Everyone has the right to receive education in the official language or languages of their choice in public educational institutions where that education is reasonably practicable. To ensure the effective access to, and implementation of, this right, the state must consider all reasonable educational alternatives, including single medium institutions, taking into account—*
>
> *(a) equity,*
>
> *(b) practicability, and*
>
> *(c) the need to redress the results of past racially discriminatory laws and practices* (*South African Schools Act, No .84 of 1996*, 1996:chap 2:16).

According to Christie (2010:06), the RTE has been recognised in many agreements, nationally and internationally, as a legacy, however, its achievement has been challenging in South Africa. Wood et al. (2019) goes on to explain that before democracy the provision of services by the state was unequal as they were mostly provided to the white population and education was the area where the divide was felt the most. At the commencement of South Africa's democracy, the RTE has been embedded in the constitution among the fundamental rights. The RTE is important; however, it is frequently denied even though it is crucial in developing humans and upholding the sustainability of society (Boezaart, 2012; Rapatsa & Matloga, 2014). Education functions as more than a qualification as it operates as a multiplier. It is a crucial right because it enhances the enjoyment of and access to other rights. Thus, enhancing the RTE will ensure that other rights are achieved (Boezaart, 2012; Spreen & Valley, 2016).

Globally, CWDs are susceptible to discrimination, and they need to be protected as they have a right to basic education and equality under the constitution of South Africa (Miles & Singal, 2010; Ngwena & Pretorius, 2012; Abashidze et al., 2018). There are an estimated 500-650 million people in the world who have disabilities and, of this number, 150 million are children (Boezaart, 2012). According to the census that was conducted in South Africa in 2011, there are more children of colour than white children who are out of school. In South Africa, there are 35% of Black, 45% of Coloured, 24.6% of Indian/Asian, and 29.1% of White who are out of school (Statistics South Africa, 2011). In the South African context, historically white CWDs tended to be more educated and would be educated in special schools that were well-resourced while black CWDs were not attending school and were inevitably poorly provided for (DBE, 2001; Lomofsky & Lazurus, 2001). With the advent of a constitutional democracy in 1994, there was a shift in education policy to include CWDs, both black and white (Lomofsky & Lazurus, 2001; Ntombela, 2011). This plan was ambitious as it aimed to provide for children in an inclusive school setting by creating special schools as district resource centres to support inclusion (Wood et al., 2019). However, there was still a divide and discrimination as to the education of CWDs. Despite the policies and frameworks that enable them, they face barriers to accessing the RTE (Mpu & Adu, 2021). The attitudinal barriers are perceptions about CWDs that they should be taken out of mainstream schools. The constitutional barrier is that the education system has breached the constitutional right to basic education and the environmental barriers include inaccessible transport, inaccessible education materials, and socio-economic barriers (De Sas Kropiwnicki, Elphick & Elphick, 2014). Moreover, systemic barriers are still a challenge especially in poorer communities and in informal settlements where CWDs are falling short of accessing the right to basic education (De Sas Kropiwnicki, Elphick & Elphick, 2014).

Quality education is a critical aspect of the accomplishment of the new agenda of Sustainable Development Goal 4 as it is inspired by a human vision of education (Benavot & Naidoo, 2018). This new commitment offers a chance to ensure a strong coherent link between education policy and the RTE which was envisioned approximately 70 years ago. According to Moriarty (2017:03), human rights conventions should not only remain at the discourse level as a policy but also require action from the state. For equity and basic education needs to be met, the state needs to commit a considerable number of support resources and make plans to guarantee that the education system puts in place accommodations for CWDs (Ntombela, 2011; Feldman et al., 2013). There is a need for the commitment to be strong and explicit and, given the extent of the discrimination and culture of exclusion of CWDs in all environments, including schools, it is easy to presume that they are excluded when they are not explicitly mentioned (Ntombela, 2011; Feldman et al., 2013).

Thus, to summarize, although the RTE is embedded in the international conventions and constitution, there are numerous complexities and debates around this right. With these many debates, the CWDs are the ones who are at the most disadvantage. Although the RTE is viewed as a human rights issue, CWDs are still not receiving all the support they require, and this right has not been realised for them. The issue of exclusion is extreme for children with SPID as they have been previously deemed as uneducable. In the next section, education for children with SPID will be discussed.

2.5 EDUCATION FOR CHILDREN SPID

Before the occurrence of universal education, the idea of educating children with SPID received little attention. This was because these learners had been categorised as "uneducable" and there was no value in educating these learners as there is a belief that children with SPID are a drain on society (Hulme &Mackenzie, 2014; Wood et al., 2019).

The shift from care to education

Children with SPID have been the responsibility of the DoH and DSD (Couper et al., 2019). There have been controversies around educating children with SPID (Molteno, 2006) where many policies have been ratified (UNESCO, 2004) and others have been reaffirmed (UN, 1948). Some organisations came together to form the Right to Education campaign which would be the transition from care only to include education in SCCs (Kamga, 2016; Wood et al., 2019). The transition in SCCs has meant that education should be included in daily needs (Couper et al., 2019). To support the transition, the DBE produced a learning programme that draws on the learning and support needs of the children. The purpose of the learning programme is to deliver content and assessment criteria that the teachers and caregivers can use as a guide to create an environment that is enabling and where the children with SPID can learn (Couper et al., 2019).

Molteno (2006) expressed that the education system of South Africa excludes children with SPID, and those who are at school are in a segregated schooling system. Even after all the commitments and transitions to inclusive education, many countries in Africa still use special schools as a response to ID; moreover, inclusion for children with severe disabilities is a challenge (McKenzie, McConkey & Adnams, 2013; Kassah, Kassah & Phillips, 2018). CWDs experience multiple discrimination and inequalities. Due to these inequalities and the desire for "education for all" the Western Cape Forum for Intellectual Disability (WCFID) had a case with the state noting where the education system breached the constitutional rights of children with SPID (De Sas Kropiwnicki, Elphick & Elphick, 2014). The slogan "Education for all" is a slogan that is intended to convey the message that education is a human right. It also comes as a message that all children are not only to learn but should be enabled to learn through accommodations and the provision of universal access and materials supported by the state (Muthukrishna & Schoeman, 2000; Ngwena & Pretorius, 2012; Miles & Singal, 2010). To further education for all and remove the multiple discriminations and inequalities for children with SPID, there have been policies that have been adopted to include children with SPID (Ngwena & Pretorius, 2012.

South Africa adopted an inclusive policy that has been informed by the constitution (DBE, 2001) which was intended to include children with SPID. While the education policy of South Africa is progressing and advocates the RTE for all, implementing it has been slow (McKenzie et al., 2017). Another quest to attempt to include children with SPID was the National Screening Identification Assessment and Support (SIAS) Strategy. The SIAS Strategy was developed by the National Department of Education. The state established the admission for children with SPID meeting the criteria as prescribed in the SIAS Strategy and it was aimed as a tool to determine the support for learners with special needs while determining which learners met the criteria to be accepted into special schools. This meant that children who were unsuccessful in meeting the criteria as per the SIAS Strategy were not able to benefit from special schools (Ngwena, 2013. What the SIAS Strategy succeeded in accomplishing was not the implementation of inclusive education and the accommodation of children with SPID. The policy was to determine who was to be excluded from or integrated into schools, and the state was insisting on identical treatment for all. Children with SPID were set up to fail the criteria (Ngwena, 2013) and thus it succeeded in furthering the inequality of the education system. Children with SPID need to be like their counterparts first to be admitted into schools or benefit equally from education (Ngwena, 2013).

In sum, the issue of educating children with SIPD has been a complex issue and children with SPID have been labelled as uneducable. These children have been excluded from state funds. The minimal amounts that they receive are from other departments in the government. The message of education for all is conveyed as a message that all children should have equal opportunities regarding education. However, children with SPID have been treated differently. Many children with SPID are out of school and some are in SCCs where they receive an education and skills development. SCCs require support that will enable them to provide the educational and support needs of children with SPID. The succeeding section will explore the support that is required for SCCs.

2.6 SUPPORT FOR SCCS

SCCs cater to children with SPID, and they are mostly operated by parents and relatives of CWDs who themselves have struggled with getting suitable places of care for their children. The available centres are often overcrowded, and they lack resources, and this challenge has been more predominant in the less advantaged areas (DBE, 2019). According to Geiger (2012:02), they are based in the communities and provide unemployed mothers with care for their children so that they can seek work and, in some instances, these mothers volunteer to work in the centres where they care for the children. SCCs employ group facilitators and caregivers who are the people who train the children and lead the groups. The centres also have outreach teams which include specialist teachers, therapists, social workers, and psychologists who assist the children with therapy-related issues. Geiger (2012) further adds that there are challenges that are experienced by CWDs in mainstream daycare centre because of the negative attitudes from other parents, lack of knowledge, and the belief that disability is contagious. They live in isolation, and it is assumed that a tical instruction would not benefit them. It was fortunate that parent advocates challenged those assumptions and advocated for the rights of children and youth with disabilities to receive individualised and suitable instruction (Courtade, Test & Cook, 2015). Their advocacy expedited the passage of Public Law (which is now the Individuals with Disabilities Education Act 2004) that promises every child with a disability in the United States w suitable and individualised education (Courtade, Test & Cook, 2015).

With the attempts to remedy some of the difficulties that are experienced by mothers of children with SPID, the WCFID formulated a network. WCFID is an organisation that was founded in 1971 to improve support for children with SPID and their families (Ngwena & Pretorius, 2012). The WCFID was established to make provision for the needs of the various groups of children with ID including children in special schools, children in SCCs with SPID including children in and out of school, and children and adults in the community who have multiple needs, including those in group homes. The numbers in the WCFID grew in the Western Cape to a membership of twenty-two special schools, care facilities, and other stakeholders in the 1990s (Wood et al., 2019). Their mandate is to develop skills and knowledge and advance the rights within the ID sector. While funding of SCCs is pertinent to moving them forward, it is important to think of SCCs as part of the whole education system. SCCs will need to be integrated into the DBE and this will have several ramifications for SCCs. While the DBE has provided resources for children in mainstream schools, it has failed to provide funds for children in SCCs (Mckenzie et al., 2017). The WCFID led a court case against the government of South Africa and WCFID (Case no: 18678/2007 November 2010) where the court heard that the DBE did not provide directly for education and did not provide schools for children with SPID. The court ruled that the state must take measures that are aligned with the education right for SPID in the Western Cape. To address this, in 2010 the National Treasury gave the DBE a conditional grant to ensure that SPID learners accessed quality public-funded education and support (Ngwena, 2013; Wood et al., 2019). Although this was ruled by the court, children with SPID still experience discrimination and, segregation and have been at the bottom of receiving funding.

The Van Wyk Report of 1967 supported and prescribed that a child with a functional capacity of below 50 was entitled to state-funded education if it posed as beneficial to them (Molteno, 2006). This funding was mostly aimed at white children, but later recommendations were that it should be extended to other racial groups. It was in this report that the term to classify children with SPID as “educable” “trainable” and “ineducable” and “untrainable” came into public use. These terms have been highly stigmatising and have also seen those classified as ineducable and untrainable children not receiving education and being excluded from state funds (Molteno, 2006). A few of the children who attend SCCs benefit from the DoH or DSD subsidy, but it does not provide full coverage and the DBE continues to exclude children with SPID (Wood et al., 2019). The DBE spent funds on the education of children in mainstream schools and special schools with the amount spent in mainstream schools more than the amount in special schools in 2010 and no provision was made for children who were not in formal education, and this includes children with SPID (McKenzie et al., 2017). Although the state caters to children with ID in special schools, children with SPID are not included in these schools. The only financial support the state provides is that which is provided by the DoH to successful non-governmental organisation applicants who provide services to children with SPID (Ngwena & Pretorius, 2012).

Due to limited support from the DBE, it became clear to the WCFID that the SCCs would be limited by access to resources and a lack of approved training programmes (Wood et al., 2019). The funding received by SCCs is not sufficient and it barely covers the human resources, and the volunteers are inadequately paid. To eradicate some of the challenges, the Learners with Severe to Profound Intellectual Disability Grant was put in place. As gazetted in 2020, the goal of the LSPID conditional grant is to ensure that children with SPID are accessing quality public-funded education and support. Following that, its purpose is to give support, resources, and equipment to SCCs and schools that cater to children with SPID. With this grant, the state envisions improved quality of basic education for children with SPID and this should be done in dignified conditions and should promote active participation in the community (*Frameworks for Conditional Grants to Provinces Amendment Bill, No. 43495 of 2020*:2020).

The above literature has revealed that there has been limited funding from the DBE to support the support staff in SCCs. Globally, parents of children with SPID are the main advocates for the children and are employed in SCCs as volunteers. The centres struggle to pay employees due to the limited funds available to them. The COVID-19 pandemic has had an impact on the education of children with SPID and the next section will address the extent of the impact.

2.7 CORONAVIRUS DISEASE 2019

A severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was reported in Wuhan (Zu et al., 2019). In December 2019, adults in Wuhan were admitted to local hospitals as they reported severe pneumonia and the cause was unknown. The disease is transmitted through inhalation or droplets and the symptoms are usually a fever or a cough (Singhal, 2020). By May 2020, the virus had spread across the world, and the spread has been measured by cumulative and new cases and cumulative and new deaths with over four million people being affected and over three hundred thousand deaths (Alber, 2020; Ciotti et al., 2020). Although the pandemic was affecting many countries, Africa was expected to be the most vulnerable and the spread would have an impact on people's lifestyles (Ciotti et al., 2020; Lone & Ahmad, 2020). The Department of Public Health in China took stringent measures to respond to and recognise the new virus. The World Health Organisation has been working with governments across the world to conduct needs assessments, provide training on the clinical management of patients, conduct awareness, and raise activities (UN, 2020). On 23 March 2020, the president of South Africa declared a national lockdown which resulted in schools being closed, affecting thirteen million learners (Parker, Morris & Hofmeyr, 2020). Education plays a vital role in fostering development and cannot be halted; therefore, there was a need for a shift to online learning where the DBE ensured that education continued (Kamga, 2020).

The different countries took measures to ensure that there was a continuation in the education of the children. In the United States, COVID-19 impacted face-to-face education substantially as the country moved from in-person education to an abbreviated online curriculum (Brandenburg et al., 2020). To respond, in South Africa learning was primarily online. According to Parker, Morris & Hofmeyr (2020:38,), the closures occurred amidst the historical, persistent, and long-standing inequalities of the education crises where most children attend schools where infrastructure is poor and educators untrained. To ensure continued education and learning, creative measures needed to be put in place for CWDs not only for educational purposes but also to ensure that they were supported. For most learners with disabilities, the tools that the children were using for online learning were inaccessible as they were not compatible with some of the assistive devices (Parker, Morris & Hofmeyr, 2020). With the impact of the inequalities of South Africa on education and the effects of the pandemic, it was questioned whether remote education would be effective and whether it would benefit the learning needs of learners in disadvantaged areas (Parker, Morris & Hofmeyr, 2020). To answer, Kamga (2020) stated that the COVID-19 pandemic has exposed the ongoing systemic marginalisation of the CWDs in South Africa and, although this should not entirely be blamed on the pandemic, it has highlighted the inequalities.

The government did not provide adequate detailed plans to accommodate learners with disabilities as the only communication for CWDs was for those who had CWDs to contact the government when the need arose (Parker, Morris & Hofmeyr, 2020). There were however several organisations that developed materials to assist parents (Parker, Morris & Hofmeyr, 2020). In the United States of America, the impact of COVID-19 and the school closures widened the gaps and made the inequalities visible having the children left behind in home schooling and lacking supervision and assistance. These children also lost access to other resources, such as nutrition and support, because of the abrupt closure (Brandenburg et al., 2020; Parker, Morris & Hofmeyr, 2020). In the South African context, several education spectators have indicated and voiced that online learning has provided an opportunity to reimagine the current circumstances of the education system. However, South Africa is known as one of the unequal countries because of its high unemployment rate, the facts are that many learners are still educated in disadvantaged areas which are dangerous, where buildings are dilapidated and the learning materials are scarce and some teachers indicated that they feared that the children would fail and there was an increase in the number of dropouts (Parker, Morris & Hofmeyr, 2020; Schotte & Zizzamia, 2021). As a result of the above cited, during the pandemic, Kamga (2020) suggests that there is a need for the development of guidelines that address the needs of CWDSs on a day-to-day basis so that we are not faced with the "one size fits all" approach.

2.8 SUMMARY

This chapter encompassed a review of literature related to the study under the following sections: Severe to profound ID, the RTE, education for children with SPID, the support for SCCs, and the COVID-19 pandemic. The literature in this chapter suggests that support staff in SCCs must be supported so that they can advance quality education in an inclusive education system. Furthermore, the literature also indicates that, although the slogan "Education for All" is a message that has been conveyed, the children with SPID are still being neglected and not included in government funding which has been a challenge and has had an impact on the support that is currently being received by the support staff. To this end, the literature reveals the impact the COVID-19 pandemic has had on the education for CWDs globally which has displayed the gaps in the support that is being received by the children with SPID and support staff. This literature was reviewed to highlight research that has been previously conducted which relates to the different topics of the current study and also it provides a framework for the exploratory descriptive study. The subsequent chapter will concentrate on the research methodology that was followed in the study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

Investigating what are the experiences of SCC staff on access to quality education for children with SPID while examining barriers and support in SCCs in Cape Town was the key purpose of this study. The overarching research question was: *"What experiences of support do support staff at special care centres currently have in advancing quality education in an inclusive education system?"* To address this question, the research methodology components that will be explored in this chapter are the research paradigm, research method, participant demographics, data collection, time and period of study, data analysis, research principles, and ethical considerations.

The subsequent sub-section explores the research paradigm that was implemented in the study.

3.2 RESEARCH PARADIGM

The research paradigm that was employed to support the inquiry in this study was constructivism. Constructivism is the understanding that both knowledge and reality are constructed between human beings in human interactions in a subjective meaningful manner, and their world is constructed within a social context through their experiences (Crotty, 1998; Creswell & Poth, 2016; Leavy, 2017). In constructivism, there is no one reality but there are multiple meanings, and the researcher focuses on the complexity of the issues rather than narrowing meanings and experiences. Furthermore, it seeks to understand the realities expressed by the participants, hence the importance of the relationship between the researcher and their participants (Creswell & Poth, 2016; W. Creswell & J.D Creswell, 2017). Over and above, Flick (2018) adds that this relationship is built through the researchers' interactions with the participants to get an understanding of and insight into the cultural and historical norms that are at play in the individual's life. Rather than starting with a theory, the constructivist researcher generates or develops patterns and meanings inductively through continuous engagements. The constructivist paradigm served as the underpinning philosophical stance of the qualitative study and the research method for the current study and will be examined next.

3.3 RESEARCH METHOD

Qualitative research seeks to discover and describe what a particular group of people do daily and the meaning of their actions. It identifies meanings that are relevant to understanding the views of people, their kinds of beliefs, and perspectives with this being achieved by using varied materials that are presented by the researchers (Yin, 2015; Denzin & Lincoln, 2011). Qualitative researchers study issues in natural environments and seek to interpret the problem by understanding the meanings that the participants bring to them using a variety of methods to collect data (Yin, 2015). The definitions for qualitative research are evolving and understanding is improved by constructing new distinctions (Yin, 2015; Aspers & Corte, 2019). Qualitative research can be described as an inquiry that forms part of an interdisciplinary, transdisciplinary, and in some instances counter-disciplinary field as it relates to multiple truths. Researchers are aware of the multi-method of qualitative research, and they are committed to understanding human experiences and studying humans in their natural settings (Leavy, 2017; Aspers & Corte, 2019). Therefore, qualitative research is political and has been shaped by multiple ethical positions which are political (Yin, 2015).

There were similarities in the features and characteristics explored by researchers (Yin, 2015; Creswell & Poth, 2016; Flick 2018) and it was, therefore, appropriate to combine them. The features and characteristics of qualitative research are as follows:

1. *Natural setting, perspectives of the participants, and their diversity*

Qualitative researchers gather detailed information from participants directly and want to explore and understand how participants conduct themselves in their social context (Creswell & Poth, 2016). Additionally, qualitative research was a tool I utilised to study the lives of the support staff and their real-life experiences in real-world contextual conditions, which in this case was the SCCs (Yin, 2015).

2. *Researcher as a key instrument*

Qualitative researchers acknowledge the importance and value of the collection, integration, and presentation of data from various sources (Yin, 2015). I collected the data through semi-structured interviews using questions that I established for the aim of the research (Yin, 2015).

3. *Variety of approaches and methods*

Examination of the research problem is an essential guide to utilise to choose the approach since there is a variation of research methods and approaches in qualitative research which include narrative research, phenomenology, grounded theory, ethnography, and case study, but are not limited to these (W. Creswell & J.D. Creswell, 2017:28; Flick, 2018). The interviews were conducted subjectively. I engaged with the participants in the area of interest and used an interactive interview style to keep the conversation active and prompted the support staff where necessary (Flick, 2018).

4. *Complex reasoning through inductive and deductive logic*

Qualitative research is driven by a desire to explain social behaviours and describe phenomena and thought processes through emerging concepts (Yin, 2015) and this can be achieved through inductive and deductive analysis. During the process of inductive analysis, I began with precise data and concluded with categories and patterns. I translated some of the data and this was a chance to acquaint myself with the data. I manually methodically coded the data to guarantee that all the vital data was captured and from codes, and I was able to produce categories and themes (McMillan & Schumacher, 2010). On the other hand, deductive analysis is explained as an overarching principle to conclusions about an individual or an event (O'Leary, 2017). It is aimed at simplifying existing theories, it involves measuring theories, and the results are large statistical data (Leavy, 2017).

5. *Participant meanings*

To characterise the perceptions and views of participants in a study is the main aim of qualitative research (Yin 2015). I focused on learning meanings from the experiences shared by the support staff, and I was immersed in learning about the work that is done in SCCs (W. Creswell & J.D. Creswell, 2017).

6. *Reflexivity of the researcher and the researcher*

The researcher's reflections can be part of the research if subjectively captured in the interpretation (Flick, 2018). Reflexivity is the process where the researcher has internal conversations with the aim of understating their position in the research (Berger, 2015). Prospective and retrospective reflexivity are the two elements that have an interaction in reflexivity (Edge, 2011). Prospective reflexivity looks at the effect that the one who is conducting the research has on the research while retrospective reflexivity looks at the effect the research has on the one conducting the research (Attia & Edge, 2017). I aimed to position myself by sharing my background as to how it would inform my interpretation of the information and what I would gain from the study (Creswell & Poth, 2016). Qualitative research took my input and the knowledge of the field and the participants as an important part of the research which could add value to the research instead of looking at it as preconceived and biased (Flick, 2018).

7. *Holistic account*

Qualitative research explicitly focuses on and embraces the contextual conditions of the participants. These include social, institutional, cultural, and environmental conditions that may influence all human affairs (Yin, 2015). The multiple perspectives are unpacked in Chapter 4, and I explore the broader picture in Chapter 5 (Creswell & Poth, 2016).

I developed, unpacked, and explored the larger picture of the phenomenon. This was done by looking at some of the challenges, and by exploring the experiences of some of the support staff at SCCs. Regarding the application of this study, the questions that were asked were broad and general so that the participants could describe their own experiences and how they construct their meanings, and this was achieved through interactions and discussions. Furthermore, there was a focus on the cultural and historical context of the participants, and I asked the participants open-ended questions for the support staff to share their experiences of their setting, and this provided an opportunity to listen carefully to them. Being cognizant of how their background might shape their interpretation, positioning myself in the research, and recognising how my interpretation stems from my cultural, and historical context and experiences was fitting. Ultimately, the main aim was to comprehend the participant's understanding of their world and how they see it (Creswell & Poth, 2016).

With qualitative research not having a specific theoretical framework, it was fit for me to employ a theoretical framework that would be in alignment with the research question and the objectives of the study. For the present study, I applied ecological systems theory as a theoretical framework, and its methods gave character to the research practice (see Chapter 2). In the pursuit of establishing scientific disciplines, methods are used as a point of reference for checking whether the method being employed is suitable for the investigation. In the current study, patterns, codes, and themes were built utilising an exploratory descriptive methodology through data that I had collected. The inductive logic meant that I used advanced reasoning skills in the entire research process (Creswell & Poth, 2016). Qualitative research has become of paramount importance in the study of social relations. This research also allowed me to bring my own beliefs and worldviews as a motivation to the force driving conducting the research in the first place (Yin, 2015). The concluding report includes the experiences that were shared by the participants, my reflexivity, an in-depth explanation, and clarification of how to interpret the problem, the contribution to the literature or an aim to bring change (W. Creswell & J.D. Creswell, 2017). In the present study my interest was in exploring the experiences the support staff have constructed specifically on their experiences of support in SCCs and qualitative research allows for this to happen as it focuses on the experiences and interests the viewpoints of the support staff (Tracy, 2019). The qualitative method allowed the support staff to describe their experiences and the knowledge that they had gained throughout their careers at different SCCs while getting views, locations, and experiences that differed. To bring together the viewpoints and voices of the participants, my reflexivity, and my complex description of the interpretation of the problem the best-suited methodology was an exploratory descriptive methodology. It best suited my research question and allowed me to look at the all-around perspectives of the experience, meanings, and realities of the participants.

3.3.1 Exploratory descriptive methodology

An exploratory descriptive design is based on naturalistic principles that create an understanding of the phenomena by assessing the meanings participants ascribe to when researchers require to uncover the “what, who, or where” in certain events or experiences (Bradshaw, Atkinson & Doody, 2017; Turale, 2020). Thus, the exploratory descriptive design is appropriate to summarise and understand an area of interest and was therefore selected for this study to explore the experiences of the level of support of staff at special care centres (Bradshaw, Atkinson & Doody, 2017). The design accepts that many interpretations exist, and exploratory qualitative research needs to closely concentrate on rigour and trustworthiness, and the researcher is required to provide the reader with reflexive explanations of how they address method and methodology (Bradshaw, Atkinson & Doody, 2017; Turale, 2020).

Furthermore, what is offered is a subjective interpretation which is supported by and strengthened by verbatim quotations of the data that is presented by the participants (Bradshaw, Atkinson & Doody, 2017). To substantiate, Jiggins- Colorafi & Evans (2016) add that exploratory descriptive design is especially amenable to health environments research because it provides factual responses. According to Turale (2020), researchers should be aware that there may be traces of other research approaches in exploratory descriptive design. The participants are a purposive sample who have the requisite knowledge and experience of the phenomena that are being researched (Bradshaw, Atkinson & Doody, 2017). The research questions are related to the meanings of the experience with participants probed through semi-structured interviews (Bradshaw, Atkinson & Doody, 2017; Hunter, McCallum & Howes, 2019; Turale, 2020).

3.3.2 Researcher's Positionality

To position myself in this qualitative research study, it is pivotal to provide a background insight into the reasons for pursuing the research and provide background on myself as one of the research tools. The consideration of embarking on the research was informed by my work as an administrator in a disability unit in a higher education institution. My work in the unit was to assist learners with disabilities with their accommodations on and off campus and this entailed me having activities with them daily. At this time, I was living in the township of Langa, where I was originally born and raised. Resources are extremely limited, and the responsibility lies with the individual to seek opportunities which is a challenge. It came to my attention that there were children with SPID who were not attending school and their parents were in their employment or in many instances unemployed as they must care for their children who have more severe disabilities. It was pertinent for me to explore and understand the current situation at SCCs around the Western Cape so that I could attempt to understand the circumstances of children with SPID in Langa. The circumstances in Langa are disturbing as it became evident children remain neglected because of socioeconomic status. Some of the children with SPID in my area do not have any form of education and are neglected. This neglect is very disturbing because these children have been deprived of their RTE. They have been denied the right to fully participate in the community and their dignity has been taken away. They are outcasts in the community and community members disregard and exclude them, and this is a clear example of intersectionality. Intersectionality refers to several oppressions that occur simultaneously and these oppressions can include gender, race, disability, and age (Windsong, 2016). These children are discriminated against because they have disabilities and because their socioeconomic statuses are on the lower end.

My experience of working in a disability unit at an institution of higher learning provided me with the knowledge for conducting research in an environment that has people with disabilities. Before my work at the unit, I was not able to comfortably interact with people with disabilities as I did not know how to conduct myself around them. My work at the unit allowed me to relax in the SCCs and I was able to show empathy to the support staff when they needed to take a moment from our interviews to deal with the children. As a young Black woman in a disadvantaged area, I wanted to embark on a journey of discovery for myself and the members of my community. I was drawn to this research so that I could educate myself about children with SPID with a focus on education. I wanted to utilise this knowledge to educate my community. I also wish to raise awareness about disability and be an advocate for children with SPID. This research will be a tool I will utilise to go into SCC in my community to volunteer and assist where I can and where they need assistance. I decided to conduct this research with the hope that it would empower the support staff. I, therefore, took the position that SCCs require extensive support so that access to diligent care and education can be advanced.

3.4 RESEARCH SETTING

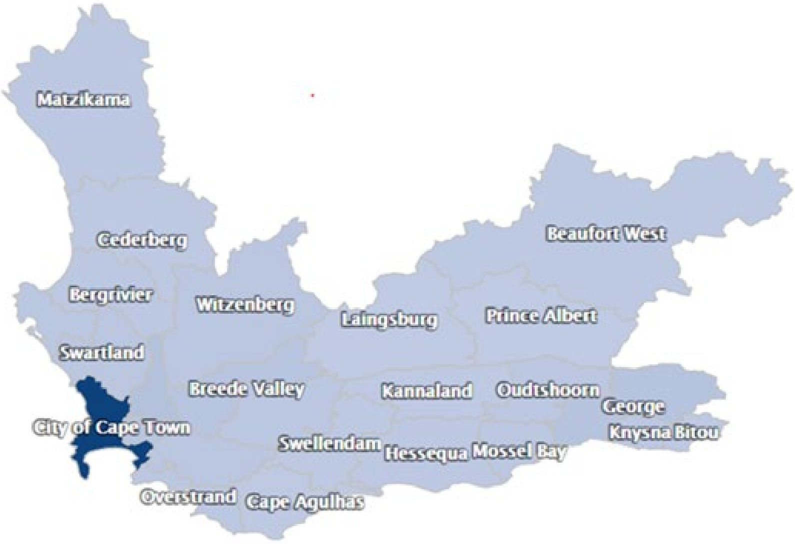

Figure 2: Map of the Western Cape which highlights Cape Town to show the research setting.

The SCCs where the study was conducted are situated in the middle- and lower-income communities in Cape Town which has a population of 3 740 025 people with the dominating language spoken being Afrikaans at 63.8%, isiXhosa at 19.6% and English is 6.8%. There are currently sixty-three SCCs that are listed in the Western Cape Education Department. The three research locations are approximately fifteen kilometers apart and the locations are culturally and socially diverse. Langa is a vibrant township, the atmosphere is friendly, and it is home to many. It has been a fast-growing tourist attraction that is home to museums that showcase the history of the area (Cape Town Museum [CPTM] 2023). Gugulethu was first called Nyanga-West and is home to many African families although the living conditions are not the best, residents boast about the diverse cultures (Cape Town Travel [CPTT] 2023). Interviews were conducted at the SCCs, which are all non-profit organisations where the support staff perform their daily duties.

3.5 DATA COLLECTION

To collect qualitative data, it is vital to understand what constitutes data. According to O'Leary (2017:224), primary data is the data that the researcher collects for their research purposes.

3.5.1 Population

The population was workers in SCCs in the less advantaged areas of Cape Town. I needed to choose SCCs in different areas so that I could get the experiences of care centre workers in various parts of Cape Town.

3.5.2 Recruitment of Participants

The potential participants were identified through the SCC manager at the different SCCs and the managers provided contact details for the prospective participants. A time was set up to meet the participants at their locations where I would explain the research process and ask them to volunteer to participate. These were the participants who had been employed at the SCCs for three years or longer. The participant sample consisted of six caregivers, one manager, and one assistant caregiver and all these participants volunteered to participate in the study.

3.5.3 Sampling

I used purposive sampling as it is a strategy that qualitative researchers often use, as it was in this study, as it best suits the research question (Moser & Korstjens, 2018). Sampling is a process of probing or choosing participants who can contribute to the research and provide valuable data regarding the phenomenon that is being studied (Moser & Korstjens, 2018). Only individuals who were currently working at SCCs, who met the criteria and agreed to be part of the research were sampled I described the details of the study to the support staff in English, and for the support staff who were comfortable in isiXhosa, the study was explained to them in isiXhosa. I used basic language to explain the study to the participants and tried not to use any terms that were not understood by the participants. Keeping the language basic allowed me to engage with the support staff.

3.5.4 Inclusion criteria

The inclusion criteria included all participants who had been employed at the SCCs for three years or longer. The level of education and occupation was not part of the criteria as I aimed to capture data across the levels of experience.

3.5.5 Exclusion criteria

The study excluded all participants who were not following any sort of educational routine with the children enrolled at the SSC. The volunteers were keen to be part of the study, but I had to use purposive sampling to identify participants who could respond to the research question. Therefore, I had to have an exclusion criterion. In total, I had eight participants who participated in the study.

3.5.6 Participants

The participants were caregivers, assistant caregivers, and a manager who was currently employed in the three different SCCs and were from different ethnic backgrounds. In this study, the ethnic groups refer to different races and cultures. Although this was not the criteria for the participant selection, backgrounds encompassed the different experiences of the support staff when it came to diverse cultures and occupational experiences. The table beneath displays the biographical information on the gender, age group, language, role, and role of the support staff in the Cape Town SCCs who participated in the study.

Table 1: Biographical information of the participants at the SCCs

PARTICIPANT	GENDER	AGE GROUP	TENURE AT SCC	LANGUAGE	ROLE
SS1	Female	35-39	5 Years	English	Manager
SS2	Female	45-49	15 Years	isiXhosa	Caregiver
SS3	Female	45-49	11 Years	isiXhosa	Caregiver
SS4	Female	35-39	10 Years	English	Caregiver
SS5	Female	45-49	9 Years	isiXhosa	Assistant Caregiver
SS6	Female	45-49	6 Years	English	Caregiver
SS7	Female	45-49	3 Years	English	Caregiver
SS8	Female	35-39	3Years	English	Caregiver

The table above shows that 100% of the participants were female, and this is a characteristic and a norm for finding women working with children in this sector. This is also a result of the tasks that are conducted in SCCs are mainly conducted by women (Budlender, 2005). The table also specifies that the majority of the participants were between the ages of 45 and 49 which is also common. Most of the support staff have indicated that they enjoyed the work that they do in the SCC, and they do not think of leaving their jobs. There were no language barriers with the participants as I could engage. Data from all the participants was used.

3.5.7 Interview and data recording process

The gatekeepers who were the managers were especially important in the study because the groups I was studying were marginalised groups and there were issues of trust. It was pivotal for me to build a relationship by constantly engaging with the gatekeepers and keeping them informed throughout the research process. I conducted the interviews at the SCCs where I asked the support staff the eight interview questions which I had prepared. In the semi-structured interviews, I ensured that the participants were able to feel comfortable during the process by allowing them enough time to answer the questions. To allow me time to analyse the data collected, I conducted two interviews per day. I needed this time to reflect on the interviews and to check whether I had covered all the points. During the reflection time, I would listen to the interviews to see if there was anything that I had missed. I listened to whether my voice was clear and whether the questions were asked in a way that the participants would be able to follow and answer confidently. In instances where the support staff were not clear, I would return to them to obtain clarity to check whether I had captured the correct information from the audio. I used two techniques to record the data which were note-taking and voice recording. The recorded interviews and the notes that were taken had the same information and in some instances, the notes were limited as I did not want to miss any opportunity of engaging with the participant during the interviews. The notes that I took were for me to be able to do checks. I used quality recording devices to ensure unmistakable sound for the interviews and the data was stored securely on a personal computer and a document-saving device. I had decided about transcription coordination well in advance. I wanted to complete the transcription systematically so that I would capture the data while I was still conducting some of the interviews so that I would be able to return to the support staff when necessary. I had put in place systems at the start of data collection. The subsequent sub-section will address the data collection instrument of the current study.

3.5.8 Semi-structured interviews

Semi-structured interviews are a dominant source of data collection in qualitative research. A well-conducted semi-structured interview can yield rich data, which is detailed, in many instances, it is unexpected if the correct methods are used (Clarke & Braun, 2013). Additionally, semi-structured interviews have more open-ended questions rather than close-ended questions so that participants can engage with the questions and topics, rather than questions that required single-word answers and eliminate the freedom of conversation (Yin, 2015). On the surface, the conversation mode of semi-structured interviews resembles the natural part of everyone’s spoken communication (Yin, 2015). Furthermore, an ideal semi-structured interview is flexible, and, in this approach, participants are allowed to address issues that are imperative to them that the researcher has not asked for specifically in the interview guide. Physical interaction between the researcher and the participant has been viewed as an ideal way to conduct interviews and collect data (Clarke & Braun, 2013). During the peak of COVID-19, face-to-face contact was substituted and sometimes replaced by online interviews. Online interviews took place in the form of telephone conversations and WhatsApp video calls. There was one online and one WhatsApp interview and these are not part of the interviews due to the disturbed connection and a lack of flow in the interviews. In this approach, I organized an interview guide but did not strictly stick to it in either the wording of the questions or the sequence of the questions. The questions on the interview schedule were mostly used to start conversations and would be followed by probing questions. The interview was dependent on the participants as with some participants the conversation would flow and lead to another question which did not necessarily follow chronologically. I asked participants open-ended questions and the participants responded using their own words. In face-to-face interviews, I had an open discussion with the participants which was recorded, and this recording was transcribed into written text which has been analysed. Flexibility was maintained when interviewing participants and I brought to the interview my style which made the interviews more meaningful and gave them originality. I used my personality, and I also drew on the guidance of good interview methods that were appropriate for the research and a methodological approach. When doing semi-structured interviews, I needed to understand the participants' world, lived experiences, and perspectives by making efforts to understand the phrases that they used and understand their meanings. Although the interviews were guided by the questionnaires, I was interested and gave off continual energy throughout the interview. Empathetic listening allowed me to forge a strong relationship with the participants where I was able to listen to them carefully but also engage with them when the interview allowed me to do so. During the interviews, I encountered some challenges and there were also moments of success. The strengths encountered were as follows:

- The data about the individual experiences was rich.
- The process was flexible, and I asked unplanned questions that came from the conversations.
- The sample size was smaller which made it more meaningful.
- It was ideal for sensitive issues and participants were willing to engage.
- The interviews were accessible, and I used plain English and used as little jargon as possible.

Data collection instrument

I used semi-structured interviews as a data collection strategy, and there were eight interview questions (Appendix 4) which were as follows:

1. How long have you been working in this field, and please tell me about your journey leading to becoming a support staff member?
2. Do you have specialised training?
3. Can you give me a breakdown of the level of disability and level of participation of the learners you care for at the SCCs?
4. What does an average day look like and what does the care routine involve?
5. What does a normal ratio of an educator to learners look like and what are your views on these ratios?
6. What are your views about the resources in the classrooms at SCCs?
7. Are there any challenges that you are experiencing in your role?
8. What support do SCCs need?

The research question of the study was also used as a base question for all the participants at different intervals during the interview. The research question is *"What experiences of support do support staff at special care centres currently have in advancing quality education in an inclusive education system?"* The question allowed me to probe and understand the experiences of the support staff especially on the issue of COVID-19. The data collection strategies that were used to explore the experiences of the support staff on the support required for SCCs in an inclusive education system were highlighted above. The following sub-section will examine the data analysis of the current study.

3.6 DATA ANALYSIS

The major purpose of analysing the data was to compare, critique, summarise, and synthesise the data that I collected from the participants and the documented data. Qualitative data analysis is the process of shifting from the raw data to the point of understanding the interpretations of the people and the conditions that are being investigated (O'Leary, 2017).

3.6.1 Thematic analysis

Thematic analysis was utilised in this study to analyse the data. The main aim of thematic analysis is to locate the similarities, patterns, and relationships within the data and most importantly for the researcher to identify emerging themes. These themes are especially important as they show similarities, and this is the data that the researcher will interpret (Nowell et al., 2017). For this, I did an inductive analysis and used thematic analysis to uncover the themes. Qualitative data analysis is a systematic method of beginning with raw data and moving toward understanding what is being investigated (O'Leary, 2017).

Inductive analysis

In qualitative research, an inductive analysis is about letting the raw data do the storytelling and building theory through observation and analysis (O'Leary, 2017). I chose inductive analysis because I wanted to synthesise and make meaning of the data. I wanted to start with the specifically collected data and end up with categories and patterns. Subsequently, themes came naturally instead of me having pre-determined themes and categories before the data collection. The study also included some quantitative data to illustrate the biographic data of the participants. Themes are important and the order in which you present them needs to be logical and coherent (Braun & Clarke, 2012). They use a six-phase approach to thematic analysis, and it is as follows:

Step 1: Familiarise yourself with the data

I began the process by saving all the audio data onto the personal computer at the end of the interviews. I also listened to the interviews to ensure that the recording was clear. All the interviews that were done in isiXhosa were translated verbatim into English. All the audio data was transcribed, and this was an opportunity to get familiar with the data and make notes to begin the coding process.

Step 2: Generating initial codes

A code is a word or a short phrase that captures the essence of a portion of a language in a summative manner (Saldaña, 2021). Coding can be completed using two levels: a) open codes which are the codes that stay close to the raw data and in some instances the exact words of the data are used, and b) category codes which might combine two or more initial codes into groups (Yin, 2015). The coding was done manually on hard copies by cutting and putting similar responses closer to each other. The codes came from the data that was collected.

Step 3: Searching for themes

When I had the different codes and categories, I then looked at the categories to determine what the data was saying. The categories came by putting similar codes together to get a more detailed idea of the experiences of the participants. From this point, I was able to put these codes and data into groups that would later be part of the themes.

Step 4: Reviewing potential themes

As soon as I had an idea of the themes that were coming from the data, it was important to determine whether these were appropriate and relevant and were the essence of the interviews. I used the objectives of the study as a guide to ensure that the themes were sufficient.

Step 5: Defining and naming themes

Some themes arose from the data and these themes were also in alignment with the objectives of the study. These themes will be named and defined in Chapter 4.

Step 6: Producing the report

I will disseminate the themed data to the supervisor, SCCs, the library at the University of Cape Town, and colleagues in Disability Studies in the form of a final report.

The current sub-section addressed the data analysis with the following sub-section dedicated to ethical considerations which include the trustworthiness of the study.

3.7 ETHICAL CONSIDERATIONS

3.7.1 Ethical considerations and Informed consent

Ethical clearance and approval were granted by the University of Cape Town, Health Science Faculty Human Research Ethics Committee (UCT FHS HREC), HREC REF:013//2021sa (Appendix 1). The research was conducted with individuals in the study; however, telephone calls were made, and emails were sent to the managers in the special care centre to set up meetings to seek permission to conduct the interviews on the premises. All participants were briefed and provided with an information sheet (Appendix 2) that entailed all the aspects of the research process which included the aim of the research, the reasons they were chosen as participants, the period of the interviews, the right for them to leave at any period during the interviews, their confidentiality, details of the ethical approval, my contact details, the contact details of my supervisor and the HREC. An informed consent form was also handed to the participants once they had confirmed that they understood and were agreeing to participate without any intimidation (Appendix 3). The support staff and I agreed on a venue for the interviews. Some of the participants chose to conduct the interviews in the classrooms during their quiet times. For the other participants, I arranged a quiet room in the SCC. I received signed consent forms from all the support staff who were included in the study. Throughout the interviews, I received verbal consent as I would ask the participants whether they still wished to continue. Assurance of confidentiality was given to the participants throughout the study, and they received an explanation of what the data would be used for. The participants were not identified throughout the study. I ensured this by using codes to refer to the participants and pseudonyms for the SCCs they represent.

3.7.2 Trustworthiness

Historically qualitative research has been regarded as "soft" and has been criticized for its lack of rigor. It has been argued that it is subjective, anecdotal, biased and it lacks generality. Qualitative researchers are faced with the challenge of striving for the highest quality when doing research. The criteria used for evaluating the quality of this study were credibility, dependability, confirmability, and transferability (Cope, 2014).

Credibility

Credibility refers to the researcher viewing the multiple truths of the data, the views of the participants, and how the researcher views these. A qualitative study is deemed credible as soon as the descriptions of the lived experiences shared are recognised by individuals and humans who share the same experiences (Cope, 2014). Credibility refers to the issue of "how we ensure rigor in the research process and how we communicate to others that we have done so" and is of paramount importance. To enhance credibility in qualitative research, I demonstrated continuous engagement and provided audit trails (Cope, 2014). To ensure credibility I had a constant engagement with the participants and after the sessions, we had some time to debrief where the participants had an opportunity to ask me questions in an informal manner. The debrief session was an opportunity for the support staff to ask questions that they had or converse about everything they wanted to clarify outside of the interview. The participants were able to openly interact with me. This made the data analysis more fruitful because I was able to have their personalities come through outside of the interviews.

Dependability

Dependability deals with the core issue of how a study is conducted, data analysis and interpretation techniques, and the recommendations that emerge from the data that is collected from the participants. Therefore, it is important to indicate how the findings were concluded (Anney, 2014). Dependability is the consistency of the data when it is evaluated in similar conditions. A study is deemed dependable if the process is reported in detail and another researcher agrees with the decisions of the study at all stages in the research process (Shenton, 2004; Cope, 2013) I ensured dependability by following the research process and stipulating all the activities in section 3.5 that were included to conduct meaningful semi-structured interviews.

Confirmability

The concept of confirmability is the researcher being concerned about objectivity (Shenton, 2004; Cope, 2014). Confirmability is when the researcher can demonstrate that the data shared is the data of the participant's lived experience and not the biases or views of the researcher (Cope, 2014). It addresses the issue that findings should represent the current circumstances and not the preconceived beliefs of the researcher. It is based on the integrity that the findings are the findings that are presented by the participants (Morrow, 2005). I have shown confirmability by describing and explaining how I arrived at the conclusions and interpretations and that these were directly derived from the data that was shared by the participants. This was achieved by providing direct quotations from the participants (Cope, 2014).

Transferability

Transferability positions a concern that the outcomes of the research can be useful to a wider population. The aim of qualitative research must be understood within the characteristics of the context, for example, the geographical area where the research was conducted (Shenton, 2004; Morrow, 2005). Transferability is when research can be applied in other research groups or settings (Cope, 2014). I have provided adequate information on the support staff and the research procedure so that the person who reads can evaluate if the results are capable of fitting into the experience or are transferable (Cope, 2014).

3.8 SUMMARY

This chapter discussed the research paradigm, research method, participant demographics, data collection, data analysis, research principles, and ethical considerations. Qualitative research has been a suitable tool that was used to investigate and explore the experiences of support staff at SCCs in advancing quality education in an inclusive education system on the children with SPID and their education, the RTE, and the support that is required in SCCs. The following chapter is a discussion of the study findings.

CHAPTER 4: STUDY FINDINGS

4.1 INTRODUCTION

The key aim of the study was to investigate, explore, and analyse the experiences of the staff at SCCs on access to quality education for children with SPID. The overarching research question for this study was: *"What experiences of support do support staff at special care centres currently have in advancing quality education in an inclusive education system?"*

4.1.1 Background

The interviews took place with a manager, an assistant caregiver, and caregivers who are employed at three SCCs in Cape Town, which have been given the pseudonyms Thango Special Care Centre (TSCC), Nanilethu Special Care Centre (NSCC) and Bulali Special Care Centre (BSCC). Due to the COVID-19 pandemic peak, TSCC and NSCC had to close their doors and were operating a home-based service at the time of the study. TSCC and NSCC are under the same organisation but operate from various locations. The caregivers at these centres visited the communities to assist the children at their homes while the centres were not operational during COVID. These centres cater to children with SPID and the aim of these centres is to care for the children and educate them through a variety of stimulation activities and educational activities. The plan was for the caregivers to visit the homes to ensure that the children received similar care and education during COVID that they would have received while they were at the centre. BSCC was also affected by the COVID-19 pandemic peak, but they were able to operate as soon as the restrictions were lifted. This meant that they were able to reconvene as normal following all the COVID-19 protocols. This centre had systems that they implemented to ensure that the children received the necessary care and education.

The participants have separate roles at the centres and the roles are as follows:

Manager (SS1): She oversees the management of TSCC and NSCC and two caregivers. She oversees the operational aspects of the SCC. As a qualified Occupational Therapist, she does the assessments on the children and assesses their progress.

Caregivers (SS2-SS4, SS6-SS8): They provide care and education. Their duties vary because they have children with diverse needs, disabilities, and age groups in their different classrooms.

Assistant Caregiver (SS5): Her role is like that of the caregiver with whom she works in the sense that she is there to ensure that her caregiver has the support she requires to fulfil her daily tasks. In her capacity as the assistant, she also works very closely with the children to provide care and education. She is also the backup of the caregiver when the caregiver is out of the classroom.

The participants at BSCC mentioned other key role players in the SCC, namely the Head of Classrooms (HOC), the SPID Teams, and the Implementer in their interviews and their roles are as follows:

Head of Classrooms: All the caregivers at BSCC report to him and he works closely with the implementer on the progress of the children in the classrooms. He also manages all the operations in the centre.

SPID Teams: The team, which is employed by the Western Cape Education Department through the conditional grant, offers services that range from stimulation to protective workshops. The team consists of speech therapists. Their role is to offer stimulation and early intervention programmes. They support the centres by providing training to the parents, caregivers, and teachers.

Implementers: They are the ones who oversee the goal setting of the children and are responsible for all the academic aspects of the children in the centre.

The caregivers work closely with the implementer. The implementer is the one who provides the caregivers with their educational resources. The DBE employs the SPID Teams, and they work with both the caregivers and the implementer. The HOC, SPID teams, and implementers were not interviewed.

4.2 PRESENTATION AND ANALYSIS OF FINDINGS

The section includes the findings of the data which was collected and analysed from the interview transcripts. The analysis of data was completed using the analysis steps mentioned in the preceding chapter, and the following themes emerged:

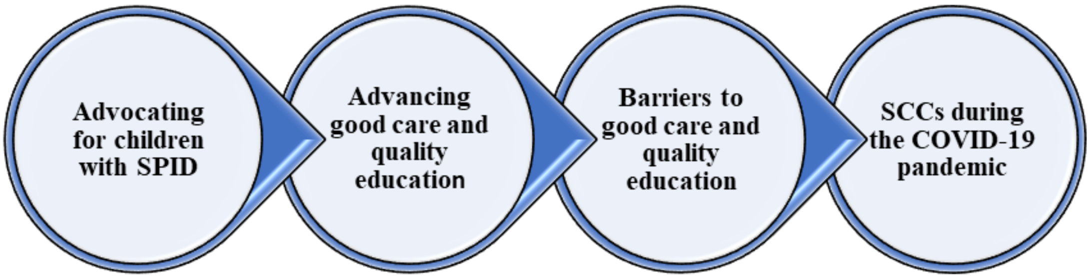

Figure 3: Themes emerging from the data.

These themes in Figure 3 are used as the headings for the different sections of this chapter. This chapter will be inclusive of direct quotations from the interview transcripts, and these are identified by the codes *support staff (SS1-SS8).* Direct quotations are used to ensure that the voices of the support staff come through directly in the data. I explored the data by attempting to understand the experiences of the support staff (see Table 1 for the biographical information of participants) with the interview questions used as a guide to unpack and understand the experiences of children with SPID in SCCs through the voices of the people who provide them with care and education. Below is a table which consists of the themes and sub-themes in the study.

Table 2: Themes and sub-themes for the study

THEME	SUB-THEMES
Advocating for children with SPID	The journey toward becoming support staff Raising awareness about the rights of CWDs Impairment of children with SPID and the support and accommodations requirements
Advancing good care and quality education	Building relationships Educational measures The daily routines and educational activities at SCCs

	The support required to advance good care and quality education
Barriers to good care and quality education	Lack of specialised training Resources needed in SCCs Operational barriers experienced by the support staff
SCCs during the COVID-19 pandemic	The impact of COVID-19 on the class sizes and the number of support staff The effect of retrenchments on the SCCs

4.3 ADVOCATING FOR CHILDREN WITH SPID

This theme responds to objective one of the current study which reads: To explore the views of service providers in SCCs about the support that they receive and require. This theme encapsulates the journey of the support staff toward becoming support staff which includes their educational backgrounds, raising awareness on the rights of children with SPID and their support needs. I will use direct quotations to provide analysis under the sub-themes that are indicated above in Table 2.

4.3.1 The journey towards becoming support staff

Living conditions for most of the support staff was not conducive to career development. Some of the support staff were living in poverty and, because of this, most of them did not have a decent educational background.

> *I stayed in a temporary living informal settlement in one of the townships. After that, I started looking for work because I saw the levels of difficulty in my finances* ***(SS3).***

Most of the support staff do not have educational qualifications as they had to drop out of school and find employment at an early age which was something normal during the times in which they were growing up.

> *I started looking for work again because I saw the levels of difficulty in my finances* ***(SS3).***

Those who were fortunate enough to acquire an education acquired it for several reasons.

> *I do not have much education yet, but I did several courses. Yes. Maybe I did not know what to do at that time, I did a few different ones* ***(SS2).***

For some of the support staff, it was their way of giving back to their communities by going into the communities and undertaking work that would benefit the people who were disadvantaged and could not afford basic needs which include basic health care services. Although there were options to move to larger cities to find employment, one participant chose to work in her childhood home where she spent her youth, and this is an area that was disadvantaged and poverty-stricken. She said:

> *I studied in Bloemfontein, and I went back to the Eastern Cape, basically to live at home and work from my childhood home* ***(SS1).***

For some of the support staff getting an education was their way of escaping poverty and unemployment. With the high unemployment rate, the support staff chose to keep themselves occupied by furthering their education.

> *I do not have much education yet, but I did several courses. Yes, it all started when I was unemployed and sitting at home. Do not know what to do. So, I decided to spend my time doing courses* ***(SS2).***

The support staff related that their lack of education had a ripple effect on their struggle to acquire employment. Some of them had to enter employment by doing volunteer work. Support staff were also able to do short courses and informal training in different institutions. Their informal training equipped them, and they were then able to find work opportunities and they were able to bring change to their families and their communities. The interviews emphasised that all the support staff had different stories and different journeys to becoming support staff. For some, their journeys started during their years of volunteering where they started their work of caring for the sick and elderly and some cared for CWDs.

> *That is where [as a volunteer] I felt that my passion for working with children at that stage specifically those with physical disabilities developed and I enjoyed the interaction, I enjoyed helping* ***(SS1).***

This is where their passion for care and education for children with SPID began and grew.

On the other hand, some of the support staff who were able to acquire informal training were able to find work and begin their careers much earlier than others.

> *So, I did a home care base. We were trained there to take care of sick people. So, unfortunately, for me, or fortunately for me, it is where I normally say it is where my journey started* ***(SS2).***

For some of the support staff, this journey was a career path that they chose because they were at a point of deciding what it was that they wanted to do with their education and how their choice would impact people in their communities.

> *This was the first time that I was dedicated to helping children who were diagnosed with severe to profound intellectual disability* ***(SS1).***

For others, it was a dream that took time to get to but was finally realised.

> *I have been working in the clothing industry for 16 years. I say to myself, one day I want to work with children and if I do not work with children, it will be with elderly people. I then came here, and I thought to myself Okay, this is it. I never thought that this door would open for me, and I would get this opportunity. But it is extremely demanding work, and you must have a passion to do this* ***(SS4).***

It is common for mothers of CWDs to end up being caregivers themselves. Two of the support staff were mothers of children who were diagnosed with Cerebral Palsy. They explained how they were accepted into the positions because of their experiences with their children.

> *So, they asked the parents to stay in as volunteers, which I did for three days. I loved it so much. But um, because I am a parent here and my child is already at the school I may, or I may not get the job. So yes, I started to work as a casual for that one month* ***(SS6).***

They took on this role because they had to care for their own children and could then share this experience with others.

> *I started being a caregiver because my daughter was dependent on me. They want me to rather be a carer because I have had the experience of looking after children with disabilities* ***(SS3).***

A factor that stood out during the interviews was that of disabling environments. Some support staff chose to embark on the journey so that they could assist CWDs by changing the mindsets in the communities and creating enabling environments.

> *And most of the time the problem was not the child with a physical disability, it was the environment that the child grew up in that was disabled. That is where I think my passion for helping people with a disabled environment came from* ***(SS1).***

The support staff have been on their journeys for several years and their years of service range from three years to twenty-one years. During these years they have worked with different children of different age groups and different disabilities. Over the years the support staff have gained experience, and this has allowed them to rotate in their centres and grow as support staff. It is over these years that the support staff realised the importance of raising awareness about the rights of children with SPID.

4.3.2 Raising awareness about the rights of CWDs

The support staff shared an attribute of wanting to share awareness and help children and women who are abused.

> *Then I volunteered at Y, visiting schools, and raising awareness about abuse, and that is volunteer work I was doing* ***(SS5).***

They also shared that the years of experience that they gained during their previous employment, previous volunteer work, and as parents of children with SPID was an especially crucial factor for them to choose the journey.

> *X is an NGO dealing with dealing with domestic violence against children and, and women. So even there I was working with the youth and children department* ***(SS2).***

The support staff had a substantial amount of volunteer experience among them because they believe that it is important for abused women, abused children, and CWDs to know their rights. What was common amongst the support staff was that they became more aware of children's rights, and they grew an interest in ensuring that these rights were exercised. It was important for them to be aware of their rights themselves and to pass on the awareness to the children in the centres.

> *So, we used to visit there and talk about and educate kids to give awareness about abuse, all sorts of abuse, and how to deal with abuse, and what to look out for, make children aware of their rights* ***(SS2).***

Support staff expressed a growing understanding of the place of children with SPID in society:

> *Yes, there is, for me, I do not like the segregation and them going to different schools and being taken out of mainstream schools.* ***(SS2).***

They became aware of the isolation experienced by these children and their families.

> *Parents should not be scared to let their children be out because they hide them, and people are not able to see them and that's why the public also struggles with being aware* ***(SS6).***

Following that, another factor that came through was to empower children with SPID with lifelong skills that they would be able to use and be able to live independent lives and fulfil tasks for themselves without feeling like they are a burden to their families and society.

> *So, we want them to be able to go to a shop and give them money. Maybe I can write down a note to say what they need to get for those who do not have a good speech. I will follow them because I do not want them to wander off* ***(SS6).***

This was coupled with a commitment to children's rights:

> *Because those children were neglected, and their voices were not heard. I would make it a point that I relay the message that you as a child must know what abuse is, this is your body, and you need to understand your body. Also, something that they did not know, because they thought that they were not important, and no one was showing them that they were important* ***(SS2).***

The support staff showed a lot of passion and care for the rights of the children. Their past work experiences had led them to want to know more about the rights of children and wanted the children to be aware that they had rights. In many instances, these children are violated and oppressed because of their disabilities. People feel that because these children have disabilities, this means that they do not have the basic human right to make decisions about themselves and choose the paths they want. To ensure that the rights of the children are nurtured and furthered at SCCs, there is extensive support required. The succeeding section will focus on the different impairments and the support and accommodation needs.

4.3.3 Impairments of children with SPID and the support and accommodation requirements

The interviews showed that the SCCs have children with diverse levels of disabilities in their classrooms which include visual, hearing, cognitive, and mobility impairments. As a result of these impairments, the children require different support and accommodations. These are some of the reasons that children are not in an education system.

When it came to ID there was a range from mild to severe but there were mostly children with SPID. There were also children with physical disabilities, and, because of their physical impairments, they were in wheelchairs. In these instances, the support staff require a substantial amount of support to meet these diverse needs and often require more than one caregiver in the classroom. These children require extensive physical support as they have to be moved in and out of their wheelchairs therefore physical assistance is a major requirement.

> *We need to be two in the class, especially with the moving of their children from their standing frames and their wheelchairs* ***(SS5).***

While the interviews revealed that there were children who had multiple disabilities, there was also a group of children who were more intellectually capable but had severe communication barriers. These children require communication support to improve their communication skills. Some of them are not able to speak, however, they can be provided with accommodations that can assist them in getting their messages across. This is where the child would need access to a therapist so that a plan to assist the child could be devised.

> *Well, yes, there are a few children in the classroom that are very clever. But then the one thing that stands in their way is the lack of speech* ***(SS5).***

The interviews confirmed that all children are different. Some have urinary incontinence which is a loss of bladder control, and this means that their capabilities are different as well and this hinders their prospects of attending special schools. These children need to have firsthand support from the support staff because they need to have a caregiver to assist with changing their diapers.

> *Although some have a good intellectual capacity they will not be placed in a school because they are all in diapers. LSEN [Learners with Special Education Needs] schools turn them away immediately as soon as they hear that they are on diapers* ***(SS7).***

There were instances where the parents were the ones who limited their children's participation as they did not want to lose the support of the SCCs and feared that they might progress and must then be placed in special schools, where they would not be as well looked after. They attend the SCC, but they do not require extensive support because they are independent.

> *They are very clever, but the parents are scared for their children. For them, this is a safe space for both the family and the child* ***(SS8).***

The support staff indicated that the children in their classrooms participate at various levels and that each day is different. Furthermore, they indicated that their participation had improved over the years because of the ongoing stimulation and constant engagement with the daily activities. This theme was a background to the support staff. It unpacked the awareness of the rights of children with SPID and gave an insight into the different support needs of the children. The next section will look at the relationships, educational measures, and support required to move toward the advancement of inclusion, care, and quality education for children with SPID.

4.4 ADVANCING GOOD CARE AND QUALITY EDUCATION

This theme addresses objectives one and four of the study which read: To explore the views of service providers in SCCs about the levels of support that they receive and require. To uncover what impact COVID-19 has had on the support received by SCCs. This theme highlights the relationships in the centres, the transition to education, and some support structures that could further assist SCCs. I will use excerpts to provide analysis under the sub-themes that are indicated above in Table 2.

4.4.1 Building relationships

Working with children with SPID can be demanding and the support staff have shared their experiences of working with the children and the different stakeholders. From their experiences, they shared the importance of teamwork and their experiences of daily encounters with the children.

It was noticeably clear that for processes to run smoothly at the centres there needed to be a healthy working relationship. Most of the support staff indicated that they worked as a team and that there was a clear flow in the work and the working relationship.

> *We have always worked closely although we work at separate locations. We have a good working relationship because we go together on home visits. We have an understanding and when we get there, we know who needs to do which task* ***(SS3).***

The interviews also revealed that for most of the support staff at BSCC, there was a lot of internal support when it came to resources. Internal support means that the SCC provides the support staff with the resources that they require. These resources include assistive devices, learning materials, stationery, and toiletries. All resources are dependent on the children and each child has their own needs. Most of the support staff call upon the Head of Classrooms, the implementers, and the parents when there are resources that they need.

> *We have what we need, but if there are items that we need we speak to the Head of Classrooms and then he will do what he needs to do on his side. He is the one who speaks to the department as well* ***(SS4).***

The implementer plays a huge role at BSCC because she collaborates closely with the parents of the children, the caregiver, and the HOC. The support staff have highlighted that the strength of this relationship is vital for both the child and the caregiver because the constant feedback and interactions play an encouraging role in the progress of the children. The support staff also receive training and assistance on the educational aspects from their implementers. All these separate roles in the centre are pertinent because there is a substantial amount of support that is required.

> *Yes, I have everything. I have my implementer as well. If I need anything, I will let them know and they make sure we have what we need to go on with the day If it is an issue bigger than her, she will get advice from the Head of Classrooms* ***(SS6).***
>
> *We have a particularly good working relationship. They help a lot, and we are always looking for ways to improve the activities for the children. She [the implementer] comes to us once a week and she comes to us on a Wednesday. She is here with us for the entire day, and she assesses the situation in the class. She will then advise as she fits* ***(SS7).***
>
> *She [the implementer] is here on a Monday for the day, but she pops in every day just to check on us. If I have anything I will let her know. If there is something that I pick up in the class, I will let her know during the visits that she does* ***(SS8).***

The children need to continue at home some of the activities they do in the classroom as well. The support staff emphasised the importance of collaboration between themselves and the parents.

> *What we teach them here, they can continue at home as well. Whatever we do in the class we like for them to have some sort of follow-up at home, so we always ask the parents* ***(SS7).***

The support staff at TSCC and NSCC had to work on building trust between themselves and the parents during the pandemic peak. This relationship was a complex one because it entailed support staff going into the homes and the support staff found that some of the boundaries were blurred and crossed. Although it was difficult at the beginning, the support has seen an improvement in this regard.

> *If we get there and they have not washed, we also then wash the children ourselves and we can see really, they are starting to trust us* ***(SS3).***
>
> *In other homes, we are seeing improvements and of course, each home is a different case* ***(SS2).***

The COVID-19 pandemic peak has played a huge role and has had an impact on children across the world. Children with SPID have been affected greatly because they need constant stimulation. The support staff at TSCC and NSCC have stated that having their centres closed has had several repercussions which include children not having sufficient nutrition and sufficient peer engagement at home. At BSCC the support staff has emphasised the importance of being back at the centre and having a fully functional centre.

> *Back at the centre. Okay. I will say that is one of the big issues I think it is also because there is a relief of the stress for a parent to be able to send their child to a place right* ***(SS1).***
>
> *I must say I prefer for them to be at the centre maybe because that is the setup, I am used to but also because some of the children are not safe at home* ***(SS2).***

The support staff indicated the importance of teamwork in the work that they do. They emphasised that they could not perform some tasks independently. Furthermore, they alluded to the fact that the support in the SCC assists them to be productive in their work. They also indicated that the work that they do with the SPID teams is also a vital part of their work. The relationship between them and the parents was also important because they said that collaborating with them is beneficial for the children.

4.4.2 Educational measures

The interviews also revealed that for engagement to be monitored the support staff follow systems that have been put in place by BSCC for them to monitor whether the children are participating in the classrooms. The measures that were put in place were:

a) Setting relevant goals for each child

> *Each child has a goal. So, their activities are according to the goals that are set out for them. For instance, if a child was in the standing frame for 10 min today, then tomorrow they will sit for 5min maybe. All of this is according to their goals **(SS4)**.*

b) Working according to a timetable

> *Yes, we do have a timetable we follow that has our activities. We try to follow the timetable, but they do get moody and do not want to cooperate and, in those times, we do something else, whatever they want to do if it is on the timetable **(SS4).***

c) Giving homework to the families

When the support staff notice a lack in the child or an area that needs improvement, they let the parents know so that that area of work can be taken home to do as homework and this assists the support staff because this means that there is a continuation of the classroom activities.

> *We tell the parents what we did for that day and ask them to assist the children with that activity maybe after their supper or before bedtime. This helps them to keep stimulated because they tend to forget easily **(SS8).***
>
> *Then the other one, when he goes home, he sits with his mom because she is working from home, so he knows the basics of computers because he watches her. So, I encourage her to make that like his 'homework' time **(SS7)**.*

d) Assessments

Under normal circumstances, the SCCs would have assessments at the end of the year; however, this was not possible due to the school closures.

> *The evaluations used to be given at the end of the year but last year they did not get it because now there is a break in transmission **(SS7)**.*

e) Developing reports for feedback

The support staff are also then able to provide feedback on the progress of the children in the classroom and provide feedback to the parents.

> *Yes, they do get an assessment because we make notes of their improvement in class **(SS7).***

> *The physio also reports on how the child is doing about the activities that they do during physio* ***(SS8).***

These measures enable the support staff with opportunities to collaborate closely with different stakeholders to ensure that the accommodations required by the children are met.

4.4.3 The daily routines and educational activities at the SCCs

Previously the support staff had only cared for the children, but this has been moving to them having to educate the children as well. While this was a difficult task at the beginning for some of the support staff, some have found it to be a part of their job that is challenging but with the support from the head of classrooms, they have been successfully transitioning into this new role and they are now following a detailed timetable that has the different routines that they follow. These routines have educational aspects.

The interviews have revealed that the routines of the children at the different SCC vary according to the programme of the SCC. During the COVID-19 pandemic peak, the routines were more different across the centres. The days for most of the support staff start at 8 a.m. every morning, Monday to Friday, and end at 14:30. For some of the support staff, the days were divided into three parts, and each part has different activities that take place. The parts are as follows: 1) morning routine, 2) mid-morning routine, and 3) afternoon routine.

1) The morning routine at SCCs is used as the time to settle in and during this time some of the support staff and some of the children are traveling to the SCC from home. The support staff and their assistants also have briefing sessions during this time to discuss what they would be doing for the day, and this would be followed by toileting for the children. With the centre that has been operating the home-based service, the routines have been slightly different because they work offsite.

   > *Now we get here at 8 am and do a meeting and we also debrief before going to the sites. We come from different situations, so we need to debrief we do meetings, and we do preparations for the day* ***(SS2).***

2) The following part of the day is the mid-morning routine and at this time the children do most of their activities which include a morning ring and tabletop activities. Both the morning ring and the tabletop activities vary from day to day. The children then go into their lunch, and the support staff uses this time to clear up and prepare for the remainder of the day.

> *We do that every day in the mid-morning ring. That morning, the department has given a note to teach them about cleanliness during COVID, so we are doing that now. How to sneeze, how to sanitise etc. Wednesday is our day for outdoor activity and Tuesdays is art. And then Thursday is a physio and then the physios take them to do activities in the physio room* ***(SS4).***

The support staff is guided by the timetable, but they are also very flexible in the types of activities they choose to do on the day.

> *For example, in a tabletop activity, we do arts and crafts, and we do paint as well, so it differs. We also go according to the weather, if the weather is good, we will do some of the activities outside, so they spend some time outdoors and they love that* ***(SS7).***

3) The last part of the day which is the afternoon routine has structured free play time. In the afternoon, the support staff allows the children to listen to educational music, have movement time, or listen to a story. This leads them to tidy up and clean up time and then the children are dismissed for the day. The interviews revealed that all the activities which are done by the children are according to their needs and accommodations. The activities are diverse for the diverse needs of the children.

There was a consensus amongst the support staff that although a timetable is followed, some days are difficult because the children do not always want to participate. Also, keeping in mind that children with SPID have a short concentration span, challenges are experienced in the classroom.

> *But I do not let that get in the way of the activities of the day. I continue as needed and they will just snap out of it. As I go along, they will also get excited and want to do more than they even forget that they were not happy* ***(SS7).***

For the routines to run smoothly each day the support staff require support to ensure that the routines are interrupted as little as possible so that the children get good care and quality education.

4.4.4 The support required to advance good care and quality education

The interviews highlighted that the support staff would like to see the SPID teams doing their routine visits more frequently so that the children are not left behind. The support staff requires extensive training, they require workshops, and they require resources. The interviews also showed that some of the support staff are dependent on the SPID teams for training and therefore require them to be more active.

> *After the logistics have been made smoother, I think that there can be more suitable ground teams, but it does not help employ more ground teams, but they cannot even get to the centres because they are all tied up doing the data capturing* ***(SS1).***

The interviews concluded that children with SPID also need an education, therefore they need an establishment where they can go and receive the education. SCCs are a safe space for children with SPID and it gives parents peace of mind.

> *I think there is a need for more special care centres because there are still a lot of children with disabilities on the streets. Special care centres are good for children because they get to learn even with their disabilities. It does not mean that just because they have a disability, they do not need an education* ***(SS7).***

I found that when the support staff spoke about the timetables, they were packed and there were a lot of activities that needed to take place each day. However, once I engaged more with them it was evident that the timetables are spread out according to the needs of children with SPID and according to their concentration spans. The activities that they do are 30-45 minutes each and there is a lunch break and there is also structured play. The activities that the children complete are diverse and there is an activity for each child with extensive assistance from the support staff.

When listening to the experiences of the support staff, they share that the SPID teams have not been going to them as they should especially now during the pandemic. This was a worry because most of the support staff is dependent on the CSPID teams when it comes to training and getting resources. With the CSPID teams failing to get to the centres, the support staff is now being disadvantaged because they were not getting the relevant training and were not up to date on the changes that were made to the materials and training. With the quality education for children with SPID being important, some factors deter the care and full participation of children with SPID in SCCs. The following section will identify those barriers.

4.5 BARRIERS TO GOOD CARE AND QUALITY EDUCATION

This theme addresses objectives 2 and 3 of the study which read: To understand the barriers to the implementation of care and education for children with SPID within SCCs and to explore viable solutions to these barriers. To understand the role of the Department of Basic Education in the SCCs. These themes highlight the challenges which include the role of the DBE, the lack of specialised training, and the resources that are required in the SCCs. See the sub-themes above in Table 2.

4.5.1 Lack of specialised training

The interviews revealed that most of the support staff did not have specialised training. This poses a barrier to the implementation of care and education for children with SPID. Most of them had basic training which were short courses without formal accreditation that were done over the years. BSCC is working closely with a hospital that provides ongoing short courses for the support staff and their assistants. The short courses are basic courses that provide education on awareness and diverse types of disabilities.

> *Here, we are doing short courses, we're doing tasks like feeding, taking care of the children, and also awareness of autism, and training on autism* ***(SS5).***

Topics also extend to other areas that they find they need to address.

> *There are various courses that we attend, the one that I went to recently was about grief. It was not only teaching about death, but it was teaching you something in life as well, that whatever happens, you must adapt in some different ways* ***(SS8).***

It is also a prerequisite at BSCC for all support staff to do some physiotherapy-related training on the movement and handling of children who have mobility impairments. The training ranges from moving them out of their wheelchairs and standing frames and seating them.

> *The physiotherapists take us through the training especially the training to move the children around. They are the ones who show us what to do. There is a programme that we follow* ***(SS4).***
>
> *I did the support staff training and when I got here, I got the training from the physios for the children. I got the training on how to seat them and how to move them from their chairs to the standing frame* ***(SS7).***

Some of the support staff showed interest in doing other specialised training which would benefit their journeys; however, they had to drop out for several reasons. While one caregiver was happy to not continue, the other one had to make a difficult decision. The training that they spoke about was Early Childhood Development (ECD). One reason was that the classes took place only on Thursdays and no classes ran over the weekend. The one caregiver saw herself in a position where she had to make a challenging decision and give up her studies.

> *And besides that, the other training that I have got is I was doing ECD work. I went until level four because my principal who was here before allowed us to further our other studies and motivated us. So, when I was going to start level five, the new principal did not allow us to attend any of the classes on Thursdays, and the college that I was attending only had the courses on Thursdays, so I could not do it. So that is how I dropped out of that course* ***(SS5).***
>
> *I did ECD level four and that was about ten years back. Not at all, I am very old now. I thought I would like it but not really, I am happy in the bubble that I have created here* ***(SS6).***

Support staff indicated that one of the reasons that there was a low rate of specialised training was that training in home-based care is not a prerequisite in some institutions for support staff to be employed. Once the support staff receives employment, they are then provided with basic training. The support staff learns on the job from other support staff who have been doing the work before them and the physiotherapist also assists.

> *When I got here, I got the training from the physios for the children. I got the training on how to seat them and how to move them from their chairs to the standing frame* ***(SS8).***

It was clear that there was a lack of specialised training among the support staff, and this was in part due to the limited resources in the SCC.

4.5.2 Resources needed in SCCs

With training being a huge issue at SCCs for the support staff, the other issue experienced by the support staff was the lack of resources. During the interviews, the support staff expressed that there were many gaps when it came to resources in the SCCs. This was compared to regular schools which receive extensive resources including textbooks and other stationery. They needed more resources from the DBE for their children. With the SCCs closed due to COVID-19, there was a need for more resources because they had to leave the activity packs at the homes of the children so that the children could use them. The children received activity packs which were packs that had all the educational activities they used each week to continue stimulation at home.

The same support staff needed resources for the older children because the resources that they were receiving were not age appropriate. The DBE had been sending basic resources.

We do find that resource and training we are getting that there are some big gaps. We have also found that we do get materials from the Department of Education, but it is very general items ***(SS1).***

The interviews further highlighted that SCCs require a substantial amount of support for them to be fully functional so that the children with SPID do not fall behind. Some of the support staff want more contact with the DBE because there is currently no direct contact. As a result, the conversation around the issue of policies did not come to fruition because the support staff did not have a vast interaction with the DBE.

> *I am finding the contact with the Department of Education very remote. And it is nice to have someone to touch base with and receive resources and receive training* ***(SS1).***

Some of the support staff are dependent on the SPID teams when it comes to training and resources.

> *Okay with them we normally speak about wanting to get advice. If we want to place children, for workshops because they are running workshops* ***(SS2).***
>
> *Yes, they help us a lot because they realize success with the training. Also, they provide us with resources. Sometimes they assist with nappies for the children as well* ***(SS3).***

However, regarding the resources, there are instances where the parents fail to provide some of the resources on the day. This puts the support staff under pressure because they would then need to delay the activity for the day.

> *You find that in our routine if we need to do a particular thing on that day, parents then forget to put the items that we need. And you find that you cannot follow that routine* ***(SS5).***

Hence it was especially important for the support staff to always have a backup plan. In these instances, the support staff would then have to rearrange the activities in their timetables. It must be acknowledged that resources and technology change all the time and, therefore, resources will never be sufficient, especially for children with diverse needs.

> *We do have enough but then again is there ever enough? The times change all the time and technology is changing all the time, so we always need something as we learn new*

> *things every day. In anything, there can be an improvement. Also, it depends on the child because they are special needs children* ***(SS8).***

Over and above resources being a challenge, the support staff also highlighted that other operational barriers affect the day-to-day routines, and these barriers will be discussed next.

4.5.3 Operational barriers experienced by the support staff

The interviews highlighted that the challenges affect the support staff in separate ways. The challenges came in the following categories: 1) minor challenges, 2) medium/uncomfortable challenges, and 3) complex challenges.

1. Minor challenges

The support staff have day-to-day challenges which are the coordination of time management and issues around working relationships. These are not issues that they experience often but when they do encounter these issues they deal with them in the classrooms with their assistants and should they fail to resolve them the issues will be taken further, and the relevant people will be able to resolve the issues.

> *No challenges. If there is an issue, I always address it. I first work with my assistant to try to resolve it and if we struggle, we ask for help. I will let my implementor know about an area that I am struggling with and then she will address or try to help me with it. If it is an issue bigger than her, she will get advice from the Head of classrooms* ***(SS7).***

2. Uncomfortable challenges

The support staff are also faced with uncomfortable issues which include puberty and the coming of age of the children. The transition into the teenage phase was a difficult phase for the support staff because it was challenging to deal with the children.

> *The one challenge that I do have that I do not know how to tackle is can I say their hormones? We have been on a course last year. We were trying to give us information, but I did not get anything from it* ***(SS6).***

3. Complex challenges

The complex challenges are the challenges that affect the support staff both directly and indirectly. These are challenges to the economic status of the families of the children, the issue of unemployment, and the issue of livelihoods.

> *Some of the families are uncomfortable because we are doing the home visits. Another worry for me is that the children do not get enough food at home as compared to when they are at the centre* ***(SS2).***
>
> *It is a big challenge at home. The status of our families is not good because some of them are living in one room. Everyone is living in the same room and sometimes when we get there, the people are sleeping* ***(SS3).***

The infrastructure was a huge issue for many of the support staff because there was a need for more space for the children within the SCCs.

> *This space is an issue. We must share the spaces, maybe if maybe the government could assist with infrastructure so that we have more space for the children so that we could freely do the activities with the children instead of us sharing in one class. Sometimes we will find that you are still busy in your lesson, and then someone else or in another class will need to interrupt your class* ***(SS3).***
>
> *The main issue for me is the space in the class because you must be always aware of the children. If we had more space, I could then space them out* ***(SS4).***

Funds are needed for salaries for more staff and the day-to-day coordination of SCCs to keep the doors of the organisations open. The need for more SCCs and larger classrooms is an issue for the support staff.

> *Besides funding, there are not many challenges. The only challenge now that comes with COVID-19 is the issue of funding. And this limits us from a lot of things that we would normally do. This limits you from your daily routines* ***(SS2).***

Although the support staff wants their children to be empowered and not discriminated against, a lot of them still feel that there is a challenge when it comes to the building of SCCs. SCCs are not the answer because they are not inclusive, and the children are isolated. However, the centres cater to children with SPID so that they are not completely excluded. They would like to see more SCCs being built because there are still children with SPID who are roaming the streets.

> *One thing that is supposed to be more of these schools because in the areas where I live people with disabilities are in the streets because the LSEN schools do not go past the age of eighteen. What currently exists is not enough because more and more disabled people are roaming the streets* **(SS6).**

The lack of specialised training among the support staff was an issue because the lack of training means that the support staff is not providing the children with the quality education that they require and deserve. One thing that stood out was that the support staff are very aware of their children, and they are highly creative in keeping the activities going in their classes. The strategies to achieve this are different, but the results are the same and are beneficial for the children.

The world faced the COVID-19 pandemic, and the SCCs were affected by this. The next section will look at how the SCCs were affected during the COVID-19 pandemic.

4.6 SCCS DURING THE COVID-19 PANDEMIC

This theme responds to objective four of the study which reads: To uncover what impact COVID-19 has had on the support received by SCCs. This theme focuses on some of the challenges that were experienced in SCCs in the course of the COVID-19 pandemic under the sub-themes that are indicated above in Table 2.

4.6.1 The impact of COVID-19 on the class sizes and number of support staff

COVID-19 has had an enormous impact on the classroom numbers and the staff numbers in the SCCs which were operating at the centre during the peak of the pandemic. One of the precautions during the pandemic peak was for parents to keep their children at home should they show any signs of illness. The interviews confirmed that the class sizes were different, and they range from seven children per class to thirteen children per class and none of the support staff has a class larger than thirteen. As a result of COVID-19, some of the class sizes were reduced and one support staff member said that her class started at thirteen and she now has six children in her class. Most of the children are staying out of school because their parents are taking safety precautions.

> *There are eight children in this class but because of COVID-19, we have not had all of them come every day* ***(SS4).***
>
> *We used to have thirteen, but we are now on six because of COVID-19 as not everyone I comfortable yet* ***(SS6).***

The lack of support staff was an issue when one of the support staff had to perform tasks outside of the class and leave the other one behind because the support staff member then had to put everything on hold and wait for the assistant to return. COVID-19 had an enormous impact on the class size, and this led to retrenchments.

4.6.2 The effect of retrenchments on the SCCs

The interviews also revealed that the retrenchments during COVID-19 have left the SCCs with many challenges. The retrenchments and COVID-19 led to several changes and restructuring.

> *Sometimes there are issues, but now because of COVID. So, there are four children per carer. But before we used to work with three carers, but now we understand because of retrenchment* ***(SS5).***

The number of support staff decreased drastically at the SCCs. The support staff who have assistants do not have many issues because there are always two support in the classroom at any given time and they have larger classes. However, they needed to juggle their time to ensure quality care and education.

> *There used to be three caregivers in the class, sometimes it does get a bit difficult because it depends on their mood on the day. So really, it gets a bit busy. And the mood does determine how the day goes. And for us. And now if we are on lunch, if one of us is on lunch, then there is one left makes it difficult for that one to do other activities, like putting them in the standing frame or putting them out of the standing frame* ***(SS5).***

Some support staff required substantial assistance because they had several children who were in wheelchairs and the children needed to be moved because they must be mobilised regularly.

> *Different activities need to happen at different times. The children are different and require different attention. For example, I cannot put them on the standing frame on my own. There must always be two people* ***(SS4).***

In the home-based care structure, the days and the activities were different. Although there was a roster that the support staff use for the home visits, the support staff did not actively make use of it, but it was there as a guide. The main aim of the support staff was the one-on-one contact and therefore the support staff made it their mission to deal with all the children.

> *There is a roster, and it is drawn up. It is loosely followed in that often a parent is saying I need to collect medication, please come a little bit later today* ***(SS1).***
>
> *No, no we do not need to use the rosters to do the home visits. We just know that one week is dedicated to Langa and then the following week is dedicated to Gugulethu. Then once we have determined where we are going, we divide the children* ***(SS3).***

For some support staff, their classes have been mixed. They have children of different age groups and disabilities that are in the same class.

> *It is the changes that come with COVID and the retrenchment of some of the staff. Some of the classes have been restructured so that there is a sort of balance for the teachers* ***(SS7)****.*

However, this had some benefits for the children because the children can learn from one another because they are using the same learning programme and their intellectual capacities are on par. These changes have been because of the retrenchments and the SCCs wanted to find some sort of balance for the support staff.

> *There was restructuring and I also think because most of them can walk and do things for themselves, it will be good to have them in the same group. They can learn from each other* ***(SS8).***

COVID-19 has impacted everyone globally and the SCCs have suffered because of the changes during the peak of the pandemic. The retrenchments in the SCCs have affected the support staff and the children. Some support staff were operating a home-based care service and others were operating at their SCC and there were funding issues across the SCCs. There is a great need for funds so that care centres can go back to their normal routines.

4.7 SUMMARY

The current chapter presented and analysed the data that was collected to investigate the experiences of support staff at SCCs in advancing quality education in an inclusive education system. The experiences were on advocating for children with SPID, advancing good care and quality education, barriers to good care and quality education, and SCCs during the COVID-19 pandemic. The subsequent chapter will discuss the findings of the current study.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 INTRODUCTION

In this chapter, I unpack the experiences of support of the support staff in SCCs in Cape Town, South Africa through a discussion of the findings. I analysed the data, and there are four sub-headings I would like to discuss the findings. They are aligned with the objectives of the study and are as follows: the perceptions of support staff on supporting children with SPID, advancing the education of children with SPID, barriers to supporting education in SCCs, and the role of the Department of Basic Education in SCCs during the COVID-19 pandemic. The discussion presented in this chapter will address the main research question: "*What experiences of support do support staff at special care centres have in advancing quality education in an inclusive education system?*" The collected data also allowed me to respond to the objectives of the study which were:

1. To explore the views of service providers in SCCs about the support that they receive and require.
2. To understand the barriers to the implementation of care and education for children with SPID within SCCs and to explore viable solutions to these barriers.
3. To understand the role of the Department of Basic Education in the SCCs.
4. To uncover what impact COVID-19 has had on the support received by SCCs.

In my analysis, the RTE and objective 4 of the study were two aspects of the study that were cross-cutting and therefore I will be discussing those two across the discussion of the study findings. Firstly, this chapter discusses the summary of the findings of the study.

5.2 SUMMARY OF FINDINGS

The study is on the experiences of the support staff on the support that they are receiving and require. What was fascinating in the findings was that the majority of the support staff shared the importance of the children being supported. The support staff work closely with the families within the communities and they were advocating for the importance of the health of these relationships. As emphasised in the theoretical framework of the current study which is an ecosystemic theory (see Chapter 2), supporting the support staff in the SCCs is crucial in wanting to achieve an inclusive education for children with SPID. The data suggests that there are three critically major areas in which the children need to be supported for the provision of effective support by the support staff and they are a) at home, b) at the SCCs, and c) in the society.

a) The experiences of support staff have elucidated the importance of supporting the children in their home life so that they can achieve a good quality of life. This support is beneficial for the support staff as well and it influences their work in the SCCs as well. The support staff can build on the support which has been provided at home. A superior quality of life will allow the children to fulfil some aspects of their lives. Several factors could result in an inferior quality of life but the one that was significant in the study was poverty. The poverty that is mostly experienced is associated with the excessive costs of living when there is a child with a disability in the household. Sadly, this poverty leads to parents having to work additional hours which leads to their unavailability to their children.

b) As a result of the education of children with SPID being part of a collaborative relationship, the challenges that are experienced at home become a challenge in the SCCs. The inferior quality of life, poverty, and unavailability of parents put a strain on the support staff. SCCs are a critical part of the lives of the children with SPID and their families as the children receive care at the centres. Support staff in SCCs must be supported for them to fulfil the task of caring for the children.

c) Moving to a much broader support is the support of the society which focuses on the right to inclusion which is the first step to be considered so that children with SPID can flourish. Part of this inclusion is inclusion into the education system which has proven to be a challenge for children with SPID. As a result, the children have been receiving education in SCCs. The support staff has not been adequately supported to include the children in society, especially in the education system.

The SCCs have played a pertinent role in the lives of the children and some of the successes of SCCs can be commended on the strong collaboration among the support staff and the families. The support that the support staff receives from the families has been respectable and its strength was shown during the COVID-19 pandemic. The support staff highlighted that there was limited support during the peak of the pandemic. As a result, the transition to online learning was a challenge for the support staff and the children. The education facilities and materials that were inaccessible increased the educational inequalities. The teaching and learning support structures that have been put in place to ensure that the children are educated according to their needs were unfortunately affected by the pandemic. The children were not attending the SCCs daily which affected their progress. Furthermore, all assessments were cancelled, and no progress reports were issued.

The data identified that among the challenges that were experienced, specialised training and lack of funding for SCCs were two critical challenges. The support staff has not been adequately supported in obtaining specialised training and this and this has impacted the children and the support staff. Some support staff were employed because they were part of the communities and were mothers of children with SPID. Although this is positive in the sense that it lowers unemployment, it is a challenge as this means that the children are educated by untrained caregivers who have limited knowledge of SPID. The lack of training also had a negative impact on the caregiver because they lacked confidence in their work. The other challenge was that SCCs were not receiving enough funding, especially during the peak of the pandemic. The funding challenges had a direct impact on the support staff because the challenges led to retrenchments. The retrenchments left the support staff with limited support which led to low staff capacities.

Over and above, several international and national policies highlight education as a human right with a pivotal one being the EWP of the DBE which promotes inclusion. The study identified that the support provided to the support staff was inadequate and the role of the DBE was unclear. Moreover, the inclusion of the children was not achieved. Furthermore, the DBE lacks accountability to the SCCs as it is failing to include SCCs in the education system. Regrettably, this was a challenge during the peak of the COVID-19 pandemic as the educational plans that were put in place were not inclusive in the sense that SCCs had to arrange for their accommodations. SCCs have acclimatised to arranging accommodation on their own accord and support staff have taken an interest in the support that is being received by the children. In the subsequent section, I will address their perceptions of supporting children with SPID.

5.3 THE PERCEPTIONS OF THE SUPPORT STAFF ON SUPPORTING CHILDREN WITH SPID

The current sub-section discusses the experiences of the support staff on the support for children with SPID regarding the related literature which was reviewed in Chapter 2 on the significance of supporting the children at home, in society, and at SCCs. Support will be considered at the various levels of the home, care centres, and society in general.

5.3.1 Supporting children with SPID at home

Children with SPID should be supported through a quality of life as there is poverty that is experienced in homes where there are CWDs. Due to this poverty parents are unavailable to their children as they need to be at work so that they can provide for the various needs of the children.

Quality of life

The study revealed that the rights of the children have been in many instances violated and they have been deprived of quality of life. Their rights have been violated and they have been stigmatised to an extent that in most African societies people with physical and ID are not respected (Chitiyo & Wheeler, 2004; Ali et al., 2016). Ngubane-Mokiwa (2018:03) further mentions that children who are born different from what we see as normal, are killed at birth. The experiences of support staff on the support that is required for children present the right to life and care as important rights to children with SPID because of their multiple needs. Furthermore, the emphasis is that there is significance in the family and community being aware of this right so that they can support the children. With this awareness, they can strive for a purposeful quality of life which has the potential to enable the children a sense of belonging. Furthermore, quality of life broadly embraces how an individual measures the quality and enjoyment of multiple characteristics of their lives with the quality of support being a critical aspect in the achievement of quality of life. These aspects include emotional reaction to life, a sense of fulfilment, and satisfaction with work and personal relationships. Quality of life in the home supports the support staff in a sense that the support staff does not have to take on the role of parenting the children (Theofilou, 2013; Beadle-Brown et al., 2016).

Poverty

The children in the present study are exposed to financial strains that are experienced in their families and the parents have voiced their concerns about the poverty. There is compelling evidence that disability and poverty are a cycle, where the one reinforces the other (Graham et al., 2014; Banks, Kuper & Polack, 2017). This is prevalent in families where there is a child with ID as many of the parents are unemployed (Mkhabile & Swartz, 2020). The unemployment rate is high and statistics for Cape Town show that 35.7% of households are living below the poverty line. Unemployment is a major challenge and a contributing factor. The statistics indicate that 23.9% of the people in Cape Town are unemployed and the statistics for the youth are staggering at 31.9% (Statistics South Africa, 2011). It further emerged that the support staff was concerned about poverty because it has ramifications. Families also struggle with residences and are forced to live in confined spaces due to the homes being Reconstruction and Development Programme (RDP) houses where the quality has also been under question (Amoah, Van Schalkwyk & Kajaimo-Shakantu, 2021). To concur with this finding, Philpott et al. (2011) state that CWDs do not have access to housing, water, and sanitation when compared to their peers who do not have disabilities. Additionally, CWDs live in informal settlements where conditions are overcrowded, and, in some instances, the children must utilise outside toilets. When viewed holistically, disability and poverty are linked. The relationship became more evident in 2001 after the acceptance of the Millennium Development Goals (MDGs). Furthermore, disability is related to chronic poverty where the negative economic conditions of disability impact the persons and their families (Pinilla-Roncancio, 2015; McKenzie & Hanass-Hancock, 2017). To minimise poverty, parents need to seek employment in the quest to eliminate poverty, but this has consequences for the child with a disability. The support of the support staff becomes pertinent as the children become vulnerable when exposed to poverty at home. The poverty that is experienced by the children at home places the support staff under enormous strain which results in the parents being unable to provide the children with the accommodations which are required for them to go about their daily activities in the SCCs.

Unavailability of parents

The experiences of the support staff revealed that, although parents of CWDs need to be employed, their employment had a negative impact on the children, the support staff, and other children in the family. The unavailability was a challenge because children with SPID require added accommodations. These include assistive devices and visits to therapists which require finances; therefore, the parents are required to work extra hard to obtain these accommodations. The families of children with disabilities are economically vulnerable because they have out-of-pocket costs for the accommodations of the children (McKenzie & Hanass-Hancock, 2017). The unavailability of the parents was felt in the following ways. Firstly, the children require extra support because their disabilities disable them from fulfilling certain tasks. We should be mindful that individuals with SPID are fully dependent on every aspect of care (APA, 2013; Kamstra, van der Putten & Vlaskamp, 2014; Luijkx, van der Putten & Vlaskamp, 2017). Lastly, it is common that other children in the house require the attention of the parents. Consequently, parents are unavailable both physically and emotionally. Agreeing with this, Tadema & Vlaskamp (2010:42) recognise that raising children with profound and multiple disabilities is challenging for the parents however data does not present the exact amount of time that is needed. Additionally, the caring task is often seen as a burden that is sometimes lonely, and caregivers have minimal opportunity to break away (Mckenzie & McConkey, 2016). Moreover, fulfilling the requirements of adults and children with long-term conditions can be difficult for the cared-for individuals and challenging for the family as it requires extra time (Kittay, 2013; Luijkx, van der Putten & Vlaskamp, 2017). In essence, although parents need to be at home and care for their CWDs it becomes a challenge as they are faced with the financial challenges of having a child with SPID. Furthermore, Hochman et al. (2022) state that there are multiple challenges in parenting CWDs, and these challenges include distress, poor physical health, and mental health. The experiences of staff at SCCs have revealed that there is a need for the children to be supported at home and receive resources at the SCCs. The unavailability of the parents has an impact on the child and the support staff. The support will fill some of the gaps that are experienced at home. Furthermore, support will lessen some of the loads the support staff have to carry in supporting the children with SPID in the SCCs.

5.3.2 Supporting children with SPID in SCCs

SCCs play a crucial role in the lives of the children and the collaborations that have been formed between the SCCs and the families have been essential.

The role of SCCs in the care of children with SPID

SCCs have been serving children for several years now and although these centres do not cater to all children with SPID, they provide an important contribution to their care and education. Children with SPID struggle to perform and fulfil certain tasks because of their disabilities. Thus, some of the children in SCCs are fully dependent in the sense that they rely on someone to feed, bathe, and dress them. Their care is guided by the circles of care approach which emphasises the importance of inter-relationship when caring for children with SPID (McNeil et al., 2018; Couper et al., 2019; Araten-Bergman & Bigby, 2022). Dignity was an important aspect as the experiences of the support staff acknowledged that the care in the SCCs should be done in a dignified manner. Moreover, having a disability and being cared for does not mean that one's dignity should be revoked. The caring role is essential to the caregivers. To substantiate this finding the UN (2019) and Zardiashvili & Fosch-Villaronga (2018:123) recognised that dignity and worth are inalienable rights of all people with disabilities. Additionally, the convention is for promoting the rights of people with disabilities by treating them with dignity. This should be addressed in a manner and environment that fosters the health, welfare, self-care, and dignity of people with disabilities (UN, 2019). For several parents, the SCCs are institutions that they entrust to care for their children in a manner consistent with these aims while they are at work, and in the context of this study, these institutions have become safe places for the parents, the children, and the caregivers.

According to Geiger (2012:02), there are limited establishments that provide care and education for children with SPID and the SCCs have been a place that parents see as conducive to catering to their needs. It was also evident that some of the children in the SCC might not be accommodated in special schools, but they are catered for in SCCs: thus, although the SCCs are separate sites of learning, they are a first step to including children with SPID into any form of education at all and in this sense, they have an inclusive intention. Having explored the importance of SCCs and highlighting the work that is done at SCCs which is different from the work done in ordinary schools, it must be emphasised that these institutions should never be a dumping ground for children where they are abandoned in under-resourced establishments. Following that, they should not be used as places where the government avoids taking responsibility and further excludes CWDs (Kamga, 2016, 2020). These centres and the support staff must be supported so that they can work in an environment that allows them to perform and contribute towards the education of the children. It was in the outcomes of the experiences of the support staff that the importance of SCCs was highlighted. The work at SCCs requires teamwork, hence the importance of collaboration.

SCC Collaboration with families

Educating and caring for children with SPID requires teamwork, and collaboration is needed as it has been a driving force in SCCs. Nel et al. (2014) note that there are challenges when the development of collaboration is not successful The family's involvement comes first in the caring and teaching of children with SPID before the children get exposed to therapists and teachers (Nel et al. 2014; DBE, 2016). Moreover, it is acknowledged that family is at the top of the importance when it comes to collaboration, and they are important in the child's life even after the other services have left (DBE, 2016). Moreover, the children spend a considerable amount of time with their caregivers, as they do with their parents so these two entities should work together so that the children can also benefit from this relationship. To corroborate Agboka (2018) indicates that the teachers and parents need to understand each other and be able to communicate well. On the other hand, Goulet, Krentz & Christiansen (2003) maintain that, although genuine collaboration has the potential to be demanding, it is believed that it can transform education in a way that other partnerships will not. In the context of the study, through the collaboration between the families and the caregivers the children with SPID receive meaningful support. The DBE affirms that through this collaboration the learning experience could lead to successful outcomes (DBE, 2016). Furthermore, it is a catalytic process used in interactive relationships, a dynamic ongoing process of sharing ideas and teamwork within an atmosphere of mutual respect and support and trust, and open communication (Eloff & Ebersohn, 2004). In supporting the staff at SCCs, collaboration has become especially important in their work with the children. This collaboration can also be advantageous to the inclusion and support of children with SPID in society.

5.3.3 Supporting children with SPID disability in society

Addressing the aspect of support in society through inclusion has been a struggle for children. Inclusion in society and the education system has been difficult, and it has not been fully achieved.

Right to inclusion

The experiences of the support staff presented that the children are not fully supported in society as they struggle to be included in society and the education system. In the societal context, it emerged from the present study that children with SPID have been treated differently. They are excluded from society due to limited knowledge of their disabilities, and there is a stigma around them. Worldwide adults and children with ID are excluded, marginalised, and abused due to stigma (Ditchman et al., 2016). McKenzie, McConkey & Adnams (2013) further assert that when compared to their able-bodied counterparts, children with SPID experience severe exclusion and the experience is intense within circumstances of poverty, such as those on the African continent. Additionally, where services are available for people with disabilities, people with ID are often neglected.

In the educational context, although there is a recognition and commitment to inclusion Donohue & Bornman (2014) have indicated that its implementation has been challenging. This was also a challenge in the current study as there are still concerns about the inclusion of children with SPID into special schools and they have been placed in SCCs. The DBE recognises that children with SPID have chronic conditions and they require significant support (DBE 2016). In the context of the present study, the right to inclusion in society has not been achieved and this has been a problem for the support staff. There is a need for the support of children with SPID in society. Furthermore, the inclusion of these children will not only have an impact on them but also the support staff. The support staff will be supported by the fact that the children whom they are educating are treated with the same regard as other children and this will put an end to the marginalisation of these children. Children are still educated differently and the advancement of education for children with SPID will be broadly discussed in the upcoming section.

5.4 ADVANCING THE EDUCATION OF CHILDREN WITH SPID

The current discussion focuses on advancing the education of children with SPID. The discussion of the findings in this section addresses educating children with SPID, SCCs as a place for education for children with SPID, and the curriculum in SCCs which addresses goal setting, curriculum differentiation, timetable activities, and assessments.

5.4.1 Educating children with SPID

The literature revealed that children with SPID have diverse educational needs, which stem from their impairments in intellectual and adaptive functioning which have been explained in detail in Chapter 2. As a result of their complex and diverse needs, their education has been controversial. There are implications with having a child with ID, they vary with each individual and according to their level of intellectual impairment and previous learning experiences (Rae, McKenzie & Murray, 2011). The experiences of support of support staff were that they encountered difficulty in educating the children, but they realise and emphasise the importance of their education because of their desire for the children to reach their full potential and they realise the importance so that children can be emancipated. To concur, researchers (Boezaart, 2012; Du Plessis, 2013; Limaye, 2016) say that children have a right to live independently. In acquiring an education, individuals can access other human rights as the human rights are pertinent for children with SPID as discussed in the models of disability in Chapter 2.

The education for children with SPID was affected during the peak of the pandemic where home-schooling was difficult to implement, unlike with children who do not have disabilities. Children with SPID were not able to log onto a computer and continue with their schoolwork as their counterparts were doing (Brandenburg, 2020; Beckmann & Reyneke, 2021). Hence, the switch to online learning exacerbated educational inequalities as the learners were excluded during this time due to the lack of access to learning resources (Kamga, 2020). There was a gap in the inclusion of learners with disabilities in providing learners with disabilities with the learning materials that they require when in comparison with their peers who do not have disabilities (Kamga, 2020). Although the government should be commended for its initiatives to continue education during the pandemic, they were not inclusive of CWDs. Many of the online resources were not accessible to CWDs, their teachers, and their parents, and in most cases, they did not have the devices because they could not afford them (Kamga, 2020). The experiences of support of the support staff highlighted that the blanket approach to education which was the online learning approach was a barrier to learning for the CWDs, more particularly, children with SPID and support staff. The DBE did not support the support staff as it did not provide them with resources to ensure that the children with SPID were accommodated. The majority of children with SPID are educated in SCCs and the succeeding section will address SCCs as a place for education for children with SPID.

5.4.2 SCCs as a place for education for children with SPID

The literature and the experience of the support staff have revealed that there are still children who are being declined entry into special schools as they do not meet the acceptance criteria and have to return to the SCCs. The result of this is that approximately 11000 children are left in SCCs since they are excluded from special and mainstream schools (McKenzie et al., 2017; Kamga, 2020). The criteria are different for each school and some schools have specific criteria. For example, a school in Johannesburg requires a diagnosis from a medical doctor, physio, speech, or occupational therapist. The child must be three years of age or older and not be able to benefit from ordinary school admission. The above-mentioned criteria are for a child with cerebral palsy and other types of disabilities have other criteria (Muriel Brand School [MBS], 2022). With that said, the rejection of children with SPID from special schools with strict criteria still occurs hence children are being educated in SCCs. These children have high support needs and the teachers at special schools are not trained to provide the support. From the right to quality education perspective, it is unacceptable for children to be rejected. The educational provision should be changed to be in alignment with some of the commitments to transform the South African education system which includes the development of integrated education systems and infusing special needs support across the education system (DBE, 2006; Kamga, 2020). The outcomes of the semi-structured interviews demonstrated that the current reality is that without SCCs children with SPID would not receive any education. Although SCCs are not inclusive, they have catered to the urgent needs of the children. Without them, children with SPID would be entirely excluded, hence the urgent need for the support of support staff. At first glance, having special schools and SCCs seems discriminatory; however, their main objective is the inclusion of children with severe disabilities in education as they have not been catered for previously (Kamga, 2020). Education is an important part of every child’s life and SCCs have been a place where children with SPID receive a quality education and the subsequent section will be dedicated to the SCC curriculum for children with SPID.

5.4.3 SCC curriculum for children with SPID

Although we have practices like inclusive education, the children with SPID are still being educated in a segregated school system which is discriminatory and a challenge for them. The children at the SCCs are educated on their curriculum which is different from the one that is utilised to educate other children. Individual children with SPID cope differently with the curriculum since they have diverse needs where some children require short lessons and others cope with longer lessons and many of the children require assistive devices to ensure that they are not excluded from the curriculum. The DBE also recommends that the lessons for children with SPID should start with simple tasks and progress to more complex tasks (DBE, 2016).

In the progress towards inclusive education for children with SPID in South Africa, there has been a shift in the curriculum to the use of different curricula for children with MMID, severe, and SPID. Caregivers are wondering whether this approach will be effective as it perpetuates a segregated educational system although the policies state that these programmes can be delivered in any setting. The teachers and caregivers view this approach is a return to special education schooling (McKenzie, 2021). In agreement, Molteno (2006:02) and Kamga (2021:350) assert that by getting it correct with this right through reasonable accommodations the children will be included in the education system. They will not be segregated, and they will be educated in an education system for all which includes children with SPID. To support the caregivers, the education of children with SPID needs to be the same as the education of other children. Children with SPID should have the opportunity to gain experience from the same curriculum as other children and this curriculum can be differentiated to support the educational needs of the children. In addressing the curriculum, the elements that presented as important and were beneficial for the children in this study were goal setting, curriculum differentiation, timetable activities, and assessments and they will be discussed.

Goal setting

Although the children fall within the severe to profound group, they are all different hence the importance of goal setting which was a fundamental aspect for the children. Moreover, through goal setting the children are educated according to their needs. For goal setting to be beneficial it should be noted that distinct functions need to be developed and explored which are adaptive functions that can be divided into three domains, namely, conceptual domain, social domain, and practical domain as unpacked in Chapter 2 in the review of the related literature. All the children perform within these domains on various levels and goal setting plays a role as the caregivers can break the tasks into smaller parts so that the children can manage (Rader, 2005). Moreover, Couper et al. (2019) suggest that to further assist children in learning according to their needs and capabilities, SCCs can make use of an Individual Support Plan (ISP) to ensure that interventions and support are met as that is its purpose. Goal setting has been a tool that has worked for caregivers to support them in educating children with SPID.

Curriculum differentiation

The children at the SCCs have been assisted through curriculum differentiation. Curriculum differentiation is a vital component of educating children with SPID. Both the SIAS policy and the EWP6 highlight the importance of a flexible curriculum, the specialised training of educators, and teaching and learning methods (DBE, 2001, 2014). According to Weiss, Markowetz & Kiel (2018:839), the key requirements in teaching children with SPID include skills to implement individualised, differentiated teaching which involves differentiated materials. In addition, curriculum differentiation is a mechanism that is utilised to ensure that the children experience minimal barriers in their education and has been utilised as a key strategy to address the diverse needs through teaching styles. The process involves changing and adapting the processes and content of the curriculum (DBE, 2014). The curriculum can be a barrier to learning; therefore, the purpose of curriculum differentiation is to respond to and address the diverse needs of the children as one curriculum can be adapted to accommodate all the children. To further accommodate the children, Rees, Tully & Ferguson (2017) suggest that teachers also need to use specialised teaching techniques as part of the teaching and learning practices. Although curriculum differentiation can be advantageous it has not been universally used by the caregivers, and it has the potential to support them in their work. To further accommodate the diverse needs of the children the SCCs have set in place timetables to ensure that the children acquire all the scheduled activities.

Timetable activities

While the timetables were similar, there were parts of the timetable that have been differentiated. The lengths of the activities were different, and this was based on the participation of the children. This is a clear example of allowing flexibility in the classroom so that children can benefit and be able to increase the time that they spend on their activities. In the context of this study, timetables were applied as a guide to ensure that children were following a routine and that their learning needs were met. Moreover, teaching changed during the peak of the pandemic, and this impacted the timetables. Generally, during the pandemic, the timetables were not followed because of the changes in the scheduling that needed to take place. Timetables had to be adapted in a way that disadvantaged the children because they could not participate fully because of rotational attendance which was in effect. It is important to follow routines and have centres operational because the SPID teams have noted that when the children are at home, the focus is on care and there is minimal education that takes place (McKenzie et al., 2017). In the setting of the current study, the SCC closures increased the imbalances between care and education as some children were receiving care only at home and not education. The support staff was not adequately supported to ensure that these changes to the timetable did not affect the children. The assessments of the children were also affected during the peak of the pandemic.

Assessments

There were detailed assessment plans that the SCCs have put in place but due to COVID-19, no assessments were completed as the SCCs were closed. This was the case for most children in schools as children around the world were not formally assessed as many exams and assessments had to be cancelled due to these closures (Tarkar, 2020). In South Africa specifically, e-learning, and online learning methods were put in place during COVID-19. These measures were not inclusive of CWDs (Kamga, 2020). As a result of these measures not being inclusive, experiences of the support staff uncovered that children were not assessed during the peak of the pandemic and therefore no formal reports were received. This meant that the children could not be assessed according to their ISP and therefore there was limited knowledge of their progress during the time of COVID-19. This has been a result of the inadequate accommodations that were made available to the children during the interruptions that were caused by the pandemic. The experiences of support of the support staff in SCCs in advancing quality education in an inclusive education system revealed that the support for the support staff can be improved with respect to the curriculum as it is currently inadequate. There are barriers to supporting education in SCCs that have been experienced and they will be addressed in the subsequent section.

5.5 BARRIERS TO SUPPORTING EDUCATION IN SCCS

The current sub-section discusses the support staff's experiences with the barriers that are experienced in SCCs. There was a lack of specialised training among the support staff and the provision of funds to SCCs was problematic, especially during the peak of the pandemic.

5.5.1 Specialised training for caregivers

The experiences of the support staff revealed that there was a lack of specialised training in the SCCs the caregivers which was identified by Wood et al. (2019) in Chapter 2. Some support staff in this study were hired based on them being part of the community since they know the needs of the community. This meant that the support staff was able to collaborate with the parents at a level that was understood by the parents. Additionally, the support staff was able to aid them since they were aware of the community and its dynamics. However, this is problematic because these support staff are required to provide support to the children without specialist training (Rae, McKenzie &Murray, 2011). Also, this is a disadvantage for children with SPID and this places them under further discrimination as the caregivers are conducting activities without any formal training (Geiger, 2012). On some occasions, the caregivers are mothers of CWDs, and this was the case in the study where two caregivers were mothers of CWDs. A study conducted in Tshwane revealed that caregivers are receiving inadequate external support from other caregivers, government services, and professions. They believe that these stakeholders could offer support as they are in a position to provide support (Moosa-Tayob & Risenga, 2022).

Furthermore, some support staff received the training more than ten years ago and this became problematic because the children with SPID have complex needs, hence their carers must be suitably equipped. For this reason, in South Lanarkshire, it is required for staff to have a vast knowledge of the children they are working with and an understanding of their progression and development of the children. They will also need to use specialised teaching-learning techniques and practices (Rees, Tully & Ferguson, 2017). The lack of training has an impact on the quality of work that is produced by the support staff. Specialised training could also improve the confidence of the support staff as it was lacking.

Lack of confidence

The experiences of the support staff revealed that the lack of training among support staff has been a challenge and an obstacle. This is a challenge in other parts of the world. Rae, McKenzie

& Murray (2011) state that not all staff are knowledgeable, they lack confidence, and they have insufficient training to provide education. Additionally, it was divulged that there is no follow-up training, and the support staff is not always confident in their work as they are not always equipped with the current and relevant training, and this leads to attitudes towards the work since they lack the current skills. Specialised training can be a viable solution to empower support staff to educate children with SPID. In a study similar to the current study, it was found that literature about the challenges experienced by caregivers strongly suggests that caregivers in NGOs for children with disabilities do not feel empowered. They feel disempowered as they lack the skills and knowledge to provide optimal care for their care recipients (Moosa-Tayob & Risenga, 2022). In confirmation, teachers also realise the importance of being equipped with the necessary training as they complain about training and lack of knowledge about dealing with behaviours that they perceive as difficult (Weiss, Markowetz & Kiel, 2018). Moreover, training for caregivers is needed to empower them and to improve their skills. Prinsloo (2001) says that the training and the empowerment of educators are important so that learners can be supported effectively. Generally, teachers require extensive training and staff development so that they can improve their skills and knowledge (DBE, 2001). Caregivers require specialised training so that they have the expertise to educate the children. To be able to provide specialised training, SCCs require funding. The subsequent section will address the funding for SCCs.

5.5.2 Funding for SCCs

The experiences of the staff at the SCC uncovered that the support staff was affected during COVID because there were retrenchments and there were several uncertainties. The retrenchments were not planned and happened very quickly and that put caregivers under pressure and stress because they were uncertain of their positions. Schotte & Zizzania (2021:01) substantiated this by saying that livelihoods and labour markets were affected during 2020. The COVID-19 pandemic has been devastating and has been a shock to livelihoods across the world, with the poor being highly affected. The caregivers were retrenched because of employers not being able to pay salaries because they did not receive any funding from the DBE to supplement SCCs during this time (Kamga, 2020; McKinney, 2021) and it should be added that the DBE has not provided funding to the SCCs before. The uncertainties affected their work and ethos due to the stress levels as they were anxious about the future of their employment and income. Some studies show that the pandemic has affected households in different ways when it comes to income and employment (Schotte & Zizzania, 2021). The support of caregivers is mainly dependent on funding. This is why it is critical for SCCs to be part of the education system so that many of the gaps that are experienced in SCCs can be filled.

Low staff capacity

There have been several ramifications of COVID-19 and one of them was that caregivers left the SCCs due to retrenchments and there were no replacements. The effect of COVID-19 on livelihoods resulted in a big fallout for many. Retrenchments were inevitable to the extent that political leaders had to decide to keep doors open, which businesses to close, and whom to retrench at which point (Manderson & Levine, 2020). This resulted in low staff capacity and the current support staff was faced with an extra workload. The extra workload had an impact on the children as the classes were overcrowded. The support staff was not able to give the children the individualised quality education and care that they required. Moreover, the support staff had to spread themselves and deal with all the children especially when they were alone in the classroom, and they found this to be emotionally draining. Both the overcrowding and the mental state of the support staff were a challenge since children with SPID require undivided attention and the support staff had to constantly check up on them this became a challenge with the limited number of caregivers. It should be remembered that education for SPID is based on a holistic and integrated approach that is child-centred and individualised on the child's strengths and weaknesses (DBE, 2016). With that said, individualised support was lacking during the peak of the pandemic due to SCCs being understaffed. This was a result of the inadequate support of the DBE as there were instances where the role of the DBE was not clear, particularly during the pandemic. The following section unpacks the role of the DBE in SCCs during the COVID-19 pandemic.

5.6 THE ROLE OF THE DEPARTMENT OF BASIC EDUCATION IN SCCS DURING THE COVID-19 PANDEMIC

This discussion focuses on the unclear and limited role of the DBE which was a concern for the staff. Some policies guide the departments on the RTE for CWDs and their inclusion. Concerning the DBE, access, educational plans, and accommodations are some of the aspects that the SCCs were overwhelmed with during the peak of COVID-19.

5.6.1 Policies guiding educational context

The outcomes of the semi-structured interviews show limited knowledge of the policies that guide SCCs. However, the literature does reveal that several policies highlight the RTE for children with SPID. The literature reviewed in Chapter 2 indicates that education is a right for every child. However, in South Africa, the RTE and inclusive education has not been fully achieved for CWDs and the caregivers are not supported when compared to teachers in special schools. Furthermore, the support staff are not knowledgeable of the policies that govern their work. It should be noted that the policies for education in South Africa are guided by the DBE and it is therefore important to locate where the SCCs fit within these policies. Moreover, it is imperative to understand the access and accountability of the DBE which will be addressed in the following sub-section.

5.6.2 Access and accountability of the DBE

The experiences of the staff have divulged that it was vital for them to have contact with the DBE. They require direct contact within the department so that they can receive the resources they require to educate children with SPID and have highlighted the need for them to be closer to the DBE. Moreover, the DBE was inaccessible for some of the SCCs, and they were dissatisfied with the interactions that were experienced. Children with SPID have been for several years among the group that was excluded. Their education has been neglected to the point that even recently the education minister was acknowledging that many learners with disabilities remain excluded. She stated that when accommodations are being made available for other CWDs, children with SPID stand a high chance of being severely marginalised (Ngwena & Pretorius, 2012; Kamga, 2020). The DBE is not accountable for SCCs, and this is problematic as it means that the SCCs and caregivers are excluded from the education system. Accountability can be defined as the degree to which persons are held accountable for behaviour by other stakeholders (Ehren, Paterson & Baxter, 2019). A study revealed that caregivers are receiving inadequate external support from other caregivers, government services, and professions. They believe that these stakeholders could offer support as they are in a position to provide support (Moosa-Tayob & Risenga, 2022).

In the South African education context, the state is required to exhibit systems that ensure accountability for providing every child with access to education and educational facilities to fully enjoy this right (Rapatsa & Matloga, 2014). Having SCCs as part of the education system will entail them having the same structures and, importantly, we will see the SCCs being monitored by the district for the quality of the SCC and the caregivers. Ultimately, at a much higher level, the SCCs would be accountable to the DBE; however, accountability was a challenge as it was lacking. The importance of having SCCs as part of the education system was proved to be crucial during the pandemic when educational plans were inconsistent. The following sub-section will discuss the educational plans during COVID-19.

5.6.3 Educational plans during COVID-19

COVID-19 revealed the discrimination that persists against CWDs around the world where clear accommodations were made for children in regular schools, but the governments failed at ensuring the same accommodations for the CWDs and SCCs. The significance is that, while countries like the United States of America, Ecuador, the United Kingdom of Great Britain, and Northern Ireland were initiating systems to include CWDs and caregivers, South Africa was not achieving this as there was not an overarching plan (UN, 2020). The inequalities in the education system in South Africa became evident during the peak of the COVID-19 pandemic. The lack of accommodations caused challenges for the children because the DBE did not prioritise the support and educational needs of children with SPID and this had an impact on the children (Parker, Morris & Hofmeyr, 2020). The only input from the Minister of Education was to urge those who are educating children with special needs to be in touch with the department should there be a need, but the government did not provide a detailed plan. Where measures were provided, they were limited, and they included children with certain disabilities and excluded children with physical disabilities, ID, epilepsy, and SPID. It was only after some appeals and amendments of documents that this decision was revoked (Kamga, 2020). Moreover, many NGOs and DPOs that support people with disabilities expressed their frustrations due to inadequate support between themselves and the government departments (McKinney, 2021). Each SCC had to put in place its own educational plans during the peak of the pandemic using its resources. Although there were stories of SCCs successfully achieving this, in other SCCs there were no resources to achieve this. Furthermore, there was no indication of accommodations and educational plans being put in place by the DBE for SCCs during the peak of the pandemic. The centres were excluded and any alternative plans that were made during the closures were of their own accord. McKenzie et al. (2020) highlighted that one SCC prepared activity packs to distribute to the children.

The steps which were taken to include children with SPID were inadequate and the children with SPID did not get the necessary attention from the DBE. Accommodations and support from the DBE were limited to a point where the Centre for Child Law engaged the DBE on several occasions to include learners with disabilities in the plan to return them to school during the peak of the pandemic. Furthermore, the DBE showed strong resistance to putting measures in place for CWDs, and the directives and measures were not satisfactory (Kamga, 2020). This in essence suggests that the lack of support further excludes learners with disabilities, and this widens the gap (UN, 2020). The experiences of support of the support staff in SCCs in advancing quality education in an inclusive education system strongly emphasised that the DBE did not provide support for SCCs during the pandemic.

5.7 SUMMARY

This chapter explored the findings of the current study on the experiences of support staff at SCCs in advancing quality education in an inclusive education system. The focus of the discussion was on the perceptions of the support staff on supporting children with SPID, advancing the education for children with SPID, barriers to supporting SCCs, and the role of the DBE in SCCs during the COVID-19 pandemic. This discussion was in the context of the objectives that were set out in Chapter 1. The successive chapter will be the recommendations and conclusions of the current study.

CHAPTER 6: RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

A presentation of the recommendations for the support required for staff in SCCs to realise an inclusive education system will be provided in this chapter. The main themes that will be discussed are support for children with SPID, staff support, and support for SCCs. As a result of the study and from the gathered literature there are a few recommendations that I would like to highlight. These recommendations are to ensure that the support staff is adequately supported to advance quality education and remove the barriers that are experienced by children with SPID in an inclusive education system as the study findings and the discussion also expressed that there is a need for an inclusive education that is inclusive of children with SPID.

6.2 SUPPORT FOR CHILDREN WITH SPID

There are several intellectual and adaptive functions and learners need to be supported and accommodated according to these intellectual and adaptive functions. Before this can happen, society needs to be educated on SPID. Once this is achieved, the education that can benefit children should be addressed. The ecological systems theory as a theoretical framework places the child with SPID in the centre and the child is surrounded by complex systems. Around the child, we have the local community which includes the family, caregivers, and SCCs. At the next level, we have the wider community which is the education district. To complete the circle, there is the entire social system which includes legal and educational policies (McKenzie et al., 2017). It is therefore important for the children to be supported by the family and community being educated on ID. Furthermore, children can be supported through universal education.

6.2.1 Education on SPID

There is limited knowledge about children with SPID regarding this disability in the communities. Therefore, it is recommended that there should be more education that is provided about children with SPID and disabilities. The WHO also recommends that there should be increased public awareness and understanding of disability (WHO, 2011). This should be achieved by educating the communities about SPID and this could be led by the parents with the help of the support staff. These should be continuous campaigns that run, and they should be targeted at schools and community centres. It would be beneficial for the children at the schools to be educated about SPID so that they are aware when they encounter a child with SPID. This education also has the potential to minimise the stigmatisation of children with SPID.

6.3 SUPPORT FOR SUPPORT STAFF

Support for the support staff at the SCCs is vital because they are key when it comes to educating children with SPID. Children with ID could have an inferior quality of life if their well-being is poor (Cramm & Nieboer, 2011). Added to well-being, a participatory training programme that targets support staff can offer many important benefits which include improving understanding and confidence (Zuurmond et al., 2018). The support that is required is scheduled training and recruitment of additional caregivers.

6.3.1 Scheduled training

It is recommended by the study that caregivers should receive training. The responses from the participants show that there is a need for basic and specialised training and development of the caregivers in the SCCs. The study recommends that all caregivers have basic home-based care training and receive specialised training. Furthermore, accredited training in institutions of higher learning is also recommended. This will equip the caregivers with greater knowledge of the theoretical perspectives of caring for children with SPID. Furthermore, this training will create further opportunities for them to progress to the next steps of their employment development. The study also recommends that ongoing workshops and follow-up training be provided to ensure that they are equipped with the most recent materials. This will be a checking strategy to determine whether the participants are putting the training to effective use and whether the training is sufficient.

6.3.2 Recruitment of additional caregivers

The support staff have highlighted that the lack of caregivers affected the daily activities in the classrooms. It was evident that the dearth of support from the government for CWDs hindered the inclusion of the children and this had a negative impact on the support staff. The pandemic also put the support staff under tremendous stress because the retrenchments caused uncertainties which impacted the mental health of the support staff. Therefore, the current study recommends that additional caregivers be employed as the caregivers need to have support in the classrooms so that they can provide the children with individualised care and education.

The recruitment of more caregivers will be beneficial to the children, and it will minimise the rate of unemployment in the communities even if it is by a small portion.

6.4 SUPPORTING SCCS

The support for SCCs has been an especially principal factor throughout the study because without the SCCs the children with SPID would be entirely excluded and that is why it was important to address the support the centres need to realise an inclusive education system so that every child can enjoy the RTE. The support required is the completion of the implementation of the inclusive education policy and policy development for SCCs.

6.4.1 Effective implementation of inclusive education

This study recommends the effective implementation of an inclusive education policy. Inclusive education will be the answer to several challenges that are experienced in SCCs. The Education White Paper 6 emphasises education for all, and this includes all children including children with SPID. The exclusion of children with SPID from the DBE was most felt during the COVID-19 pandemic. Achieving the goal of an inclusive education system would mean that every child would learn in an integrated system of support that does not only address disability but also the barriers to learning that stem from poverty, inequality, and other social challenges. Furthermore, with the challenges that are associated with inclusive education and the realisation thereof, there need to be extensive changes as what is written in the policy is not being put in place.

6.4.2 Strict enforcement of policy use in SCCs

The study recommends the strict enforcement of the use of policies in SCCs. The strict enforcement of policies will function as a guide and will enable the caregivers to ensure that there is no SCC that is disadvantaged because of a lack of knowledge of the policies and procedures of SCCs. Strict enforcement of policies in SCCs has the potential to assist in the rights of education for children with SPID because policies can ensure that the educational processes at SCCs are equivalent. This is a vital role that can be taken up by the government and it should be remembered that children with SPID are not in government schools but are in private settings which are subsidised by the DoH and the DBE (Kamga, 2020). The government should be putting systems in place for SCCs. The findings further revealed that the strict enforcement of the use of policies will also aid the SCCs when we find ourselves in situations like the COVID-19 pandemic as this policy will need to be amended to address pandemics.

Furthermore, it will be in these policies that the government will be able to document accommodations that are to be put in place for children with SPID. This will guarantee that the rights to education for children with SPID are furthered.

6.5 RECOMMENDATION FOR FURTHER STUDY

The study recommends additional research on centre-based caregivers. There is limited literature on the work that is done by caregivers. Literature is available on the informal caregivers, who are the parents and families, but minimal on those who are formal. It became even more difficult when seeking centre-based caregivers of children with SPID. This means that the work that the caregivers are doing is not being documented, which therefore appears as not being important. This goes back to the notion that was highlighted in Chapter 2 that the children with SPID are taking up space of more deserving children and are an economic drain.

6.6 LIMITATIONS OF THE STUDY

Below I describe the limitations that might have influenced the knowledge obtained on the support of support staff in SCCs in the advancement of quality education in an inclusive education system.

1. All the participants were female as the caregivers at the centres were all female. I would be interested to hear the perspectives and experiences of male caregivers at SCCs with an optimism that there would be similar experiences for the different genders. The effect that this had on my study was that I feared that the responses would all be the same. What became important for me as the researcher at that time was to have an open mind to the process and receive responses as they were given by the participants. Further research needs to be done to capture the experiences of the male support staff.

2. I had difficulties in getting access to the SCCs because the support staff in the institutions were not comfortable with discussing some issues. The support staff would show interest, but after reading the information sheet they would decline for me to commence with the process because the outcomes of the study would be disseminated on several platforms. This has limited the conclusions I was able to make because of the inadequate information on the experiences of support staff. I was able to overcome this to some extent because some individuals were interested in sharing their journeys with me.

3. COVID-19 had an impact on the study as some activities were not operated by the centres due to the closures of the centres. One example is that there were no formal assessments which

resulted in the children not being assessed on their progress and this resulted in them not receiving formal feedback on their progress. This meant that I could not get a holistic view of all of the activities that take place at SCCs. However, I continued with the study and did not wait until the systems were fully functional because there was a fear of losing interest from the targeted participants.

4. The sample was limited as the criteria were for support staff who had been employed at SCCs for three years and above. The in-depth data strengthened the qualitative aspects of my study, but there were instances where my study was limited. The limited sample allowed me to spend more time on each participant and I could interrogate all the data, and this limited the chances of leaving valuable information out.

6.7 CONCLUSION

The core of the current study was to investigate the experiences of the support staff who are employed in SCCs on the support they receive to advance quality education in an inclusive education system. This was achieved by investigating the access to quality education for children with SPID through the examination of barriers and support in SCCs in Cape Town, Western Cape, South Africa. Having discussed the study findings alongside the reviewed literature I conclude that, although all children have the RTE, this right has not been provided to children with SPID and several challenges have been addressed in chapters 2, 4, and 5 that are experienced by support staff and SCCs. The findings have indicated that, although there are policies that highlight the RTE, the support for staff at SCCs has been inadequate for them to provide the quality education that has been promised to the children. Furthermore, it can be concluded that access to quality inclusive education for children with SPID can be fulfilled and the support staff can be supported with effective implementation of inclusive education. There are policies and draft policies that have been discussed in the current study which have been produced by the DBE. The documents address and promise inclusion and education for children with SPID. However, there has not been an effective implementation of these promises and they remain on paper. It can also be noted that the government and education departments have not prioritised the needs of the children with SPID and, where resources have been made available, they have been inadequate. COVID-19 had an enormous impact on access to the DBE and the accommodations that the DBE made available for the CWDs. The inequalities in the education system of South Africa were severe during the pandemic the country saw the exclusion of CWDs on the increase. In response to the question that was posed in the opening, no, the education system has not been transformed for children with SPID. The outcomes of the study have led me to conclude that the education for children with SPID continues to be a challenge and the support staff in SCCs urgently require extensive support from the DBE.

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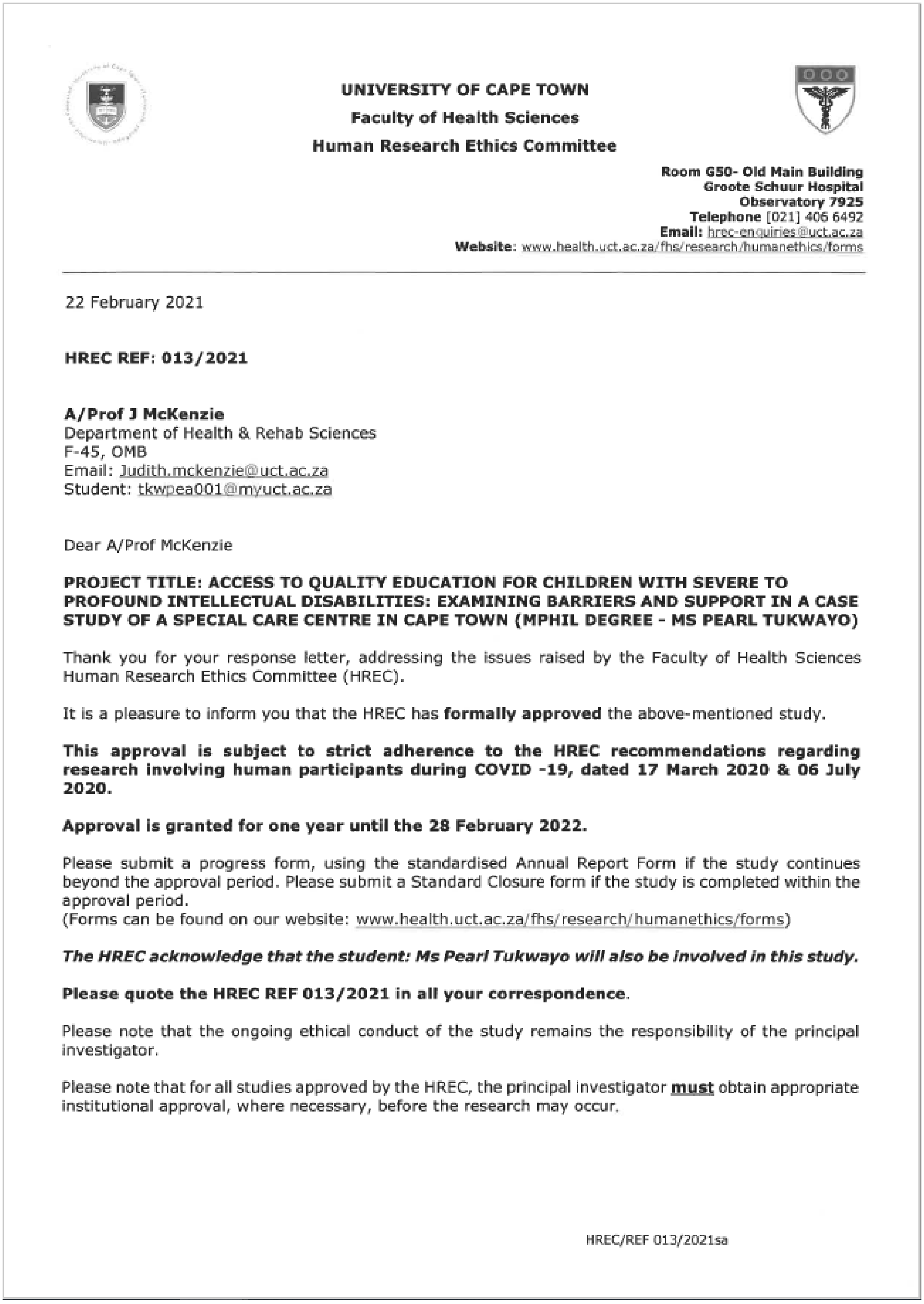
APPENDIX 1: Ethical Clearance Letter



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee

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Email: hrec-enquiries@uct.ac.za
Website: www.health.uct.ac.za/fhs/research/humanethics/forms

22 February 2021

HREC REF: 013/2021

A/Prof J McKenzie
Department of Health & Rehab Sciences
F-45, OMB
Email: Judith.mckenzie@uct.ac.za
Student: tkwpea001@myuct.ac.za

Dear A/Prof McKenzie

PROJECT TITLE: ACCESS TO QUALITY EDUCATION FOR CHILDREN WITH SEVERE TO PROFOUND INTELLECTUAL DISABILITIES: EXAMINING BARRIERS AND SUPPORT IN A CASE STUDY OF A SPECIAL CARE CENTRE IN CAPE TOWN (MPHIL DEGREE - MS PEARL TUKWAYO)

Thank you for your response letter, addressing the issues raised by the Faculty of Health Sciences Human Research Ethics Committee (HREC).

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

This approval is subject to strict adherence to the HREC recommendations regarding research involving human participants during COVID -19, dated 17 March 2020 & 06 July 2020.

Approval is granted for one year until the 28 February 2022.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.
(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

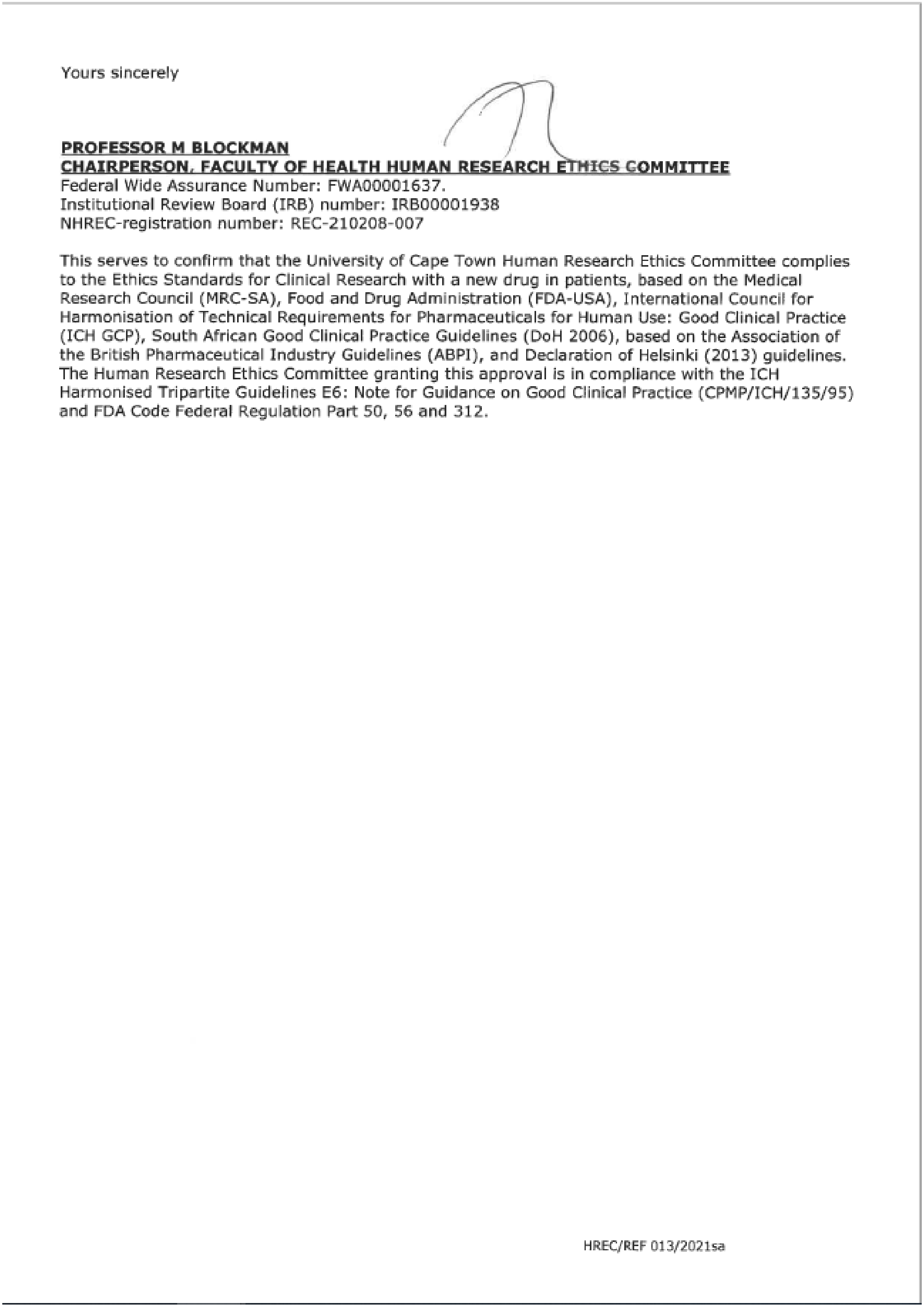
The HREC acknowledge that the student: Ms Pearl Tukwayo will also be involved in this study.

Please quote the HREC REF 013/2021 in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval, where necessary, before the research may occur.

HREC/REF 013/2021sa



Yours sincerely

PROFESSOR M BLOCKMAN
CHAIRPERSON, FACULTY OF HEALTH HUMAN RESEARCH ETHICS COMMITTEE
Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938
NHREC-registration number: REC-210208-007

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use: Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DoH 2006), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki (2013) guidelines. The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

HREC/REF 013/2021sa

APPENDIX 2: Information Sheet

Research Project Title: Access to quality education for children with severe to profound intellectual disabilities: Examining barriers and support in special care centres in Cape Town

Research Investigator: Pearl Tukwayo

I am inviting you to take part in the research project which will be conducted by myself, Pearl Tukwayo (MPhil student: TKWPEA001) of the University of Cape Town. I am inviting you to participate in the research because you have been a Caregiver/ SPID Support staff for several years and your valuable input will enrich the study.

The purpose of this research project is to investigate the support that the support staff at SCCs are currently receiving while determining the barriers and challenges to accessing quality education in an inclusive education system and exploring the viable solutions to these barriers and challenges.

The reason we have this research is because we find that SPID learners do not have access to the quality of education they should be receiving.

As a **Caregiver/ SPID Support staff** at the SCC, I understand, and I am agreeing to the following for participation:

- You volunteer to participate in the research, and you understand you will not be remunerated for participating.
- The interview will take approximately two hours and will be conducted online at a time that is convenient for you. I will be conducting the interviews in the months of July to September.
- There will be notes that I will be taking during the interview.
- The interview will be recorded so that I can refer to the recording at a later stage. You have the right to decline to be recorded.
- You have a right to not answer a question should you feel uncomfortable during the interview. You can leave the interview session without giving a reason.

- I will not address your name in any write-up to secure your confidentiality as the participant.
- It will only be me and my supervisor who will have access to the collected data. The audio recording will be kept on a flash drive in a safe place in my residence together with the written data. This will be taken as a precaution to protect you as the participant and to secure your privacy. All data will be discarded once I have completed the MPhil.
- You have a right to comment on the data before and after it has been analysed.

The **UCT FHS Human Research Ethics Committee** can be contacted on **021 406 6338** in case you have any questions regarding your rights and welfare as a participant in the study.

Thank you for your time.

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Researcher

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APPENDIX 3: Consent Form

Research Project Title: Access to quality education for children with severe to profound intellectual disabilities: Examining barriers and support in special cares centre in Cape Town

Research Investigator: Pearl Tukwayo

I am voluntarily taking part in the research project which is conducted by Pearl Tukwayo (MPhil student: TKWPEA001) of the University of Cape Town. I am aware and understand that this research project is to investigate what support SCCs require to advance the right to education for children with SPID within an inclusive education system.

As a **Caregiver/SPID Support staff member** at the SCC, I understand, and I am agreeing to the following for partaking:

- I have read and understood what is expected of me in the information sheet. I am satisfied with the answers to all my questions, and I willingly agree to participate in the study.
- I am aware that the researcher will report any deliberate abuse or neglect that they witness during the online interviews.
- The researcher has provided me with a signed copy of this consent form.

	YES	**NO**
I agree to partake in the **interview** for this research		
I agree to be **recorded during my interview** for this research		

Print Name: ____

Participant Signature: ________________________________ Date: ____________________

APPENDIX 4: Interview Schedule

Questions Caregivers

1. How long have you been working in this field, and please tell me about your journey leading to becoming a support staff?
2. Do you have specialised training?
3. Can you give me a breakdown of the level of disability and level of participation of the learners you care for at the SCCs?
4. What does an average day look like and what does the care routine involve?
5. What does a normal ratio of an educator to learners look like and what are your views on these ratios?
6. What are your views about the resources in the classrooms at SCCs?
7. Are there any challenges that you are experiencing in your role?
8. What support do SCCs need?