

A Case Study of Professional Role Transition for Occupational Therapists in Specialised Education in Post-apartheid South Africa: A critical narrative perspective

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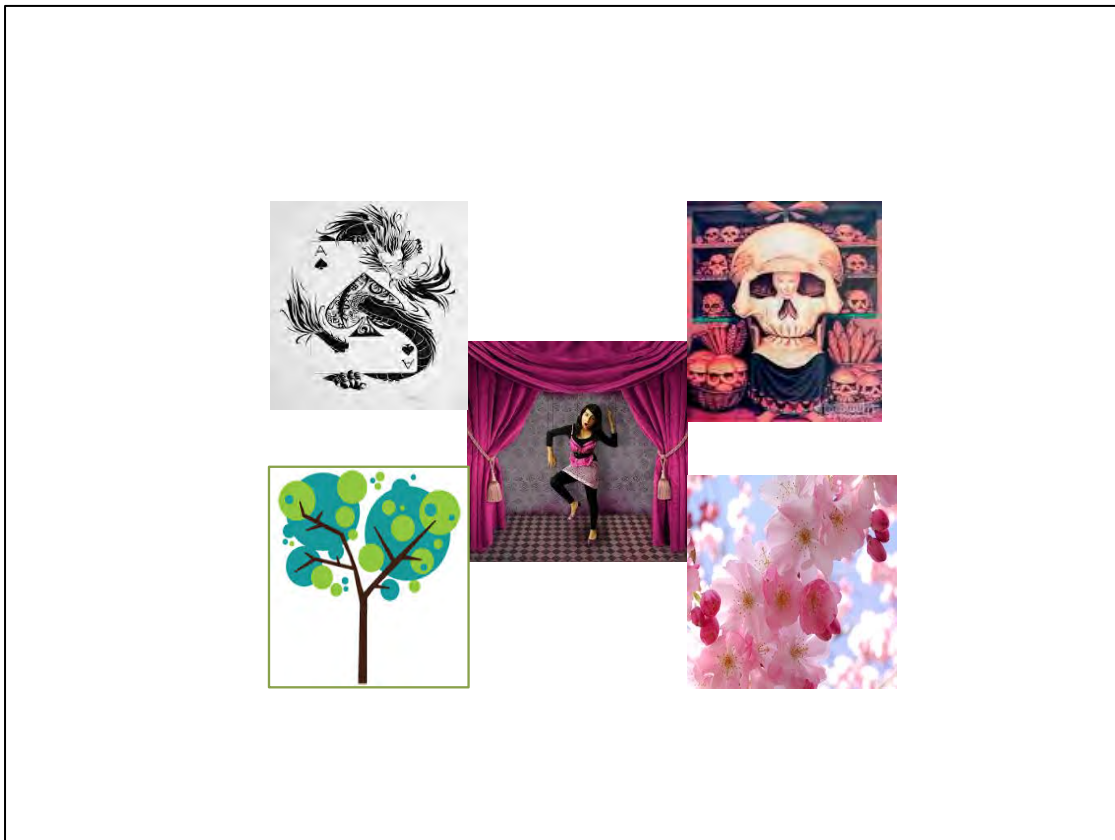
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Dedication

I dedicate this thesis to all occupational therapists working in specialised education.

“Hardships often prepare ordinary people for an extraordinary destiny” - C.S. Lewis



Acknowledgements

I would firstly like to start by thanking Allah (SWT), God Almighty, who, with all His grace and mercy, provided me with the spiritual, physical and emotional strength to survive this PhD journey.

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Abstract

Background: This study is a critical description and explanation of the situated nature of the professional role transition process experienced by occupational therapists working in specialised education in post-apartheid South Africa. The study posed the research question: How do occupational therapists experience the process of professional role transition within specialised education in the Western Cape? The study was framed conceptually within critical social theory and occupational science.

Aim: The study aimed to describe and analyse a single instrumental case of professional role transition experienced by five occupational therapists currently working at special school resource centres in two education districts in the Western Cape, South Africa

Objectives: The objectives of the study were to:

- Describe and explain the process of professional role transition as experienced by occupational therapists along a trajectory from 1994 to 2013;
- Provide insights into the occupational therapists' perceptions, thoughts, feelings and attitudes on their professional role transition experience;
- Determine whether there are any role changes present and the possible impact this might have on the role and scope and development of occupational therapy practice within specialised education; and
- Outline the influences the socio political context has on the role of occupational therapists working in special school resource centres in the Western Cape.

Methodology: A case study design was used, supported by narrative inquiry. These complementary, merged methodological frameworks allowed for a case narrative to emerge. Case study provided contextual boundedness and situatedness to the research, while narrative inquiry excavated the stories that lay the foundation for describing what this case study is a case of. Primary data collected were narratives from five occupational therapists. Stories of Enigma, Annie D, Spade, Bubbly and Blossom's experiences were crafted using fictional writing techniques. In-depth interviews with four key informants contributed to the understanding of the operational implementation of the inclusive education policy within the basic education sector. Other methods of data collection included

document analysis, participant written reflections and researcher observations. Data from the various sources and methods were all integrated into the case narrative.

Findings: A three level inductive analysis was used to generate the themes that informed the case narrative. The first level analysis was the construction of individual participant stories. The second level was a within and cross case analysis of the individual stories, content analysis of key informant interviews and researcher observations, and document analysis of archival and policy documents. At the third level of analysis, relevant theoretical constructs were drawn from in order to give language to the emergent case narrative, revealing new key terminology as part of understanding the process of professional role transition. The case of professional role transition was thus described through five themes that answered the research question: 1. Being occupied and continuously repositioning, 2. Structure: Genderised hierarchy for decision-making, 3. Professional agency: An element of structure, 4. New ways of practice: Knowledge worth knowing and 5. Disrupting the habitus and doxa of the profession. These themes highlighted the interplay between being occupied as part of everyday doing, structure, power, professional agency and socio political hegemony, providing a detailed analysis of the complexity of what the process of professional role transition looks like within specialised education in post-apartheid South Africa. The interplay between the authoritarian structure of the Western Cape Education Department, the habitus and doxa of the occupational therapy profession and the symbolic power it imposes on occupational therapists influenced how professional agency for these therapists was enacted. Anchoring, compliance and transgressive acts were three mechanisms used as a form of repositioning; indicating how the participants repositioned themselves within a constantly changing context. These professional role transgressive acts and continuously changing occupational therapy profession influenced how the occupational therapists made choices about what they knew and how to enact this knowledge, despite being occupied by hegemonic systems.

Conclusion: The study offers a description and explanation of professional role transition as a process and introduces an emerging construct in occupational science; *Professional Role Transgression* as a form of occupational consciousness. This process revealed how occupational therapists are struggling to transgress while being governed by hegemonic structures within specialised education in post-apartheid South Africa. Human occupation as a construct was central in situating the process of professional role transition, and contributed to the understanding of how the historical, social and political contextual factors influenced the occupational and professional identity of these occupational therapists. Professional agency was demonstrated through the various repositionings, and the conscious choices the occupational therapists made to enact this agency.

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Preface

This study is a critical analysis and explanation of the process of professional role transition as experienced by occupational therapists in specialised education within the context of post-apartheid South Africa. In 1998 the National Department of Education operated as a single department and it was only after 2009 that there was a split into two ministries: Basic Education and Higher Education and Training. The Ministry of Basic Education focused on primary and secondary schooling and included early childhood development centres and special schools that accommodated learners with special educational needs. I was first exposed to the transformation in the Education sector in 1998 as a third year occupational therapy student placed at a special school for practice learning. This was very soon after the Employment of Educators Act was ratified in South Africa. This first encounter brought me in close contact with the anxiety, fear and uncertainty expressed by the therapists at the school. Concerns stemmed from having to deal with the name change from occupational therapist to education therapist. I did not fully conceptualise the impact this name change had on the professional identity of those therapists at the time as I was still developing and growing my own. I was however, as an occupational therapy student then and as a qualified occupational therapist for 16 years now, troubled by this sudden sense of anxiety and what this might mean for occupational therapists and their roles in specialised education in the future.

It was in 2003 when the first phase of Inclusive Education was being implemented that the impact of this change started being felt by occupational therapists. This concern led to an honours research study conducted by final year occupational therapy students at University of Cape Town that aimed at identifying what the role of the occupational therapists in a full service school would be (Sunday et al., 2012). The findings of this study indicated there was an uncertainty about the role of occupational therapy within the specialised education sector. This uncertainty about roles was seemingly embedded within the context of important developments within the broader occupational therapy profession in South Africa. It was evident that there was something more than just an uncertainty about roles and that my curiosity was leading me to wanting to unpack what this uncertainty was all about. I knew I was entering a system that was not a neatly packaged one, so understanding the context was critical. The democratisation of South Africa in 1994 was one such contextual factor that has played a pivotal role in how the profession may need to be practiced today.

The introduction of education policies and acts that guide education reform in South Africa undoubtedly influenced the manner in which professionals working within the specialised education

sector practice and position themselves. Educational psychologists and teachers are an example of such professionals that were forced to reconsider their roles in order to respond to their clients' needs in context (Daniels, 2010; Engelbrecht, 2004)

My personal position

Looking through rose-tinted glasses: I chose occupational therapy as a profession for the same reasons my participants did. I too was professionalised in believing that when I qualify as an occupational therapist I would own the rule of my profession. This false sense of autonomy played a pivotal role in how I developed as an occupational therapist. The harsh realities hit me during my first professional exposure to the specialised education sector. It was in 2001. I was employed as the first occupational therapist at a non-governmental organisation, a residential facility for children with severe to profound multiple disabilities. The home was first opened in 1977 and only accommodated white children as a result of the Group Areas Act¹. It was only in 1994, post-apartheid that the centre started taking in children of colour. Being the first occupational therapist at the centre, I myself faced professional issues pertaining to professional dominance, race and class. Being the only full-time employed person with a university degree, I was seen as the more privileged employee. Even though I considered myself a 'black' South African, I was still faced with attitudinal barriers from the home-based caring staff who were predominantly Xhosa speaking Africans. Even though I did not enter the workplace with an authoritarian approach, I was automatically perceived as such. It was only after being employed for the first six months that I realised that the management board of the centre was male-dominated and all had some historical lineage to the opening of the centre. The management board also included parents of children who were at the centre. I did not fully understand this dynamic until I found myself having to prove my professional worth because what I was doing was never good enough for the management board. The constant battle of clarifying my role within the environment of the residential facility was an uphill struggle for two years. I recall not ever feeling competent enough to be a part of the multidisciplinary team and as an occupational therapist; my opinions and advice were not valued. The doctor who specialised in cerebral palsy was consistently comparing me to a male physiotherapist. Reflecting on this discomfort I relied heavily on the values and beliefs of the occupational therapy profession as well as my own personal values of being a young Muslim woman. Relying on my spiritual sense as an internal resource, I truly believed that I too deserved to engage in a meaningful and dignified occupation. At the same time, I also had a professional and ethical responsibility towards the children I was serving at the centre as they needed someone to lobby for them regarding access to

¹ Group Areas Act was enacted by the parliament of South Africa under the apartheid government. It assigned racial groups to different residential and business sectors in urban areas. It was promulgated in 1950 and over the years, was then repealed on 30 June 1991 by the

special schools. It was in drawing on the contextual resources, my personal resources and the resource of time that occupational consciousness happened for me. During my employ at the centre I had to ensure that my dignity as an occupational therapist was maintained and respected and my professional identity was not severed. I thought a turning point in my career would happen when I was employed in 2008 at an academic institution. I assumed that the University of Cape Town would offer more professional exposure and, in a way, cement my professional competence as an occupational therapist. What better privilege than to be imparting knowledge and contributing to moulding students as future occupational therapists? As I engaged in this research I found myself being exposed to, and at the receiving end of, authoritarian academic structures that were saying in very subtle ways that WHO you are and WHAT you can contribute as an occupational human does not matter. Are we then just subordinates in the bigger hegemonic scheme of things? It was with deep disappointment that I realised I might have been looking through rose-tinted glasses all this time. Being an occupational therapist in post-apartheid South Africa moreover, a 'black' Muslim occupational therapist was critical in defining who I was as an occupational being and who I was to become as an occupational therapist. My curiosity in wanting to know more about the hegemonies that exist in specialised education led me to asking the research question of what the process of professional role transition looks like for occupational therapists in specialised education.

Glossary

Agent

To act as an agent is the ability to exert some degree of control over the social relations in which one finds oneself and the ability to transform that social relations (Sewell Jr, 1992).

Critical perspective

Taking a critical social theory approach to understanding situations of oppression and injustice by giving rise to new possibilities, as critical work is not only how things are, but how they could and should be (Farias & Rudmann, 2014, p. 3).

Critical narrative perspective

A perspective using narrative inquiry as a means to understanding the critical social issues as they are situated within contexts (Sunday, 2016)

District-based support teams

District-based support teams are teams that will comprise of staff from provincial districts, regional and head offices and from special schools. The primary function of these district support teams will be to evaluate programmes, diagnose their effectiveness and suggest modifications. Through supporting teaching, learning and management, they will build the capacity of schools, early childhood and adult basic education and training centres, colleges and higher education institutions to recognise and address severe learning difficulties and to accommodate a range of learning needs (Department of Education, 2001, p. 29).

Doxa

Doxa is the 'common sense' behind the distinctions people make in particular fields. It is the beliefs and values that are unsaid and just done in society that guide individuals at a personal level in contexts (Bourdieu, 1990)

Education districts

Education districts are administrative and managerial units within the education system that are located closest to the schools, forming an intermediate layer between individual schools and larger components of the education system (Roberts, 2001).

Educational therapist

Any allied health therapist working in a special school who ensures that the education of learners is promoted through engaging the learners with special educational needs in therapy and in academic, educational, curricular and co-curricular activities (Rischmüller, 2008).

Habitus

“An unconscious, embodied presence of external socio-cultural structures that shape our disposition to act in a particular context” (Bourdieu, 1990; Cutchin, 2008)

Hegemony

Hegemony is the success of the dominant classes in presenting their definition of reality in such a way that is accepted by other classes as common sense (Cox 1993, p. 49).

Inclusive education

Inclusive education is the acknowledgement that all children and youth can learn through enabling education, structures, systems and learning methodologies. It is about changing attitudes, behaviour, teaching methods, curricula and environments to meet the diverse needs of all learners. It extends beyond formal schooling and includes home and community structures (Department of Education, 2001).

Institution-based support teams

The primary function of these teams will be to put in place properly coordinated learner and educator support services. These services will support the learning and teaching process by identifying and addressing learner, educator and institutional needs (Department of Education, 2001, p. 29).

Occupation

An occupation is a transaction joining a person and situation. It is a process, not at the level of the individual, but rather at the level of the situation of which the individual is a part of (Dickie, Cutchin, & Humphry, 2006, p. 91).

Occupation refers to as things people do, rather than engage in, performing, carrying out or doing an occupation. (Hocking, 2009)

Occupation as situated

“Refer(s) to the ways occupation is shaped within, contributes to the shaping of, economic, social, cultural, political and other contextual factors” (Prodinger, Rudman, & Shaw, 2013, p. 73).

Occupational choice

A mediating factor contributing to the way in which people, as agents of their own actions, navigate their occupations within social structures (Galvaan, 2014, pp. 40-41).

Occupational consciousness

An on-going awareness about the dynamics of hegemony, recognising that dominant practices are sustained through what people do everyday, with implications for personal and collective health (Ramugondo, 2015).

Occupational possibilities

The ways and types of doing that come to be viewed as ideal and possible within a specific socio historical context, and that come to be promoted and made available within that context (Rudman, 2010, p. 55).

Occupational therapy

According to the American Occupational Therapy Association (2009), occupational therapy is a profession based on the belief that the need to engage in occupation is innate and is related to survival, health, well-being and life satisfaction. Occupational therapy, therefore, is a profession whose focus is on enabling a person or a group of persons to access and participate in activities that are meaningful, purposeful and relevant to their lives, roles and sense of well being.

According to the Canadian Association of Occupational Therapists, occupational therapy is the art and science of enabling engagement in everyday living through occupation, enabling people to perform the occupations that foster health and well-being and enabling a just and inclusive society so that all people may participate to their potential in the daily occupations of life (Townsend & Polatajko, 2007, p. 380).

Occupational identity

“A composite sense of who one is and wishes to become as an occupational being generated from one’s history of occupational participation. One’s volition, habituation and experience as a lived body are all integrated into occupational identity” (Kielhofner, 2009).

Profession

Organised occupational groups with an accepted claim to legal and or social status (Adams, 2010, p. 54).

Professionalisation

“The process by which an activity or occupation becomes a profession and occurs within institutions of learning, the division of labour, the economic market, and the areas of political and social power”(Siegrist, 1990, p. 177).

Professional identity

“Refers to the occupational therapist’s concept of what it means to be and act as an occupational therapist. It represents her/his philosophy of occupational therapy”(Mackey, 2007, p. 95).

Professional role transition

A type of role transition that occurs during a socially changing context that reveals a continuous process of repositioning in direct response to a system that is often experienced as oppressive

Resource centres

Special schools that are converted with the aim of providing particular expertise and support, especially professional support in curriculum, assessment and instruction, as part of a district-based support team to full service schools (Department of Education, 2001).

Role transition

Role “transition occurs when an individual moves from one role to another ... or changes his or her orientation to a role already held”(Blake Ashforth, 2000, p. 7).

Special school resource centre

Schools that currently provide educational services to learners who require intense levels of support, but also accommodate learners who need less support and should ideally be in a mainstream school (Department of Education, 2001).

Trajectory

A psychosocial construct that implies “the adoption of a process – based, dynamic vision of the life experiences that involves social actors within continually changing contexts” (Marsico, 2012, p. 122).

Transitions

Transitions are “actions coordinated to prepare for or facilitate a change, such as from one functional level to another, from one program to another, or from one environment to another” (Association, 1998, p. 866).

Chapter One: Introduction

1.1. Outline of chapters

The following thesis is divided into eight chapters and each chapter focuses on a particular aspect within the research process. *Chapter One* serves as the introduction and contextual background to the study. The research question, aim, objectives, purpose are presented here. These help inform the reader about the research problem and the rationale for wanting to pursue this study. *Chapter Two* aimed to further rationalize the research problem and will offer a review of the literature as it relates to inclusive education, roles, and role transitions, professional and occupational identity. These concepts are further explored within research that has been done nationally and internationally. Understanding these concepts within context is critical in situating the study within post-apartheid South Africa. *Chapter Three* describes my theoretical positioning regarding a critical sense of knowing and how key theoretical insights from occupational science are linked with critical social theory. *Chapter Four* provides a rationale for why case study methodology was best suited for this study and how narrative inquiry assists in being the means of describing and explaining what the case is of. Practical research approaches regarding data collection, data analysis and scientific rigor are also discussed in this chapter. Introducing the embedded case stories that offer an explanation of how the occupational therapists experience the process of professional role transition is positioned in *Chapter Five*. A description and explanation of the case of professional role transition in terms of what it looks like is presented in *Chapter Six*. *Chapter Seven* will include a critical discussion of the process of professional role transition as it relates to positionality, professional and occupational identity and professionalisation of the occupational therapy profession revealing what the case is for. This chapter ends with a detailed description of professional role transgression as a form of occupational consciousness. The final chapter, *Chapter Eight* draws the study to a close with a conclusion, reflecting on the strengths and limitations of the study as well as providing recommendations and avenues for dissemination.

1.2. Background to the study

People choose careers for many reasons. Most select careers hoping that they will be able to navigate where their chosen profession might lead them. Those who choose to work with children as a career often view their professional role as being integral to contributing to the quality of life of a child and making a worthwhile contribution to their learning and development. Graduating occupational therapists are professionalised into believing that we own the rule of our profession

and our professional identity. Professional identity constitutes vocational role and attributes such as beliefs, motives, values and experiences that can be learnt and developed from interactions with other individuals within the context of that profession (Intergovernmental Studies Program, 2006). It also refers to “the occupational therapists concept of what it means to be and act as an occupational therapist. Professional identity represents the philosophy of occupational therapy” (Mackey, 2007, p. 95). Each profession has its own set of values and beliefs. For occupational therapy these are definitive ‘rules’ that guide who we are as occupational therapists. According to the World Federation of Occupational Therapists (WFOT), occupational therapists promote health and well being through occupation, with the primary goal of enabling people to participate in activities of everyday life (WFOT, 2012). This statement on occupational therapy describes the profession as a client centred one and as a health profession that is practised in a wide range of public, private and volunteer sectors (WFOT, 2012). The Canadian Association of Occupational Therapists (CAOT, 1997) is another example of how the association positioned themselves in defining what occupational therapists believe and value:

Occupational therapists believe that occupation gives meaning to life and develops and changes over a lifetime. Occupational therapists believe that the environment influences choice, organisation, performance and satisfaction in occupations. What is inherent in occupational therapy is that we believe that humans are occupational beings and that every person has intrinsic dignity and worth. We believe that people are social and spiritual beings and that people shape and are shaped by their environments. (P1.)

It is in holding onto these beliefs where professional relationships and professional competencies are established and nurtured, and can be influenced by the contexts in which occupational therapists live and work. For occupational therapists, this chosen profession extends beyond just an activity or task that they do, but is rather seen as an occupation. Townsend (1997) refers to occupations as representative of purpose and goals and to some degree includes elements of spirituality. Through engagement in occupations, meaning is derived resulting in personal transformation. Occupational therapists view humans as occupational beings with the belief that every person deserves to engage in meaningful and dignified occupations (Pollard, Alsop, & Kronenberg, 2005). Considering this belief within the social context of South Africa, occupational therapists are finding themselves in a process of transformation.

Historical developments stemming from the Industrial Revolution identified that individuals value occupations that are shaped by the social context in which they find themselves (Prodingler et al., 2013). It is this context of social change that sets the backdrop for this study. The philosophical

understanding of human occupation from a transactional perspective further endorses the interplay between individuals and contexts.

With the dawn of our new democracy, the context of South Africa has been experiencing a new but challenging process of transformation. In 1994, South Africa made a socio-political shift towards addressing racial and human rights inequalities (Fiske & Ladd, 2004). Along with this shift, new institutional structures came to life that aligned themselves with the country's new constitution and its emphasis on equal rights for all South African citizens. Education White Paper Six (Department of Education, 2001) is one such educational policy that alluded to a changing of roles for all therapists working in education. This change was focused on the type of service being rendered, shifting from an individual focus to a support and resource focus. This meant that how occupational therapy has been delivered in schools traditionally was no longer seen as meeting the contextual needs of the children. A support focused intervention, to some degree, pushed therapists into a space they did not really want to be in, affecting the choices they made in defining what their role should be. It is of the understanding that an occupational therapist can play a role in contributing to the occupational performance and development of a child within various contexts. It is in understanding the situatedness of the context of specialised education and how the occupational therapists of this study navigate their positions that we could answer the question of what the process of professional role transition looks like.

1.3. Research problem

This study emerged given an apparent lack of research being conducted on occupational therapists' roles within the context of specialised education in post-apartheid South Africa. This evident confusion regarding the role of occupational therapy within the basic education sector occurs in the context of important developments within the broader occupational therapy profession in South Africa. The Health Professions Council of South Africa (HPCSA), the professional board statutory council, is currently reviewing the scope of practice of occupational therapy. This process is in direct response to the fact that a current and legally binding document describing the role and scope of the profession did not exist. The Occupational Therapy and Prosthetics Board is currently discussing the role and scope of practice document for occupational therapy at the HPCSA. The democratisation of the South African state is one contextual factor that has played a pivotal role in how the profession may need to be practiced today. While the absence of a role and scope document was one reason why this study was needed, the other was seeking to understand professional role transition; and how occupational therapists manage this transition as they respond to hegemonic structures within specialised education. The continuously changing context of basic education within post-apartheid South Africa is a major contributor to understanding the complexities of professional role transition.

1.4. Rationale for the study

My rationale for wanting to do this study was focused on analysing and offering an explanation of what the process of professional role transition looks like in specialised education in post-apartheid South Africa. Literature locally and internationally all focused on professional role, transitions, and role transitions as separate constructs. The concept of professional role transition was not explored. In wanting to further theorise about professional role transition; the epistemological considerations that refer to the nature of knowledge about social change and continuous change and how this knowledge informed my reflections and thinking, particularly in post-apartheid South Africa was critical.

Strasser, Randall, and Gabriel (1981) suggested that recent theories of social change have become more generalised and have identified key attributes that make up social change. Structural determinants, processes, mechanisms and directions of social change are pertinent to consider. It is in considering the structural determinants and the political conflicts that took place prior to 1994 that paved the way to why and how South Africa was pushed to consider transformation and social change. Dr Verwoerd (Minister of Native Affairs) in May 1952 declared a number of socio-spatial laws that clearly emphasised racial division and white supremacy (Williams, 2000). It was an accumulation of these types of “racially-contrived planning frameworks” (Williams, 2000, p. 168) that left South Africa in a compromising position regarding social positions at the end of 20th century. It was because of the historical unequal development of South African society that transformation became a topic of priority in the 1990s.

Transformation is seen as the defining concept of social change in South Africa and particularly within basic and higher education sectors. The Bantu Education Act 1953 was one of the most offensive racial laws passed in South Africa. This act brought apartheid into government black schools and created a segregated education system that disadvantaged all black groups i.e. Africans, Indians and Coloureds. Bantu education operated in a way that only privileged those considered white. People of colour were denied the human, capital and educational resources that white South Africans gained and benefited from.

Taking a critical narrative perspective in understanding the various dimensions of transformation as it is situated in context will help in contextualising the process of professional role transition within the specialised education sector. It is therefore imperative to highlight the important lessons that can be learnt about how this process of professional role transition unfolds for occupational therapists as well as what this process looks like as situated within the context of post-apartheid South Africa. The notion of ‘critical’, as it applies to this study, is to re-examine the ontological assumptions, values and ethics that underpin a profession like occupational therapy. In this way the

study will offer a critical re-thinking of the role of occupational therapists in specialised education and how this professional role transition process impacts on the professionalisation of the occupational therapy profession.

1.5. Purpose

The following research question: *How do occupational therapists experience the process of professional role transition within specialised education in the Western Cape?* became pertinent to my study and informed the bigger purpose; adding a unique contribution to understanding the process of professional role transition by mapping the contextual issues that impact on occupational therapists' professional identities within the specialised education sector. It is also envisaged that the exploration of the tension within professional role transition would add to the body of knowledge in fully appreciating the role of contextual drivers in determining shifts in professional role and scope. It would also assist in determining ways of negotiating the political terrain in crafting appropriate occupational therapy identities within the specialised education system in post-apartheid South Africa.

1.6. Aim and Objectives

This study aimed to describe a single instrumental case of professional role transition as a process experienced by five occupational therapists currently working at special school /resource centres in two education districts in the Western Cape.

The objectives of the study were to:

- Describe and explain the process of professional role transition as experienced by occupational therapists along a trajectory from 1994 to 2013.
- Provide insights into the occupational therapist's perceptions, thoughts, feelings and attitudes on their professional role transition experience.
- Determine whether there is any role changes present and the possible impact this might have on the role and scope and development of occupational therapy within specialised education.
- Outline the influences the socio political context has on the role of occupational therapists working in special schools/ resource centres in the Western Cape.

When deciding on an appropriate methodology I was drawn to a qualitative research approach. This approach was informed by my curiosity in wanting to study the process of professional role transition and how the participants develop subjective meanings of their experiences. Qualitative inquiry is best suited as this mode allows for flexibility and aligns itself with the choice of case study

as a research design. My interest lies in understanding professional role transition as experienced by the participants within the context. A case study design was appropriate for this study because, as Stake, Denzin, and Lincoln (2005) describes, it not only a methodology, but a choice of what is to be studied. The case of professional role transition prioritises the experiential knowledge of the participants engaging in this process, paying close attention to the influence of the social, political, historical and economic influences from contexts, with a key emphasis on boundedness. I was aware that I was going to be engaging with more than just individuals and their experiences and that a case study design would help define the boundaries of the context and the individuals that make up the case.

Through constant reflection I came to the realisation that in order to include the participants' voices and to identify the theoretical constructs that make up what the process of professional role transition is, narrative inquiry (Clandinin & Connelly, 2000) was going to be the most appropriate method to use as a merged methodological framework. The experiences would be best told through the medium of a narrative story.

This methodology allowed me to gain a deeper understanding of the unique and fundamental elements that made up the process of professional role transition for these occupational therapists (Maple, Edwards, Plummer, & Minichiello, 2010), and provided an orientation to understanding "the story within the tellers situation, identifying not only what is said and not said, but also the way in which events were placed" (Maple et al., 2010, p. 35). The narrative of the occupational therapists that describe their experiences within this process will be presented in the form of a story. This study will be describing and explaining the process of professional role transition as the case of study.

1.7. A critical narrative perspective

Locating this study within a critical social theory (Habermas, 1971; Freire, 1972) perspective reinforces the re-conceptualisation of human beings as narrators and emancipators, which can constitute a critical moment for occupational therapists. Further positioning the study within occupational science provides a philosophical backdrop to how occupation is understood and experienced by occupational therapists within specialised education in post-apartheid South Africa. I will give an overview here for the rationale of taking a critical narrative perspective. It will be further expanded upon in Chapter Three. This world view helped me to become more critical of the interplay between the social, cultural and political dynamic that occurs between individuals and contexts (Zembylas, 2005). Critical social theory assumes and affirms that there is a relationship that exists between social systems and people, how each are produced and how this theory can

contribute to the emancipation of both the system and the individual. An awareness of the political, social and historical forces that exists within contexts demonstrates how these factors influence more than just the individual and shapes the possibilities for people to engage in occupations (Farias & Rudman, 2014). The importance of drawing on a critical perspective for this study highlights political awareness and the context as situated, ensuring that the roles of these occupational therapists are described and explained within a particular hegemonic social order.

French sociologist Pierre Bourdieu introduces the notion of power from a development and social change perspective. He states that behaviour and thinking are guided through socialised norms (Bourdieu, 1994). His term 'habitus', what he describes as "not fixed or permanent and can change under unexpected situations over a long historical period" (Navarro, 2006, p. 16), alludes to the concept of social change within a context. The process of professional role transition was not determined by structures alone, but through interplay between the habitus of the occupational therapy profession and structures within the education system since the 1994 elections. Adopting Bourdieu's view on habitus, field, capital and power further supports my objective of wanting to understand the thoughts, beliefs, values and judgements of occupational therapists. Habitus, field, capital and power constitute and shape power relations within the school and education context, but also impact on the occupational therapists' level of professional agency.

This knowledge claim gave me the lens to view the process of professional role transition from the participant's perspective, focusing on the contexts in which they work and understand the historical and political factors that are influencing the situated nature of their professional role, their professional identity and their sense of professional agency. Narrative inquiry (Clandinin & Connelly, 2000), would give a new and deeper insight into the complexity of contexts and the impact these complexities have on the individual occupational therapists within this study. I am aware that I am telling the stories of a particular group of people located in a particular geographical location that forms part of a particular profession and are engaging in a particular process. Furthermore, I do not expect that their experiences would be a reflection of all occupational therapists in other education districts. I am conscious of context as being integral in determining the shifts that describe how these occupational therapists navigate the political tensions experienced within the process of professional role transition.

1.8. Curriculum reform in the Basic Education system in South Africa

The 1994 elections in South Africa brought about fundamental changes to how the education system needed to operate. The new curriculum would serve a very different purpose as opposed to

accommodating a racially divided education system. The new purpose was to create unity and bridge the racial divide. It was at this point that academic and democratic movement leaders started discussing the re-educationalisation process to fit in with this 'new democratic state' (Nzimande, 1997). One of the main challenges experienced by the new democratic government was the rapid transformation of the school curriculum (Harley & Wedekind, 2004).

Post-apartheid transitions posed many challenges and these challenges were in direct response to the social, political and economic positions that the country inherited from the apartheid era. With democratisation came a new sense of hope, the hope for political freedom, the hope for building a democratic government that includes social equity and the hope of the development of a new economy (www.sahistory.org.za). The challenge of educational reconstruction proved to be one of the biggest challenges. The schooling system for the majority of the population was neglected, under provisioned of basic educational tools such as books and textbooks and suffered from a shortage and poor supply of teachers. The new government that came into office in 1994 aimed to address these challenges with a new transformation plan called the Reconstruction & Development Programme of which one of the goals was to "provide ten years of compulsory, free education as well as revising the curriculum, reducing class sizes, and instituting adult basic education & training programmes" (www.sahistory.org.za p2). In 2001 the government addressed the nation in wanting to highlight the progress in transformation since 1994. Their evidence of change in the education system was measured by the higher percentage of students that matriculated in 2001. They proposed that this was based on improved teaching and learning.

There is no doubt that the post-1994 transition was a political one. The new constitution was evidence of this as it emphasised equality and respect for human rights. These are two core aspects that informed the curriculumisation of education reform (Makoelle, 2014). The continuous change and reform in basic education was particularly focused on specialised education, and two examples of this change was firstly in 1997 when the Employment of Educator Act was ratified and secondly in 2001 with the introduction of the Education White Paper Six: Building an Inclusive Society.

1.9. The continuously changing South African education system

South Africa, a country that has been known for its struggle towards transformation and democracy, a country experiencing continuous change, sets the scene for this research. This study is particularly focused on the process of professional role transition within the context of specialised education in the basic education department in the Western Cape and how this sector has been experiencing continuous change over the past 20 years. The launch of the Education White Paper 6 in 2001 was one such turning point for persons with disabilities and for allied health workers responsible for its

implementation. In 1995 South Africa operated on one education system and was centred around the Education White Paper 1 on Education and Training policy framework. In 1996 the National Commission on Special Needs Education and Training (NCSNET) and the National Committee for Education Support Services (NCESS) were appointed to conduct research over a period of 12 months in order to make recommendations for a new national policy for education. There were 14 members on the Commission and ten members on the committee which consisted of parents of children with disabilities, education department officials, disability rights activists, therapists, community organisations and professors and educators working in specialised education (Daniels, 2010). It was early into this process that the commission and committee decided to merge. This merger afforded better coordination opportunities between the two committees that focused on shifting mainstream schooling to be more inclusive and on up-skilling teachers, only on developing specialised support (Daniels, 2010). The NCESS, as a result of this, regrouped in order to argue for the continuation of specialised services in the specialised education system that focused on the re conceptualisation of support as a broader concept and transforming the role of existing specialised support staff. Many support posts were lost as a result of the NSCNET/NCESS report (Nel, Lazarus, & Daniels, 2010). The strategies proposed in the final report recommended by the NSCNET and NCESS informed the conceptual framework for the National Education White Paper 6 on special needs education (Daniels, 2010). The white paper 6 was launched in Pretoria on the 26th July 2001 and was presented to the public by the late Minister of Education, Professor Kader Asmal. He referred to the South African Constitution in his launch speech, bringing to the fore disability and unfair discrimination of disability. He highlighted that during apartheid special education was not available for black children.

The National Policy Investigation into Education Support Services 2003 reported:

Historically the areas of special needs education, or specialised education, and education support services provision have reflected the general inequalities of South African society, with disadvantaged learners (the majority of learners) receiving inadequate or no provision. Specialised education and support has predominantly been provided for a small percentage of learners with disabilities within 'special' schools and classes. Most learners with disability have either fallen outside of the system or been 'mainstreamed by default'. The curriculum and education system as a whole has generally failed to respond to the diverse needs of the learner population, resulting in massive numbers of dropouts, push-outs, and failures.

Specialised education, historically known as special needs education, was introduced to South Africa via the Special Schools Act in 1948 as a medical and mental issue. This view saw children with special

educational needs as having individual problems and was dominated by medical discourses for a long time (Asmal & James, 2001). Asmal (2001) further acknowledged the long need for this White paper 6 to address the inequalities of the education system. Inclusive education is envisioned as a 20-year plan. Growth in the development of the White Paper 6 is evidence of an evolutionary, changing education system. The fundamental principle of the Education White Paper 6 on Special Needs Education is that all learners, despite their differences in language, race, ethnicity, gender, abilities and economic status are afforded the opportunity to have access to education. This policy was a response to the lack of provision of education support services for learners with special needs in South Africa. The document clearly outlines and imposes recommendations that have a huge impact on how specialised education is being delivered at schools (Department of Education, 2001). A few research studies, Stofile (2008), Struthers (2005), Donohue and Bornman (2014) and Samuels (2008) have been conducted that engage and explore the concept of inclusion, and more specifically inclusive practices, in education in South Africa. In acknowledging the efforts made by researchers locally; one cannot ignore that inclusion is a challenge internationally. Stofile (2008) explored the factors affecting the implementation of inclusive education policy. Her doctoral study used a case study approach, targeting the Eastern Cape province. One of her main findings was that the implementation of inclusive education policy was driven by the community's beliefs and values about the inclusion of learners with disabilities. At policy level, she found that the socio-economic factors that inhibit effective learning were not considered, especially in the context of the Eastern Cape. The following South African education legislative documents all play a pivotal role in contributing to how allied health therapists are enacting their role in the specialised education sector: South African Schools Act (Act 108 of 1996), National Action Plan 2014 (Government Gazette, 2010) and the Employment of Educators Act (Act 76 of 1998).

The education policies mentioned above are examples of legislative frameworks that govern education systems in South Africa and have undergone changes which impact significantly on the way therapists are providing support for learners at special schools (Struthers, 2005). As of April 1997, all health therapists' posts were transformed into educator posts. This was later ratified in 1998 by the Employment of Educators Act (Act 76 of 1998) where:

'Educator' means any person who teaches, educates or trains other persons or who provides professional educational services, including professional therapy and education psychological services, at any public school, further education and training institution, departmental office or adult basic education centre and who is appointed in a post on any educator establishment under this Act. (Definitions, s 1(v)).

The role of an education therapist is described as a therapist that ensures that the education of learners is promoted through engaging the learner with special educational needs in therapy as well as academic, educational, curricular and co-curricular activities (Rischmüller, 2008). The Western Cape Education Department (WCED) described this in a draft policy document in April 1993. Since then, the National Strategy on Screening, Identification, Assessment and Support (SIAS) was established in response to the implementation of the Education White Paper 6 (Department of Education, 2008). This document clearly defines and describes the various levels of support and the role of the district-based support team and the institution-based support team. However, no mention has been made of what an occupational therapist can contribute to the development of these two teams. A study conducted by Struthers (2005) in the Western Cape indicated that there is a need for teachers to understand how to identify barriers to learning, identify support for learners' needs and how to address these barriers to learning. It was concluded from Struthers' study (2005) that therapists i.e. occupational therapists, physiotherapists and speech-language therapists not only have a role to play in providing direct support for teachers, but also in mentoring the therapists themselves on developing their own competencies.

Woolman and Fleisch (2006) published an article in *Education and the Law* that focused on South Africa's school choices and how the school-related legislative documents, such as National Education Policy Act, South African Schools Act and Employment of Educator Act, have been contributing to how these choices are made. They also made reference to the changing South African education system, that the legislation related to where children go to school is clearly a political act. The authors make particular reference to the Employment of Educator Act as contributing to the number of learners that occupy a space in school, resulting in more fees and, in turn, more income for educators. This was discussed with specific reference to ordinary public schools. On the other hand, school governance in special schools was seen as a process that should be enabling efficient education for learners (Jonas & Cloete, 2006). The education legislation policies have definitely influenced how principals manage their schools and, according to SASA (Act 84 of 1996), their main role is "to no longer run schools single handedly but rather form a school management team" (Jonas & Cloete, 2006, p. 106). What has been noted is that ordinary schools are governed by Section 21 of SASA which makes management and governance for LSEN schools a bit more problematic to manage (Jonas & Cloete, 2006). The disjuncture between what educational policies are intended to do and how it is actually being implemented is evident from Jonas and Cloete's study.

Both Woolman and Fleisch (2006) and Jonas and Cloete (2006) studies made reference to a school management team, but did not indicate where allied health therapists are positioned in the school or management team. Matela (2007) conducted a study exploring the challenges of implementing inclusive education in a mainstream school in the Western Cape. Matela (2007) found some positive outcomes as a result of the implementation of the policy at the school. The development of a teacher support team (TST), referred to as 'an institution-based support team' as outlined in the Education White Paper 6, assisted in the more effective collaboration between learners, educators and parents. Some of the challenges noted in this study concur with the socio-economic factors identified in Stofile's, 2008 study.

The Education White Paper 6 describes that a successful implementation of the policy, "will rely on a substantive understanding of the real experiences and capabilities of our provincial systems and education and training institutions" (Department of Education, 2001, p. 20). To ensure successful implementation of the policy it is important to be cognisant that in South Africa teachers and learners in the education system need support. The Education White Paper 6 (2001) recommends levels of support with the hope that it will address collaboration needs.

The Education White Paper 6 (2001) defines various levels of support offered to full service schools and resource centres (refer to definition of terms). A research study conducted by Tau (2008) explored the collaborative role between the school-based support team and the district-based support team. The main objective of the study was to understand how these two teams assisted learners in a school in the Western Cape using a collaborative problem-solving approach. It was found that there are challenges regarding this collaboration where members of the school-based support team found they were dependent on the district-based support team in resolving problems in the classroom. This dependency then fostered a delay in response to dealing with issues that arise on a daily basis.

The implementation of a pilot project, as outlined by the Department of Education in the Western Cape, of converting 30 selected schools into full service schools was the starting point (Pillay & Terlizzi, 2009). Its aim was to fulfil the requirements of learners who display barriers to learning. A study done by Pillay and Terlizzi (2009) aptly describe this current shift in discourse from that of a medical discourse where learners' deficits are the primary focus, to a more human rights-based discourse where learners' rights to education are key. This shift was an imperative one as it foregrounds the individual as an occupational human. Non-profit organisations (NPOs) such as

Inclusive Education Western Cape, established in 1995, assist in accelerating the process of inclusive education. They were very active in engaging the NCSNET that informed the Education White Paper 6 in 2001. Woodside Special Care Centre is another NPO, a residential care facility for persons with severe to profound multiple disabilities. Their core vision is to promote social inclusion and integrate persons with severe disabilities back into the community. The above NPOs are examples of NPO involvement in the plight to create a more inclusive society. The cause for inclusion and the eradication of divides and segregation is not limited to formal schooling environments.

1.10. The emergence of occupational therapy in education

For the purpose of this thesis I will start by exploring where occupational therapy became an independent profession and end with how it is practiced in the present 21th century. In the 1800s, moral treatment and occupation was used as a focus of treatment in American hospitals, which gave rise to the use of arts and crafts to promote relaxation and productivity (Gordon, 2009).

Occupational therapy as a profession emerged from a meeting held in March 1917 by a small group of doctors, nurses, architects, social workers, secretaries and teachers of arts and crafts. They firmly believed that occupation played a fundamental role in health and healing (Gordon, 2009). In the early 1900s, the profession coined the name 'occupation work', and by 1917 the National Society for the Promotion of Occupational Therapy (NSPOT) was formed, later renamed the American Occupational Therapy Association (AOTA) (Gordon, 2009). The re-birth of moral treatment during the 20th century socially influenced how therapists were being seen in the professional team. Therapists in the early 20th century were still trying to diminish the image of the art and craft worker.

The formal beginning of occupational therapy as a profession started when injured soldiers needed to be treated after World War II (Ernest, 1972). Dr Williams encouraged occupational therapists to treat the soldiers as part of the medical team and further trained 116 women to do rehabilitation work. Therapists were needed to treat injured soldiers both physically and mentally (Gordon, 2009; Ernest, 1972). By the 1960s occupational therapy became more specialised, and included working in paediatrics and developmental disabilities.

The Education of the Handicapped Act, Public Law 94–142 was passed in America during the 1970s that emphasised the 'mainstreaming' of a child with learning disabilities (Miller & Miller, 1979). This allowed for occupational therapy to be offered at schools as a related service. This legislation also allowed for more occupational therapists to be employed with the main aim of enabling children with disabilities to participate in learning school-related activities.

Marilyn Ernest explored the changing role of the occupational therapist in the United States and Canada (Ernest, 1972). Her focus was in the general domain of occupational therapy. The core purpose of her study was to identify role development and the factors that influenced and directed role changes for occupational therapists. Her rationale for the study was quite pertinent at the time as occupational therapists were found to be grappling with the tensions of having to practice in the traditional medical model approach. Ernest (1972) found that new roles emerged and developed in direct response to government legislation and the demands of society in the United States and Canada.

1.10.1 The evolution of occupational therapy roles over the 20th Century

The role of the occupational therapist has been a discussion point in the profession since 1922. It evolved from a medically orientated therapeutic technician to what Ernest (1972) describes as 'sophisticated' roles such as clinician, educator, consultant and researcher.

In 1922 the definition of the clinician role described the occupational therapist's first concern was to arouse ambition in those who are discouraged or apathetic. Its final purpose is through the use of light handicrafts to develop patience in clients (Ernest, 1972, p. 10). During this time period a clinician worked under a physician, emphasising the 'technical' aspect regarding occupational therapists' role as technicians.

In 1940 the physically disabled and mentally disabled received treatment that included basket weaving, papier-mâché and rug making. It was in the 1940s that the occupational therapists' role changed to record keeper, vocational counsellor and placement officer.

In 1950 it was felt that occupational therapists can do more than just weaving and basket making and that therapists should start considering the environment to improve mental health patients.

In 1960 there were several attempts to define the therapists' role. In this attempt, confusion was further exacerbated. Jones (1960) indicated that the therapists' role is no longer seen as a technician but also having the ability to use her personal and manual skills to help treat physical patients. In the 1940s, 50s and 60s the occupational therapy role became more unclear as the clinician was expected to do administration, supervision, assessment, rehabilitation and environmental changes (Ernest, 1972; Johnson & Smith, 1966; Gordon, 1970). Ernest describes the confusion over the role and scope of occupational therapy as being multifaceted and has contributed to the confusion about occupational therapists' role today. Finlay (2005) and Mackey (2007) concur that the diversity of how occupational therapy is practiced is a contributing factor to why there is a sense of confusion about the nature of occupational therapy. New ways of practice allude to a new sense of

professional identity that further exacerbates why occupational therapists struggle in identifying what their roles are in any given context.

In early 1970s there were several attempts to eradicate the confusion by a few contemporary occupational therapists. The changing role of occupational therapy was considered as a medical versus social model of practice and authors such as Gordon (1970) and Reilly (1970) pushed that occupational therapists' main concern was not about treating pathology, but rather concerned with health.

Ernest (1972) described seven considerations, one of which is concerned with the image of both the occupational therapist and the profession of occupational therapy. She indicated that from the 1960s therapists were having to contend with the 'damage' images that were created, resulting in therapists feeling frustrated in not having used their skills and training to the fullest. This frustration was a direct result of therapists being positioned within institutions that hold structural power.

It was when entering the 21st century that constructs such as social transformation; meaningful occupations and the occupation-based approach became the language in which occupational therapists communicated the best. Frank and Zemke (2009) proposed a social transformation model of occupational therapy that highlighted the professions shift to be considering occupational therapy as a political act and social transformation. The model describes four fundamental principles that would inform how occupational therapists are viewed and seen within a multi disciplinary team. These four principles are: Social environments shape occupational choices, Individual change and social transformation is transactional, the direction and magnitude of effects must be evaluated and social transformation requires active collaborations and networks. In considering the above model, Frank and Zemke (2009) aptly state that, "in the 21st century, occupational therapy is poised to work toward solutions to problems of living posed by the social and economic conditions of our time" (p. 132).

Bearing that in mind, the profession is faced with a very similar issue in specialised education as experienced by occupational therapists in response to the implementation of South African education legislation. It will also be of importance to consider how these documents shape their professional role and identities within the context of social change.

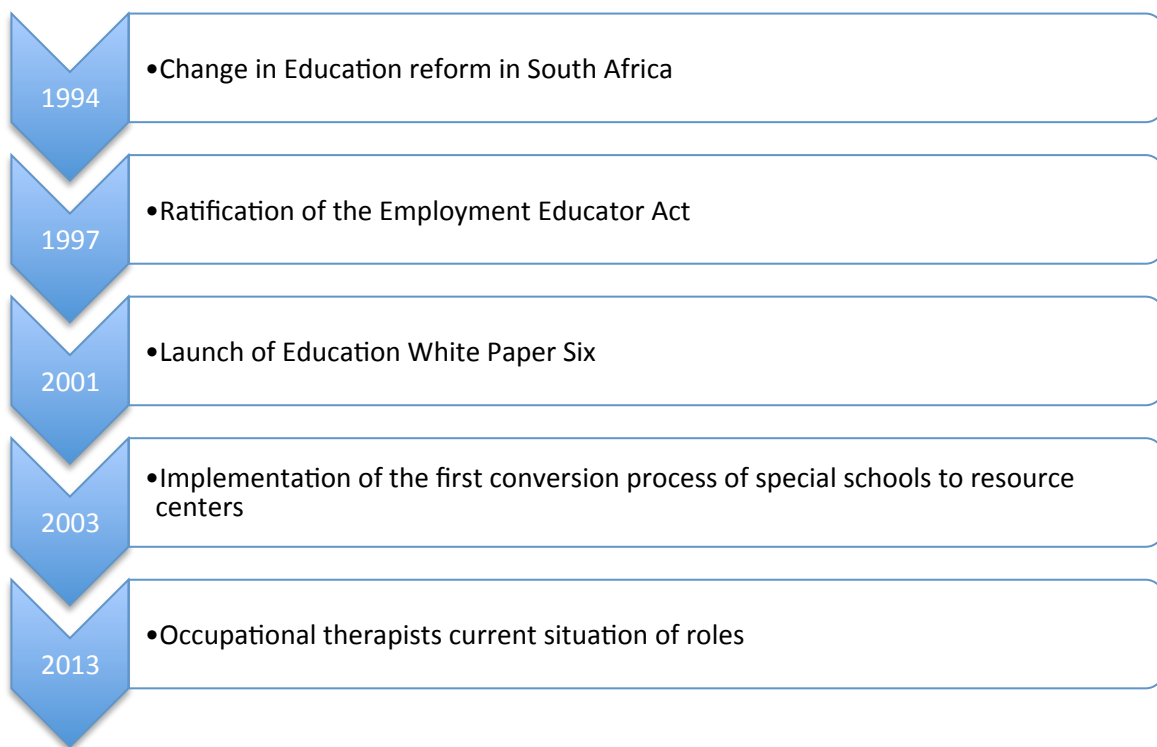


Figure 1 Tracking contextual changes from 1994 to 2013

My intention for the study was to analyse how the changes in professional role transition for these occupational therapists were shaped by context, tracking back from 1994 (the change in education reform in South Africa) to 1997 (ratification of Employment Educator Act and the implementation of the name change from occupational therapists to educational therapists) to 2001 (the launch of the Education White Paper Six) to 2003 (the start of the conversion process of special schools to resource centres) and finally to 2013 (the current situation on roles and professional identities and how these therapists see their roles emerging and changing). It was also important for me to reflect on these changes as they were not only affecting the occupational therapists but everyone that had a direct or indirect involvement in the specialised education sector, including physiotherapists, speech-language therapists, educational psychologists, teachers/ educators as well as key people at WCED who had to show evidence of a working system. At the same time this tracking process will offer an explanation to how the occupational therapy profession is being professionalized in response to these key critical events during this time period.

1.11. Organisational structure of Western Cape Education Department

The Western Cape Education Department (WCED) is responsible for ensuring that public schooling from Grade 1 – Grade 12 is meeting the objectives set out by national and provincial educational policies. It is a hierarchical structure that includes several departments. One such department, that my research focuses on, is the specialised educational support sector. The purpose of this education

directorate is to plan, manage, and co ordinate specialised education support services and inclusive education (wced. gov.za). The organisational structure in Figure 2 is an excerpt of the larger organogram that constitutes the WCED. The structure zooms in on the Institution development and coordination branch with a specific focus on the education districts in the Western Cape.

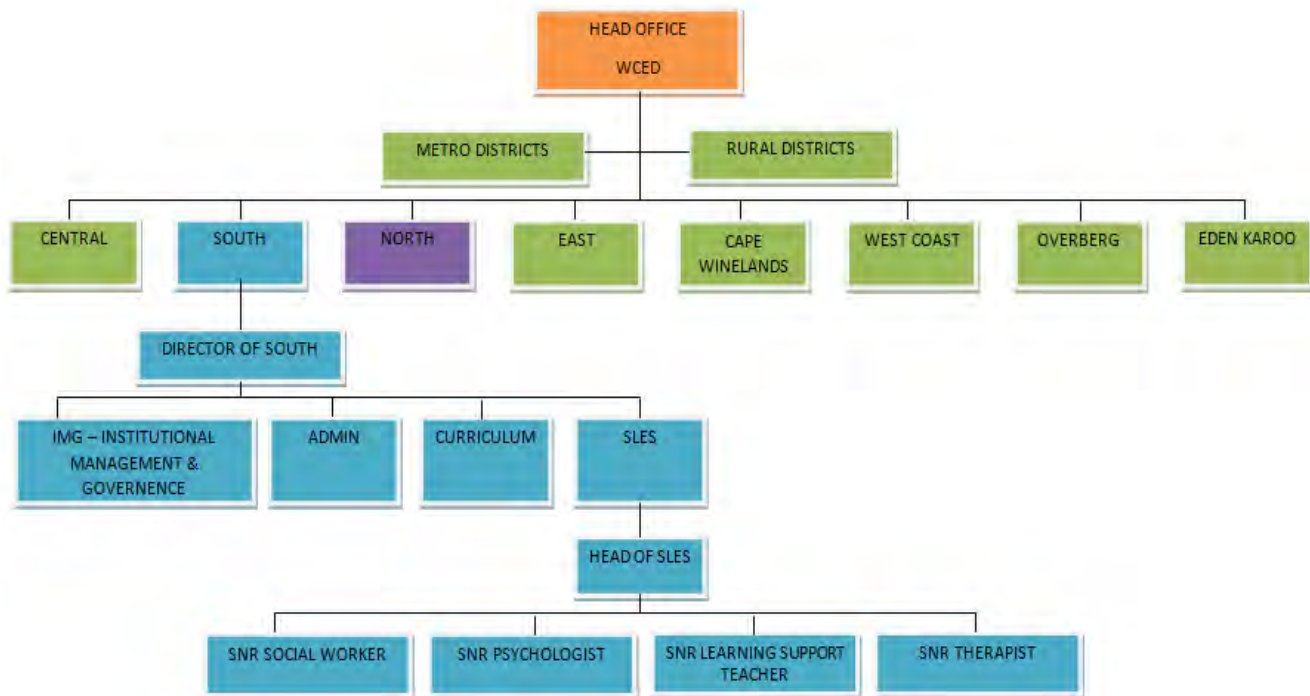


Figure 2 Organogram of the Western Cape Education Department: Specialised Education Sector

1.11.1. The education districts

The Western Cape currently consists of eight education districts: (1) Metro Central Education District; (2) Metro East Education District; (3) Metro North Education District; (4) Metro South Education District; (5) Cape Winelands Education District; (6) Eden & Central Karoo Education District; (7) Overberg Education District and (8) West Coast Education District (WCED, 2011). The districts are bounded by local government and are in line with national policy. The WCED in 2006/2007 established these eight education districts in order to ensure an integrated approach of service delivery to schools. There are four rural districts that are bounded by the municipality and four urban districts that are determined by city wards. The boundaries allow for an equal distribution of schools and resources across the districts (WCED, 2011). The Education Districts included in this study were determined by the recommendations made through key informants and will be later referred to as Education District A and Education District B.

Map of Education Districts in the Western Cape

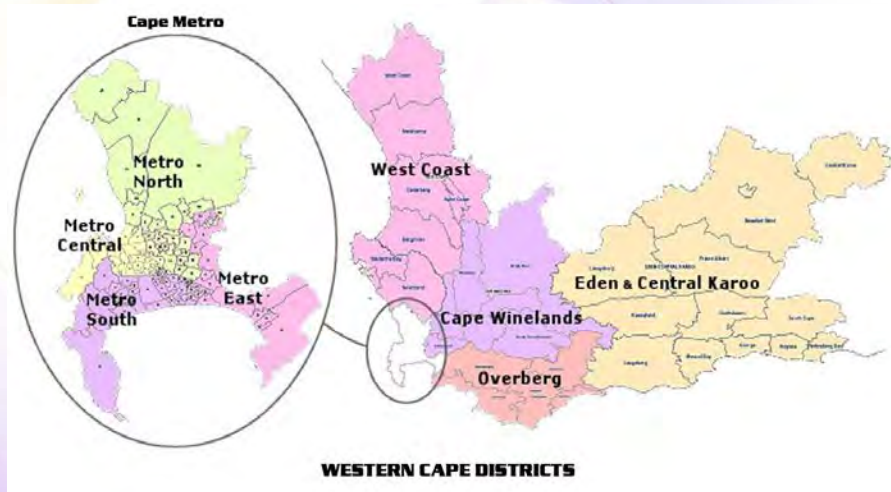


Figure 3 Map of the Education Districts in the Western Cape Source: www.wced.pgwc.gov.za

1.12. Conclusion

Chapter one provided a detailed background to the study and served to contextualise occupational therapists within specialised education.

Chapter Two: Literature Review

This chapter will provide insight into what research has been done nationally and internationally on professional roles, role transition, specialised education and human occupation as it relates to roles. The review will also aim to further rationalize the research problem through understanding the concept of professional role transition as it is written about in international literature and provide a framework for relating these findings to what has been done in the field of occupational therapy. Literature sources will be drawn from local and international writings within the disciplinary fields of teaching, nursing, psychology and social science. The steps followed to conduct the literature review were as follows: 1) Formulation of the research problem, 2) Collection of literature via scholarly peer reviewed journals, books, internet sources and e-books, 3) The literature sources were then evaluated regarding their focus, methods, outcomes and relevance to the focus of this study. The details gained from this initial evaluation were then analysed and interpreted to further rationalize the problem, identifying any significant gaps that would emphasise the need for the proposed study. Studies have been conducted amongst nurses and teachers about their roles in specialised education and it is therefore imperative that this literature review highlights literature sources that can offer an explanation to understanding the situated nature of occupation and professional role transition for occupational therapists. The literature themes will start with reviewing literature sources on the contextually situated nature of occupation, the relationship between occupation and identity, role transition, role theory and human occupation as situated. Further literature was reviewed as it related to gender positioning and inclusive education as a social and political issue. This chapter will conclude with a visual depiction of how the literature themes have synthesised to highlight the importance for further theorisation of professional role transition.

2. 1. Contextually situated nature of occupation

This study is situated within the context of social change in post-apartheid South Africa and can provide an answer to how the occupational therapists are being “occupied” by hegemonic systems. Ramugondo and Kronenberg (2013) aptly describe one of the elements of human occupation construct as being “we are occupied” (p. 3). The authors explain how people are occupied in terms of their personal capacities, their time and their energy and that when people do things in context, usually what is done by them is actually being done to them. It is based on the notion that “human subjects are produced by the occupations they engage in” (Ramugondo & Kronenberg, 2013, p. 3).

In unpacking the underlying premise of ‘being occupied’ lies the notion of intentionality. Intentionality is a philosophical concept that alludes to a type of power of the mind to represent and

stand for particular state of affairs (Stanford Encyclopaedia of Philosophy, 2014). Intentionality is also understood from an occupational science perspective as the shared vision that a particular system or organisation holds, which individuals within can internalize. Exploring Intentionality of the occupational therapy profession can bring to light how human occupation, identity, policies and social structures influence and relate to each other (Hocking, 2009); (Ramugondo and Kronenberg (2013).

The situated nature of occupation has been written about and been referenced by many authors that write about human occupation from an occupational science perspective. The likes of Prodingler et al. (2013) and Galvaan (2014) describe the situatedness of occupation as deeply embedded within the social contexts in which individuals live and work. Understanding the situated nature of professional role transition and occupational therapy as the occupation of occupational therapists can bring new meaning to how occupational therapists are navigating the tensions experienced within specialised education.

2.2. The relationship between occupation and identity

2.2.1. Professional identity

Values and beliefs, as outlined by the WFOT and the CAOT as described in chapter one, are critical to defining who and what an occupational therapist is and needs to do. But a professional identity goes beyond just who an occupational therapist is and what an occupational therapist needs to do. It is about the knowledge, values, attitudes, beliefs, skills and professional self concept (Ibarra, 1999; Schein, 1978) that encompasses a particular profession like occupational therapy and gives a practitioner the confidence and the competence to say, “This is who I am as an occupational therapist” and “this is what I can contribute to the world” (Winslade, 2002, p. 33). Scanlon (2011) sees professional identity as a process of becoming as identities are crafted and changed in accordance to the professional context they find themselves in. The professional identity that is assumed by occupational therapists depends on the rules and ideas within a particular culture in relation to a historical and social context (Mackey 2007). It is seen as on-going negotiation of self where individual’s identity is contextually grounded by the specific beliefs, values, attitudes and skills that are expected of the professional. However, developing a professional identity does not only require an occupational identity as an occupational therapist, but also a collective identity of what the occupational therapy profession should be (Cerulo, 1997). Cerulo (1997) cited in Scanlon 2011 also describes a collective identity as a social artefact that is mobilised in accordance with centres of power and believes that individuals experiment with professional identities as temporary solutions

in order to “bridge the gap between current capacities and self conceptualisation” (Scanlon, 2011, p. 16).

Mackey (2007) reflected on these questions and advised that the question is not, “What is the professional identity of occupational therapists? But rather, “How is that professional identity created?” (p. 98). In answering that question Mackey (2007) states that occupational therapists need to reflect on who they are in relation to the type of practice they do, what conditions they are practicing under and how these working conditions influence how they engage in their daily work. In creating a reflexive occupational therapy identity one would need to allow oneself to be shaped by the experiences of the ‘other’, which would allow space for professional identity to develop and be created, moving beyond the restrictions of what is familiar or privileged. This results in a more complex professional identity (Mackey 2007).

In this formation of professional identity I am aware that in order to reach self conceptualisation as occupational therapists in this changing education system an understanding of how occupational identity impacts on occupational therapists as occupational beings needs to be considered. How professional identity develops is shaped by the professional roles an individual engages in. Professional roles are enacted in context where these roles are seen as prestigious and as a privilege (Slay & Smith, 2011). A professional role would provide the role holder, in this case the occupational therapists, a sense of autonomy over how to enact this role within the context of a special school/resource centre. Along with this autonomy comes a sense of professional self, which is developed as the individual engages with the demands of the social context. The relationship between professional identity and professional role has not been sufficiently addressed in the literature as it relates to occupational therapy, but rather simply elements such as stigma, race, gender and sexuality. These elements were found to be very influential in constructing professional identities (Pratt, Rockmann, & Kaufmann, 2006) (Sakellariou & Pollard, 2013). I will now discuss occupational identity as it relates to occupational therapists.

2.2.2. Occupational Identity

Occupational identity is a construct that was developed in order to understand the relationship between occupation and identity (Hout & Laliberte- Rudman, 2010). Occupational identity is defined as “a composite of one’s occupation over time and is adaptive to cultural narratives about what is expected of people within a particular social grouping” (Unruh, 2004, p. 292). An occupational identity is a sense of who one is and who one wants to become drawing on past experiences as an occupational being (Kielhofner, 2002). The main premise of occupational identity is that if an individual engages in meaningful occupations it will impact positively on one’s occupational identity.

This construct is also shaped by the context that individuals work in. Occupational identity will give greater insights into understanding not only the professional identity of a group of occupational therapists, but also unpack the impact that structures have on their occupational identity and the meaning and purpose they ascribe to their profession as occupational beings. CAOT's (2013) position statement outlines why it is important for occupational therapists to retain their professional title: "Retention of the occupational therapist title throughout the career span, regardless of practice setting, job title or nature of practice, is a professional privilege and responsibility to promote recognition and accountability of the work of occupational therapists." (p. 1). It is in holding on to this professional privilege that the occupational therapists in specialised education in the Western Cape have to navigate the tensions and protect their occupational identity through the process of professional role transition.

2.3. Role transition

At the onset of this research I sought to explore the process of role transition. Role transition is a construct that is heavily embedded and researched within anthropology, sociology and psychology. It is defined as movement between roles, such as disengagement from one role and an engagement into another (Blake Ashforth, Kreiner, & Fugate, 2000). However, to simplify the process as above does not fully demonstrate the complexities that transpire during it. Nicholson and West (1989) identify that people are always in a state of becoming through movement between various roles. Along with this movement their attached identities and relationships with the role change.

There are two sociological perspectives on roles, one a structural-functionalist and the other a symbolic-interactionist. Ebaugh (1988) describes a structuralist view on roles as a set of "behavioural expectations associated with given positions in a social structure and view roles as functional *for the* social system"(Ebaugh, 1988, p. 18). Ashforth (2001) further goes on to describe role transition as including psychological and physical shifts within an organisation or movement between jobs. He draws on the symbolic interactionist perspective where roles are seen as and "emergent and negotiated understanding between individuals and the organizations" (Ashforth, 2001, p. 4). Role transition within the same profession, or as it relates to professional identity, has not been well articulated in literature. For social theorists such as Ashforth, role transitions are mere movements from one position to another. Professional role transition as the focus of this study will be expanding on the notion of role transition as it is experienced within a profession. Literature searches conducted on role transitions within professions were densely situated within the nursing

profession. Limited research has been conducted in understanding role transition as it relates to the professional experiencing the change.

A study conducted by (Blake Ashforth et al., 2000, p. 472) asked the following key question: How do individuals engage in daily role transitions as part of their organisational life? In an attempt to answer this question they explored the everyday role transitions that involved home and work, with specific reference to the process of transitions. 'Boundary-crossing' was a fundamental construct that they highlighted, seen as essential when one exits and enters new roles.

Pillay and Terlizzi (2009) used a case study approach to understand the experiences of a learner with learning difficulties with a particular focus on the transition from a mainstream school to a school for learners with special educational needs (LSEN). They made reference to the Education White Paper 6 as well as Bronfenbrenner's ecosystemic model as theoretical constructs that informed their thinking. They conclude with findings arguing that with South Africa's current socio-economic context, the implementation of Education White Paper 6 will be quite challenging. Pillay and Terlizzi's article further confirms the importance of context and its influence on individuals and communities that have to respond to these contextual demands.

2.3.1. Role transition theory

A research study conducted by Holt (2008) entitled "Role transition in primary care settings" centred on developing a theory of role transition. The study aimed to gain an understanding of role transition as experienced by eleven nurses within three district nurse centres. A theory of role transition was proposed, and is envisaged to be applicable for primary care professionals (Holt, 2008). Holt proposed a model that describes the 'who', 'what', 'where' and 'how' of role transition through four concepts: centring identities, focusing roles, enacting roles and shaping roles. Holt's theory emphasises an integrated approach where, despite the concepts being listed in a particular order, it is not a static process. This theory proposes that practice can be enhanced through:

- Recognising the identity of the person going through the role transition,
- Evaluating his / her potential variance in the transition,
- Supporting the individual in focusing the role,
- Managing the shaping of the role and
- Ensuring a positive environment in order to enact the role.

The above role transition theory could possibly offer an explanation to occupational therapists about their progression through role transition when a change in role occurs. And, integrating the above

concepts could assist in understanding how to manage the process. However, I do note that I do not want to confirm the model proposed by Holt (2008) in this study, but rather to hold lightly onto the four concepts in order to contribute to the understanding the process of role transition for occupational therapists.

2.3.2. Role theory and occupational therapy

Role theory is quite firmly embedded in sociology with a particular focus on the dynamic of change (George, 1993). Linton (1936, cited in George, 1993) originally introduced the elements of role theory, defining 'status' as a position that formed part of a social structure and 'role' as behaviour resulting from that status. As the concept evolved, role theorists such as Biddle (1986) introduced role allocation as a process that included a role entry and role exit. Ashforth (2001, p. 478) later concurred by stating that role transition is a process that includes "unfreezing – movement – refreezing". Kielhofner (1995) discussed the concept of internalised roles, perceiving occupational behaviour to be influenced by social systems.

Role theory is drawn from various models that describe occupation differently. The person environment occupation performance model defines roles as "as positions in society having expected responsibilities and privileges and forms a nucleus of social interaction" (Christiansen & Baum, 1997, p. 56). Kielhofner (2009), in his model of human occupation, described that human beings behave and act in particular ways that are associated with a social identity or status. How we enact who we are is embedded within the social and political roles we assume. Kielhofner (2008) states that roles influence how we engage with others and places importance on enacting this role status. A role is defined as the sum of a total of cultural patterns associated with a particular position; the attitudes, values and behaviours ascribed by society to any person as occupants of that position. It is of a "patterned activity" that an individual has to engage in in order to validate his eligibility for the position (Ernest, 1972). Linking to Kielhofner's descriptor of role, he does not see role as separate to the habits individuals engage in, alluding to a patterned way of doing. The occupation performance model (Chapparo & Ranke, 1986) goes further to define occupational roles as patterns of occupational behaviour that include productivity, leisure and self-maintenance. The authors claim that all these themes described above place the role outside of the person as "something the person does or enacts" (Phillips, Kelk, & Fitzgerald, 2007, p. 163).

The models described here also give a perspective of human occupation from a functional perspective and some from an occupational therapy perspective, providing a basis for how intervention should be practiced. Kielhofner (1995) acknowledged the work of Katz and Kahn (1966) on role theory, emphasising that a person acquires and learns new roles and thus internalises them.

The concerns pertinent to occupational therapists would essentially be how these internalised roles influence an individual's patterned occupational behaviour (Kielhofner, 1995). Kielhofner (1995) describes, as part of his Model of human occupation, that roles provide a sense of purpose and meaning to occupational behaviour resulting in structure and regularity. Kielhofner (1995) aptly states that: "every role represents a collection of occupational behaviours ... once we have internalised the role expectations for occupational performance that accompany it, the role script helps orchestrate the various occupations we perform in that role" (p. 75).

Very limited literature was found that supported both the concepts of role theory and role theory in occupational therapy. However, a study located within occupational science was found. Jackson (1998) wrote a two-part article critiquing whether role theory has a place in occupational science and occupational therapy. Jackson (1998) concludes that role theory does pose some limitations, such as an unclear explanation of the social process and a very static view of human occupation, which therefore challenges the usefulness of this theory in occupational therapy. Jackson (1998) claims that this theory has limitations when explaining how an individual can resist social pressures. As Ashforth describes roles as a freezing and an unfreezing process, Rubin (1984) describes occupations as an individual entering a role. In her study on maternal roles in 1984, she concluded that the outcome is more than just a sentimental attachment and is more than just a stepping in and out of a role.

2.4. Human occupation: the relationship to roles and identities

Various studies located within occupational science were found to understand how the study of human occupation relates to roles and identities. The following articles that will be discussed below all take a transactional approach to understanding the human as an occupational being.

A qualitative study was done using narrative inquiry and a multiple case study of four Viennese women. The study reveals their narrative stories have on their illness and revealed a subjective experience of aging in relation to occupation and their identity. The aging women felt that they were not sick or ill, despite their difficulties with chronic diseases and mobility issues. This perception was created by engaging in a meaningful occupation that resulted in a positive identity of self. The study's main finding was that the women engaged in occupations in order to maintain their identity. The role of occupation, and where it is situated, played a critical role in understanding how occupation in ageing was experienced by these women. This further endorses the power of context and its influence on occupation.

Another study done by Gupta and Sullivan (2013) on immigrant women considered that the central role of occupation is in the doing, being and belonging. They explored the immigrant process and the adaptive strategies immigrants take on to cope in a new context. Women in particular faced varying forms of isolation and challenges in balancing traditional gender roles to the expectations of the new environment. This study was a qualitative descriptive study that used grounded theory as the analytical tool. It explored the occupational transitions of women and how these transitions are experienced in the United States. A total of 13 women were recruited from an English learning centre. Findings of the study revealed that immigration disrupts the day-to-day occupations and poses many challenges with coping with the demands of a different context. The findings also revealed that engagement in occupations helped these women ease the pain of being separated from their homes. Gupta and Sullivan (2013) also highlighted that, due to how land was distributed in the United States, the immigrants found themselves positioned in spaces that were far from jobs and they were restricted to exploring job opportunities that were close to the railway line as they had no cars to drive. These all limited the occupational choices the women had. The study concluded that the spatial, temporal, social and cultural context within the United States can present with varying constraints on the occupations that the women can engage in and opportunities that are available to them (Gupta & Sullivan, 2013).

Phillips et al. (2007) presented an article that focused on the interactions between the self and the process of occupation. They based their arguments on the questioning of the validity of the use of role theory in occupational science. Rather, the authors proposed agency as being a critical element. Understanding the relationship between the doer of occupations and the doer as part of occupation gives a fresh perspective. This study proposed to answer: 'What is the self?' The authors concluded that a tentative theory that necessitates the self to share and acknowledge aging in the construction of identities. In the light of the challenges identified by the Phillips et al. study, how occupational therapists navigate the tensions experienced during the process of professional role transition would offer an explanation to what the self is in relation to professional identity.

In Lala and Kinsella's (2011) study on phenomenology and human occupation they proposed that a phenomenological perspective is one way of researching the elements and experiences of individuals as occupational humans. They consider two aspects to be of greatest importance "human consciousness as intentional" and "human existence as situated" (p200). Understanding these two positions within a life world that is constantly changing becomes critical in adding to the body of knowledge on the study of human occupation. Intentionality of consciousness as described by Lala and Kinsella (2011) is an element that has been derived from the philosophical writings of Husserl.

Intentionality is about how individuals know what they know and is not limited to the individuals' minds, and therefore emphasises the connection between the "knower and the known" (p. 200).

The above studies gave an overview of how occupation is used in meaningful ways and, depending on where they were situated, individuals will respond to the contexts they find themselves in.

2.5. Professional role transition

In the search for research studies done on professional role transition it was found that the term was used not indicative of a process, but rather as individuals experiencing a role change from one position to another. The individual words "professional", "role", and "transition" were all written about as separate constructs and how either a professional role or a role transition within an organisation or profession impacts on nurses, teachers or psychologists. Marsico (2012) and Zittoun (2006) both believe that people do not live in fixed contexts and that at different points in their lives they experience 'discontinuities'. Therefore, in their professional lives people would experience transitions. She further considered psychosocial transition dynamics as one of the current constructs being studied within social development. Zittoun (2006) and Perret-Clermont (2002) are authors that concur with Marsico, highlighting the fundamental belief that a transition includes social and cultural shifting that is "accompanied by the challenging, reworking or abandoning of previously valid identities, routines and representations of reality" (Marsico, 2012, p. 122). This shifting can also be considered as a lens through which to view change in professional practices in context and the negotiation of that individuals' professional identity (Marsico, 2012; Zittoun, 2006). The purpose of Marsico's paper was to bring to light the dynamics of change that affect contexts and the identity of individuals within that context. It was situated in Italy and looked specifically at teachers' response to their changing educational environments and the impact on their professional identity.

Finlay (2000), in her qualitative study with occupational therapists, discovered that occupational therapists, despite being committed to person centred practice; are still confused about their professional identity. These were occupational therapists working with spinal cord injury clients within a hospital setting in the United Kingdom.

Samuel's (1998) study that focused on teachers and student teacher trainees' preparedness and response to educational policies in post-apartheid South Africa provides some critical thought on how teachers respond to their changing environments. Pellatt's (2007) findings, on the other hand, looked at the perceptions of doctors, patients and therapists professional role in stroke rehabilitation. She found that there was some congruence in understanding each other's roles, but also highlighted that the occupational therapists were not respected and valued in the medical

team. This was clearly described by one of her participants who was an occupational therapist working in a hospital setting.

The above studies on role transitions all alluded to a form of change that was responsive to changing environments.

2.6. Relationship between habitus, context and the environment

French sociologist Pierre Bourdieu is one theorist that understood power as being “embodied and socially constituted” (Cronin, 1996, p. 56) and constantly re-enforced through the interplay of agency and structure. Bourdieu (1996) describes his theory of practice as the interaction between the habitus, the symbolically structured and socially mediated dominations, and the social fields that are created by the socially mediated dominations. Bourdieu’s approach was used to analyse power. He approached power within a context where development and social change occurs. Power, a word that can ascribe to meaning competency, potentiality, dynamism and virtue, is an issue that cannot be ignored within the context of social change. I do acknowledge that I am entering a playing field where issues related to power are quite complex. The construct of power can have many meanings and, for my study, power is socially constructed and relates to the positions that the occupational therapists occupy within the context. There were many literature sources that spoke to issues of power and all view power very differently (Foucault, 1996; Bourdieu, 1996). Bourdieu’s first concept in analysing power is habitus, “an unconscious, embodied presence of external socio-cultural structures that shape our disposition to act in a particular context” (Cutchin, 2008, Bourdieu, 1990, p. 160). Habitus is developed through social processes that are transferable from one context to the next, implying that it changes over time. Habitus is “the way society becomes deposited in the form of lasting dispositions, to think, feel and act in determinant ways which then guide them” (Wacquant, 2005, p. 316).

Capital is the second concept that Bourdieu (1996) uses to analyse power. He understood power as transmitted not only economically, but that cultural capital can provide answers to how people in society use their cultural knowledge to position themselves in a particular hierarchy (Gauntlett, 2011). He went on to define three subtypes of capital, namely economic capital, cultural capital and social capital. Bourdieu (1992) defines social capital as the “sum of resources, actual and virtual, that’s accrued to an individual and group by virtue of possessing a durable network of institutionalized relationships of mutual acquaintance” (Bourdieu, 1992, p. 119). What social capital actually alludes to is the notion of, its not what you know, its who you know. That adds a more political stance to understanding power in relation to capital. Bourdieu believes that the social

context holds the most power where rules are imposed on people as opposed to people expressing their own occupational autonomy.

Bourdieu (1996) uses the term fields to stand for the social spaces that are created through the networking of cultural, social and economic capital (Cutchin, 2008; Swartz 1997). Fields is the third concept and Bourdieu defines these as the spaces where individuals express their various dispositions in a variety of institutional arenas. Bourdieu (1996) further defines practice as the outcome of a combination of the habitus, capital and field. The specialised education field in which these occupational therapists practice has its own set of rules that influence how the occupational therapists roles and practices unfold. Habitus is driven by the characteristics that make up the field and reflects the relationship of power as it structures the social world (Cronin, 1996).

The concept of structure has been written and theorised about by Anthony Giddens (1976, 1979, 1981, 1984) where he explains how the nature of structure not only determines how people practice, but also determines the outcome of these practices that produce structures (Sewell Jr, 1992). The duality of structure, as Giddens refers to, is enacted by “knowledgeable human agents” (Sewell, Jr 1992, p.4) who use this knowledge as a resource in practice. To support the understanding of the duality of structure, Bourdieu’s (1994) theory on practice compliments the notion that habitus is the structure that reinforces rule-resource sets. Giddens (1984) also refers to structures as a process and not rigid state, which alludes to fluidity and continuous change. Structures consist of rule-resource sets that generate how practices should be enacted within social systems. In understanding structure as a resource, Giddens (1984) refers to two types, authoritative and allocative. For this study, structure is seen as an authoritative resource where it refers to “human resources that are physical strength, dexterity, knowledge and emotional commitments that can be used to maintain or enhance power” (Sewell, 1992, p. 9).

Doxa is the fourth concept that Bourdieu uses to analyse power. He refers to doxa as the ‘common sense’ behind the distinctions people make in particular fields. It is the beliefs and values that are unsaid and just done in society that guide what individuals at a personal level in contexts.

Occupational therapists claim context as being one of the main domains of knowledge development. Context includes societal rules, the individual’s age and stage of development and the environments in which people live and work (Law, 1991). Bourdieu (1994) further describes his perspectives on context as including the field, position and capital which all interplay with the concept of power. The occupational therapists in my study are being challenged by a capitalist structure to view their

professional roles within an environment that holds social, political and economic realities. These realities are embedded within a post-apartheid South African context within basic education that is continuously changing and within a specialised education system that is currently not fixed but in a state of social change.

2.7. Inclusive education as a social and political issue

The common question asked by many, internationally and locally, is what is really meant by “inclusive education” (Naraian, 2013; Rizvi & Lingard, 2011). Studies have identified that inclusive education processes have been influenced by the transformation of schooling systems (Booth, McLean, & Walker, 2009; Du Toit & Forlin, 2009; Slee, 2011). There is no doubt that inclusive education is influenced by the context in which it is practiced. Studies done in South Africa, India, the United States and the United Kingdom have all followed the international guide on Inclusive schooling as described by the Salamanca Statement (UNESCO, 1994). It suggests what the broad principles on inclusive schooling should be (Naraian, 2013). The principles of action are based on the sound pedagogy that all children benefit. Human differences are normal and learning must be adapted to the needs of the child. Child centred pedagogy is centred to all students and society. Another principle was to alleviate the ‘one size fits all’ notion towards education and that child centred schools respect both the differences and the dignity of all human beings.

Occupational therapy as a health profession is based on client centred practice that puts the individual first and can identify with the principles outlined in the Salamanca Statement. Despite these principles, it is imperative to hold that irrespective of the principles of action guiding inclusive schooling, the socio-political context in which schools are located are definitely governed by institutional structures which hold historical hegemonies. Naraian (2013) describes that all efforts to promote inclusive education will inflict change over time. These efforts could lend itself to be unpredictable in how special education may look in a third world context in the future; with a clear impact on agency. She recognises agency as being something that shifts and is structured within specific sociocultural contexts. Taking a feminist’s position, she draws on Sandoval (2000) concept of differential consciousness to describe the shifts teachers experience during the implementation of inclusive education. This type of consciousness requires a certain amount of strength to commit to a well-defined structure of identity allowing enough flexibility to develop consciously in relation to power (Sandoval, 2000, p. 59).

Polat (2011) describes inclusion as more than just a physical presence, but rather as a process that changes “values, attitudes, policies and practices with the school setting and beyond” (Polat, 2011, p. 50). The author sees inclusive education as not only limited to children with disabilities, but also

includes every child irrespective of race, gender, class and sexual orientation. Polat (2011) further explored the concept of social justice and how this can be achieved through inclusive education. He unpacks the capabilities approach by Nussbaum (2006) to highlight how education can play a pivotal role in the empowerment of people with varying diversities, and provides a philosophical basis for understanding social justice within the context of inclusive education. Inge and Elisabeth's (2013) study on teachers' perspectives on inclusive education in Belgium used semi-structured interviews with teachers identifying core concepts such as the selection process of teachers to meet the challenges of inclusive education, the influence of inclusion on the classroom, collaborative teaming and the use of support in the classroom. It was concluded that teachers prefer learning from the children in the classroom in action as opposed to in-service or extra training (Inge & Elisabeth, 2013).

Back home in South Africa, (Donohue & Bornman, 2014) were interested in wanting to identify what the reasons are that a decade since the implementation of the Education White Paper 6 learners with disabilities are still not fully included into schools and are still placed in special schools. They explored the barriers that contributed to hindering the implementation of Education White Paper 6. They argue that these barriers cannot be understood without having an appreciation for the history and diversity of South Africa. A valid point (Donohue & Bornman, 2014) make is that, due to South Africa's apartheid history, the country in fact contributes to defining what type of service which type of child gets. The authors suggested a few recommendations that may contribute to improving how inclusive education can be practised and implemented in South Africa. The first recommendation was that the national Department of Education needs to start considering the preparedness of teachers in the classroom along with introducing comprehensive training programmes. The second recommendation was that short term funding must be increased so that schools have a resource to make any structural or infrastructural changes and the third recommendation is that the Department of Education's attention must be shifted from Grade R and Adult Education to inclusive education as it is the area in need of the most attention. Ultimately (Donohue & Bornman, 2014) conclude that the Department of Education needs to be held accountable for the policy it has created.

Samuel (1998), in his paper on changing lives in changing times, describes how policies that contributed to the racially divided education system still resonate with South Africans post-apartheid. He suggests that the outcomes of these policies still live in individuals. They have in a way 'naturalised' and 'internalised' the ideologies of being oppressed. Similar to Donohue and Bornman (2014), Samuel (1998) suggested that teacher education, governance and teacher preparation needs to be addressed in order to ensure that teachers who were curtailed by the power domination in

education systems be assisted in understanding what it is like to be a teacher in a post-apartheid education system.

2.8. Occupational therapists and inclusive education

Previous studies done exploring occupational therapists in inclusive education focused mainly on the collaborative nature of the relationship between the occupational therapist and the teacher. (Case-Smith, 2002; Niehues, Bundy, Mattingly, & Lawlor, 1991) described collaboration as one of the main reasons why interventions were successful in schools. Skills identified in contributing to understanding the collaborative relationship; include the knowledge and competencies with one's own discipline, understanding shared values and rules that define roles and responsibilities of every team member (Bose & Hinojosa, 2008). A grounded theory study done by Bose and Hinojosa explore the occupational therapists' experiences in engaging with early childhood teachers within school environments in New York City. Findings revealed that the occupational therapists found it quite difficult due to factors such as time constraints, communication failure and the teachers' lack of ability to be receptive (Bose & Hinojosa, 2008).

Where Bose and Hinojosa's study focused on gaining an understanding on how occupational therapists work with teachers, Huang, Peyton, Hoffman, and Pascua (2011) conducted a pilot study on gaining the perspectives of teachers on collaboratively working with occupational therapists in inclusive classrooms. Using a mixed method, the qualitative findings found that the teachers' knowledge of occupational therapy tended to be based on observations of what the occupational therapists did everyday. Part of the difficulty for teachers in defining what occupational therapy is stemmed from the fact that the occupational therapists themselves struggled to define what occupational therapy is. Communication was found to be an integral factor that needed to be addressed as this would either strengthen or weaken the relationship between teachers and occupational therapists. Collaborative intervention was once again stressed as being fundamental to successful implementation. Huang et al.'s (2011) study provided strategies for linking research, education and practice in school-based occupational therapy. By promoting more collaborative relationships, school-based occupational therapists should be clear about their roles and responsibilities and the purpose of interventions with teachers.

Considering the contextual factors described by Bose and Hinojosa in New York, a study in Rwanda on identifying the barriers to implementing inclusive education policies from an occupational therapy perspective also identified contextual factors that contributed to the impediment of inclusive education. These factors included financial constraints, physical barriers, insufficient teacher training, cultural attitudes and discrimination (Talley & Brintnell, 2015). The authors'

recommended that a strategic demonstration project be operationalised with occupational therapists to re-operationalise policies, including training for teachers and evaluating outcomes.

2.9. Gendered positioning of occupational therapists

Woman and men are born physically different, but throughout the course of their lives they are socialised through cultural, social, political and professional norms that decide on who they are and where they are positioned in their everyday lives. Gender is seen as a social construction and not only as a biological sex that is determined by nature, which in a way determines specific behaviours (Liedberg, Björk, & Hensing, 2010). It is also determined by the geographical and historical positioning in which individuals are located in time that greatly influences the roles of women and the roles of men. Cultural factors remain a contributing factor to defining how individuals respond to their gender positioning. Gender is associated with a particular 'gender order' Berger and Luckmann (1991) where it is presented on various levels: individual, organisational and cultural. In varying communities and societies women, as individuals and as groups, have always found themselves in a position where they have to negotiate their place in society (Connell, 2002). In some cultures it is the norm that women earn less than men and that women have a greater workload as a result of assuming many roles such as mother, sister, daughter and wife. It is in understanding the various dimensions of the gendered order; that lessons can be learnt in how occupational therapists need to respond to gendered hierarchies within the work place as professional beings.

A study conducted by Liedberg et al. (2010) focused on how occupational therapists perceive gender and its importance in their daily lives. The study was conducted in Sweden with 16 occupational therapists using focus group discussions. They found that the occupational therapists were able to recognise gender stereotyped situations, but were unaware of 'doing gender' in their interactions with their clients. Issues pertaining to being value-free and not allowing their own personal values and beliefs to encroach on their encounters with their clients were a challenge for some of the occupational therapists. It was concluded that a conscious gender perspective needs to guide training curricular and intervention planning.

A concept that is linked to gender positioning that needs to be considered is occupational gender segregation. Huffman and Cohen (2004) describe occupational gender segregation as the avenue through which discrimination happens in terms of authority in the workplace. They ask a critical question in their paper: "...do female-dominated occupations offer fewer opportunities for work place authority?" (p. 122). Huffman and Cohen stated that by decreasing human capital; this would not necessarily bridge the gap between unequal authority between women and men. In fact, they believe that it is only the tip of the iceberg in understanding the workplace authority gap. The

authors do theorise that women have an advantage regarding household duties while men are specialised in paid labour. They claim that, because of the above, women self-select into female-dominated professions/occupations.

2.10. Conclusion

Chapter two provided conceptual literature and showed how they can be synthesised to inform further theorisation of professional role transition. Fig 4 below is a visual representation of how human occupation, roles and role transitions and context situation formed a triad of three main literature sources that further highlight the gap in knowledge regarding professional role transition.

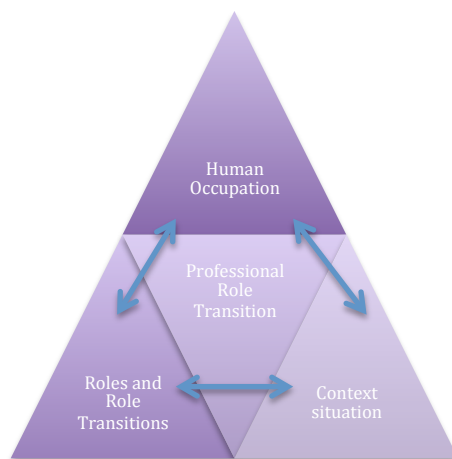


Figure 3 Synthesis of literature reviewed

Human occupation is a context positioned on the top of the triad. Humans are occupational beings – through this being, humans engage in personal, meaningful occupations that result in a sense of identity, self worth and purpose. The occupational therapy profession is an example of a meaningful occupation that contributes to developing and shaping professional identities. As a human being, one engages in an occupation, drawing on our occupational identity as a resource. These engagements determine the roles we choose as well as the role transitions associated with those roles. This is positioned on one corner of the triad. On the other corner of the triad, the context situation plays a pivotal role in influencing how human beings respond to the environments that they find themselves in, giving rise to occupation as situated.

The specialised education sector as part of basic education in the Western Cape is one example of a context that is continuously changing. Located within post-apartheid South Africa, this broader context provides social, political, economic, cultural and historical realities that influence how individual occupational therapists respond to their changing roles within the environments of special schools. As part of context, structures such as the WCED and the occupational therapy profession both influence the roles and role transitions that these therapists have to navigate. It is through this

navigation that one can learn more about their professional agency. Positioning professional role transition centrally, and as the focus of this study, identifies the need for further theorisation.

The next chapter will be giving a critical perspective on the impact context has, and the role it plays, in defining the process of professional role transition.

Chapter Three: A Critical Sense of Knowing

This chapter describes my theoretical position and how a critical sense of knowing contextualised and informed my understanding of the case of professional role transition.

The aim of this study was to explore and understand what the process of professional role transition looks like as informed by the experiences of occupational therapists working in specialised education in post-apartheid South Africa. In order to address the research question, as well as achieve the research aim, it was imperative for me to critique the underlying factors that influence this transformation of professional roles and understand the situatedness in the tension being experienced by these occupational therapists going through this process. A historical evaluation of the professional role of occupational therapists in education in South Africa was fundamental in contributing to understanding the role of occupational therapists in specialised education. Asking how occupational therapists experience the process of professional role transition within specialised education in the Western Cape gave me the perspicacity to critically unpack what this is a case of.

I started my research knowing that I was going to be engaging in a complex and abstract research process. Managing this complexity reflexively was going to be fundamental to my sense making. Patton (2005) provided the following set of reflexive questions that I used throughout the research process. For my self-reflexivity I asked: ...What do I know? And how do I know what I know? I considered the reflexivity regarding the occupational therapists being studied: How do the occupational therapists know what they know? I considered it important to look at how occupational therapists are positioned within the working environments of special schools, what their roles are in relation to this and how they can contribute to the development of occupational therapy practice in specialised education. Along with this clarity of roles, I assumed that there was an element of trust knowing that every person at the school had an equal contribution to make. I assumed that this trust would lead to a sense of professional and role competency further impacting on their professional identities as occupational therapists. It is through this knowing that I identified what the process of professional role transition for these occupational therapists in specialised education looks like.

Lastly, I considered the reflexivity about the audience: How do those that receive my findings make sense of what I give them? By asking this last reflexive question I will affirm who the audience of my study is going to be, which extends beyond just occupational therapists. It includes any person that finds themselves in a worker role within a variety of work sectors, not only in health and education, but the division of labour, academic institutions as well as business environments. It will also be of

particular relevance to all allied health professionals working in the specialised education sector, as there is an assumption that they are also experiencing this process.

It is when grappling with answering the first reflexive question that I found myself having to understand the 'how' regarding how these occupational therapists are experiencing a role change. Here I draw on the theoretical work of Flyvbjerg (2006), Bourdieu (1994), Sewell Jr (1992) and (Ramugondo & Kronenberg, 2013) to help me unpack the 'how' question.

Flyvbjerg (2006) acknowledges that people are experts in various everyday skills, be they social, technical and intellectual, but that only a few truly gain specialised skills such as flying a fighter jet. What Flyvbjerg (2006) does identify that is common to all experts, irrespective of the level of skill, are context-dependent knowledge and experience. These two components lie at the centre, or at the heart, of the expert/professional activity and can greatly influence how the individual engages and uses these expert skills. Considering that my study population is a group of occupational therapists that own the rule of their profession in their field, it was only fitting that case study research would be the method of choice. Flyvbjerg (2006) also affirms that this professional knowledge and professional expertise lie at the centre of case study as a method of learning for myself as the researcher, but also for the occupational therapists in understanding how they know what they know. The use of case study as a design using multiple methods of data collection also brought a greater understanding for myself as the researcher when unpacking the process of professional role transition as experienced by occupational therapists in specialised education.

3.1. A critical perspective

I saw the nature of the occupational therapists' reality as not being fixed, but a fluid concept that gave subjective meaning to the nature of truth. Critical social theory is where I found myself being situated. I did not find myself there just by knowing, but through an iterative process in asking the question: "what do I know and how do I know what I know?" This shifted me between a post-structuralist view and critical social theory perspective. Where post-structuralism offers a powerful lens to understanding the meaning behind the factors that perpetuate hegemony, critical social theory offered my study a lens to understanding power within a social and political system and provided insights into why individuals respond to hegemonies the way they do in context. Critical social theory also offered this study a lens to reconceptualise occupational therapy professional roles and the profession within specialised education and to understand how occupational therapists communicate and develop symbolic meaning that is focused on structures and ideologies that are embedded within social systems. Critical social theory originated from the Frankfurt School

in the 1960s where a group of German theorists, and more specifically Habermas, engaged in dialogue about the conceptualisation of critical social theory and the theoretical assumptions that make up this theory (Stevens, 1989).

Stevens (1989) further goes on to identify what the fundamental structures are within social systems. He gives two examples, one being the kind of work people do and the wages that are assigned to them and the other the laws and the law enforcements within society. Six assumptions of critical social theory were drawn from the Frankfurt School, third world liberation scholarship and feminist theory (Stevens, 1989). These assumptions will be drawn on when describing the theoretical constructs in the discussion of findings. I list the assumptions according to Stevens (1989) below and how they would apply to my study:

1. When considering social, economic and political issues in society all research and theory are political in nature.
 - By situating professional role transition in context this assumption would offer an explanation in understanding the transactional nature of the process as well as the fact that the occupational therapists are in constant interplay with the structures they face in specialised education.
2. Oppressive structural relations pervade industrial society.
 - These assumption positions occupational therapists as being taken for granted in the specialised education system. It highlights that they are good enough to be employed in posts at special schools but are oppressed in the way they have to function in that position.
3. Mythical, religious, scientific, practical interpretations of the world are open to critique.
 - This assumption will give me the leverage to question the nature of the occupational therapy profession as it is professionalised along a trajectory in time.
4. Social conditions are not natural and constant but are viewed as created by specific historical situations.
 - Here the interplay between structure, agency and socio political hegemony is critical in understanding the embeddedness within a rapidly changing education system.
5. Understanding the changing conditions of human suffering can be gained through the historical study of the development of the oppressive arrangements in society.
 - Understanding the human as an occupational being.
6. Liberation from these oppressive structures is a quest for human potential, completion and authenticity.

- Through engaging and responding to being occupied by hegemonic structures; transgressive acts can be a liberating experience for occupational therapists.

From the above assumptions Stevens (1989) goes further to suggest seven concepts of critical social theory that apply to my study.

1. The first concept is *Oppression and Domination*. This concept creates unequal power relations in structures and functions. These unequal power relations impact on how occupational therapists see themselves in terms of their occupational identity and further impacts on their professional identity within the context of specialised education in post-apartheid South Africa.
2. The second concept is *Liberation*. It is the freedom from being constrained by oppressive social structures. This concept of liberation can contribute to how the occupational therapists act as professional agents in responding to oppressive structures.
3. The third concept is *Dogma/Ideology*. This is the dominant, authoritative system of ideas that has not been challenged. Here the system is two-fold. The first is the ideology of the occupational therapy profession and the other the ideology of the WCED in specialised education.
4. The fourth concept is *Critique*. This requires oppositional thinking and reflection on the part of those who are being oppressed in thinking about what the problem is. Through this study the participants will be given the opportunity to think about their roles and how they are positioned within the context of specialised education through the various forms of data collection strategies.
5. The fifth concept is *Dialogue*. It refers to the mutual interaction that raises collective consciousness by affirming and clarifying the historical, economic, social and political experiences of communities. Through engaging in interviews with participants the dialogue is started in raising this awareness.
6. The sixth concept is *Conscientization*. It is about learning how to perceive contradictions in social, political, economic and historical situations and conceive ways of action. Through the narrative stories conscientization occurs and presents very differently for individual participants. The last concept is *Action*. These are informed, deliberate, meaningful behaviours by those experiencing the oppression. The ability to reposition one's role and act in various ways are examples of how the changing demands of specialised education can influence how occupational therapists respond within the environments of the special schools.

In considering the above assumptions and concepts, and understanding social structures drawing on Bourdieu's concepts of habitus, capital and field, would ultimately define how privilege, exploitation and powerlessness are distributed amongst groups and people in society. Understanding occupation as situated will give a deeper meaning to occupational therapists as human beings and will provide further insights into answering the 'how' question.

3.2. Occupation as situated: An occupational science perspective

Occupational science emerged from occupational therapy as there was a need to study occupation and humans as occupational beings (Clark et al., 1997). The science has been created in the last decade of the 20th century by occupational therapists (Wilcock, 2005). It is a broad based academic discipline that also includes the contributions of cultural, economic, social anthropological and psychological disciplines. Occupational science is based on the philosophy that the intricacies of human occupation are considered and to address the dualistic nature of concepts related to human occupation. It is also grounded in narrative methodologies that include life history, ethnography and life stories (Whiteford, Townsend, & Hocking, 2000). Using these methodologies enhances the understanding of how people attach meaning to their occupations (Polkinghorne, 1997).

Occupational science also helps us in understanding the situatedness of occupation and the realities people face when faced with capitalist hegemonies that exist in certain contexts. The constructs most often written about are usually related to either understanding the transactional nature of occupation (Cutchin & Dickie, 2012) or governmentality (Rudman, 2010). Cutchin & Dickie (2012) suggest that one of the frameworks that can be used to understand occupation as situated is transactionalism. A transactional perspective on occupation stemmed from Dewey's action theory. He describes the shift from an individual to a contextualised perspective where one is not seen separate to the other, but rather seen as co-constituted by the person and the context (Cutchin & Dickie, 2012; Proding, Shaw, Laliberte Rudman, & Stamm, 2014)

A person's behaviour and engagement in human occupation is not seen as a static act but rather as a fluid one that is continuously changing. Understanding the concept of occupation as situated would refer to how human occupation exists within social, economic, political and cultural environments and how occupation is shaped in, and contributes to shaping, those environments (Proding et al., 2013). Occupational science constructs that support this notion from a critical perspective are: occupational possibilities (Rudman, 2010), occupational choice (Galvaan, 2012) and occupational consciousness (Ramugondo, 2015). These constructs will now be explained as they apply to this study.

Occupational possibilities are defined as the opportunities that people take for granted in terms of what they can and should do and how their occupations are either promoted or supported by the broader contextual structures that influence their daily lives (Laliberte Rudman, 2006; Rudman, 2005, 2010). This construct will be useful to this study, as it will help in understanding how the occupational possibilities that are available to occupational therapists and the occupational therapy profession are shaped and come to be shaped over a period of time and within specific contexts, in this case within specialised education in post-apartheid South Africa. It will further contribute to understanding how individuals or collectives within this profession take up these possibilities or either resists it in the negotiation of agency and structure. Laliberte Rudman (2010) takes the position that occupational possibilities will provide an understanding of not only how structures dictate what people do, but unpack the underlying power that influences the decisions individuals make in order to decide on what to do and what not to do.

This particular position brings me to the occupational science construct of occupational choice. Galvaan (2014) defines occupational choice as more than just a conscious act, but about the individual's ability to assert their own agency in terms of what to do and what not to do within social structures. So, as occupational therapists are faced with the occupational possibilities of what promotes or resists their actions within a particular context, occupational choice (Galvaan 2010, 2014) assists in further unpacking how individuals make choices of how to enact their choices. However, in order for an individual to 'act' in a particular way, there has to be a level of consciousness and awareness of the situation individuals finds themselves in.

Ramugondo (2012) firstly defined occupational consciousness as the nature of how human beings respond to being occupied by hegemonic systems. Occupational consciousness is the "ongoing awareness of the dynamics of hegemony, to show an appreciation of the role of personal and collective occupations of daily life in perpetuating hegemonic practices and an appraisal of resultant consequences for individual and collective well being"(Ramugondo, 2012, p. 337). She further went on, clarifying this definition. Occupational consciousness refers to "an ongoing awareness about the dynamics of hegemony, and the recognition of how dominant practices are sustained, through what people do everyday, with implications for personal and collective health" (Ramugondo, 2015, p. 9). Ramugondo's doctoral study focused on the changes in children's play across three generations of one South African family. Using a case study approach, the findings point to the role of television as an example of a form of technology as critical in influencing the rhetoric of play over time. Through recognising this shift, Ramugondo (2012) reveals the need for increased "consciousness in the things people do every day" (Ramugondo, 2012, p. 326). These constructs will assist in critically

understanding how professional role transition is experienced by occupational therapists within this study.

A doctoral study done by (Galvaan, 2010) looked at the occupational choices made by young adolescents in the context of Lavender Hill in South Africa. She found that the social environment and the contextual histories influenced the occupational choices these young adolescents made. Shank and Cutchin (2010) used a multiple case study approach to examine three elderly women who continue to live in their own homes. What they found from these cases was that the meaning they derived from living in that space contributed to their occupations of identity and situational positioning.

Blair (2000) looked at the centrality of occupation during life transitions. Blair believes that throughout the individual's life span many transitions are experienced resulting in adjustment and or repositioning of roles. She refers to transitions as a discontinuity in an individual's life. People's responses to the discontinuity of transitions would be to engage in familiar things and delay the altered roles and occupations that come with this disruption. These studies illustrate the contextual embeddedness of occupation and that the individual is a part of the context.

Whiteford et al. (2000) discussed in a paper and reflected on what they call the 'renaissance of occupations'. In reflecting on occupation within a postmodern paradigm, (Whiteford et al., 2000) agree that there is a growing trend to engage and create "societal awareness of power, diversity, temporality and situatedness" (p. 62).

3.3. Conclusion

Chapter three described how a critical sense of knowing informed my understanding of occupational therapists and how they are positioning themselves along the process of professional role transition. Critical social theory provides further insights into how these occupational therapists manage the tensions and the complexities of being consumed by hegemonic structures. Drawing on occupational science would give a deeper meaning to understanding occupational therapists as occupational beings.

Chapter Four: Case study and Narrative Inquiry as merged methodological frameworks

In this chapter I will be presenting the rationale for my choice of using case study as the main methodological design and how narrative inquiry was used as a means to understanding the case of professional role transition. Drawing on critical social theory as my paradigmatic lens, case study and narrative inquiry acted as merged methodological frameworks.

4.1. The case as a process (Stake, 2008)

At the onset of this research I aimed to express an interest in understanding the process of professional role transition as experienced by the participants within specialised education in post-apartheid South Africa. I chose to opt for Stake (2008) view on case study. He describes case study as “both a process of inquiry about the case and the product of that inquiry” (p. 121). He also describes five requirements that need to be considered when engaging in case study research. The first would be the issue of choice, the second, how data is triangulated, third, experiential knowledge of the case, fourth, the context and fifth, the activities that make up the case. The case of professional role transition is a single instrumental case of a process. It is envisaged that this process would offer an explanation for what the case is about. Flyvberg (2006) also informed my understanding of an instrumental case and debunked the myth that one cannot generalise from a single case. I had a particular interest in this case as it involved the professional identities of fellow occupational therapy colleagues working within specialised education. This study aimed to describe and explain more than just the experiences of a group of occupational therapists, but rather how their experiences inform what the process of professional role transition looks like.

When thinking about my case, context, boundedness and process helped me to define what the case is of. Bounded in time, I tracked the changes in role transition for these occupational therapists. This tracking of the process from 1994 to 2013, was also bounded within specialised education, a context situated within post-apartheid South Africa, being further bounded by the institutional structures of the WCED.

The benefits of engaging with a case study design allowed me to use a multi-method data collection strategy, gathering data from many sources. The major method was using narrative interviews with occupational therapists working within the special school/resource centres. The main source of data stemmed from the stories that emerged from these interviews. The other methods of data included several key informants that were well positioned within the WCED, document analysis of education

policy documents and archival sources, participant observation on school sites and participants' written reflections.

It is important to note that the case tells its own story. The critical question Stake (2008) asked: "Is the purpose of the case to portray the participants' view or to develop the researchers perception of the case?" (p.129). He concludes that it is important not to disregard the case's own story, but rather write the case from the researcher's perspective based on the experiences of the participants. In reflecting on how to represent a case narrative, case study as a methodology alone was not going to give me the understanding and meaning behind the stories being told by the participants of their experience of professional role transition. Case study helped me to contextualise the participants within the process of professional role transition, but also situate them within the larger context of specialised education. However, in order to unpack what the single instrumental case looks like, another methodological approach was needed.

Using narrative inquiry as a merged methodological framework helped shaped my understanding of the occupational therapists' stories that provided insight into their experiences of the process, and the case, of professional role transition. The stories were the major source of data presented in chapter 5, which I used to extract the themes that described and explained the case of professional role transition. It was imperative to hold that the case of professional role transition has its own narrative and this was the ultimate outcome that was going to answer my research question on what the case of professional role transition is for.

4.2. Narrative inquiry

4.2.1. A narrative way of knowing the case narrative

I considered a narrative framework for organising and interpreting the embedded case data, which were the stories of the occupational therapists. It helped me to understand the participants as human beings and as narrators in relation to their occupational identities. It was here where I asked myself the second reflexive question: How do the occupational therapists know what they know? Mishler (1997) describes narrative knowing as the widespread conceptualisation of narrative as being one of many approaches that contributes to the transformation of knowing into telling. Clandinin (2006) believes that that and we all live storied lives every person has a story to tell. I was intrigued by the concept of stories and truly believed that through the medium of a narrative interview I was going to be able to hear the participants' experiences of the process and the meaning behind them. Clandinin and Connelly (2000) drew on Dewey's two criteria of experience and highlighted that: "People are individuals and need to be understood as such, but they cannot be understood only as individuals. They are always in relation, always in a social context." (p. 2).

4.2.2. The relationship between stories and context

A story is described as a narrative structure or form that describes human events. It further assisted me to understand the behaviours, events and actions that were meaningful for the occupational therapists and how they were embedded within the context of post-apartheid South Africa.

Sandelowski (1991) describes how the mind is put to rest by the illusion of sequence and order and that narratives, just like scientific theories, pull together things in real life. It is important to consider that stories explore questions related to human agency. Events would always have a retrospective telling. Stories are used to support these events in their lives. However, the politics of context and its impact on telling and retelling the stories cannot be ignored. Through considering this context, and the rapidly changing education system in South Africa, it created a sense of meaning where there was no meaning. Narrative inquiry anticipates that the participants would use context to situate their own experiences using reflection. This was so for the participants for my study and unknowingly, through telling a story, they engaged in a process that was based on reflection, structuring their reflections and narrating their life events in a particular order.

I do, however, acknowledge that a story is only an example of how a narrative can be represented and that a narrative is not only limited to a story structure. Through writing these narrative stories I intend to develop meaning and spark insight through reflexive iteration (Srivastava & Hopwood, 2009), in order to connect with the emerging understandings and insights of the occupational therapists. Taking a critical perspective, the participants reflection on their roles through this narrative story telling, can provide spaces for conscioustization of roles to occur. Next I will describe the practical approaches to how I answered my research question including what data collection methods and sources were used as well as detail the data analysis process.

4.3. Research method: The practicalities

4.3.1. Participant recruitment

4.3.1.1. Gaining Access

After receiving my ethical clearance number (See Appendix A) I entered the doing part of my research process. Permission was granted from the WCED in order to approach participants at the various special schools. Negotiating access to participants was quite challenging and at times disappointing. I made the assumption that the occupational therapists would want to participate in my study. It was at this point, where I was faced with rejection, that the reality of what I was researching hit me hard. Every occupational therapist at the special schools I approached from Education District C refused to participate in my study. They offered varying reasons; from being overworked to saying they were not suitable participants for my study. When reflecting on the

events during this time I could not help wonder what the underlying reasons were. But I also had to respect the ethical principle of voluntary participation. Access to the initial participant was obtained from a key informant who was an occupational therapist working at a special school that had left the system to work overseas. She then referred me to a participant that met my criteria in Education District A. By using snowballing I was able to recruit seven occupational therapists from two districts and various special schools. This sample also gave me a wider perspective of the occupational therapists experiences as each education district operates differently.

I contacted each participant via email or telephone to ascertain his or her willingness to participate in the study. A brief information sheet was emailed outlining the main purpose of the study. This documentation, as well as proof of my WCED permission letter, was requested from the principals of the schools. Once they agreed to participate, a meeting was set up with each participant for the initial set of interviews at a venue that was convenient for them. The above was done once ethical approval was granted from the University of Cape Town Human Research Ethics Committee.

4.3.2. Sampling

Education District C is the largest education district in the Western Cape. It includes the most schools that have been converted to resource centres. Out of the eight education districts in the Western Cape, this education district was initially strategically selected because of the saturation of 17 special schools. Purposive sampling (Stake, 2008) was going to be the obvious technique. However, the challenges described in 4.3.1 around gaining access to these participants had me reconsider my sampling technique. My first participant was recruited and recommended via a key informant and as a result snowballing (Miller & Brewer, 2003) as the sampling technique was then used. I used snowballing as a means to access participants that were identified by a key informant who then directed me to other participants working at resource centres who met the selection criteria. This particular technique was appropriate for this study as participants were sought from all eight-education districts in the Western Cape. The table in Appendix F lists the education districts and the special schools affiliated to each district. Seven occupational therapists voluntarily agreed to participate in the study. Three occupational therapists were from Education District A and four occupational therapists from Education District B. The occupational therapists' stories served as the embedded cases and were the major source of data that highlighted their experiences, contributing to what the process of professional role transition looks like.

4.3.3. Selection Criteria

The following selection criteria ensured that the sample of participants I was recruiting as the embedded cases was going to yield information rich data. The occupational therapists had to be:

Occupational Therapists in Specialised Education

- Registered with the Health Professional Council of South Africa,
- Be employed at a special school that has been converted into a resource centre,
- Be employed under the Employment of Educator Act conditions of service and
- Currently implementing the strategies outlined in the *Education White Paper 6*.

I considered the following criteria when deciding on the larger case. It was based on Stake's (2008) three main criteria that need to be considered when deciding on selecting a case: Is the case relevant to the focus of study? Do the cases provide diversity across contexts? And do the cases provide good opportunities to learn about complexity and contexts? The larger case is the structure of the WCED and the specialised education sector that bound the case of professional role transition. These structures are relevant to the focus of the study (professional role transition) as they contribute, through policy, to how roles should be enacted for occupational therapists within the specialised education sector. Diversity is ensured by having seven occupational therapists from two education districts from various special schools in the Western Cape. Table 1 below gives an overview of the participants, who they are and where they are located.

Participant pseudonym		Pseudonym for special schools and Education Districts
Annie D	Occupational therapist at special school/resource centre	Lacon School – Education District A
Enigma	Occupational therapist at special school/resource centre	Octave School – Education District A
Spade	Occupational therapist at special school/resource centre	Acacia School – Education District A
Bubbly	Occupational therapist at special school/resource centre	Falcon School – Education District B
Blossom	Occupational therapist at special school/resource centre	Falcon School – Education District B
Fay	Key informant – Occupational therapist	An OT that has left the South African education system. She had experience working in Education District A and Education District C. At the time

		of the interview was working in specialised education internationally.
Luna	Key informant – Occupational therapist	Inclusive education team in Education District A
Tracy	Educational psychologist	WCED – Oversees all therapists (occupational therapists, physiotherapists and speech language therapists) in all eight-education districts.
Mr Xavier	Head of specialised education support services	Education District A
Katey (participant that withdrew from the study)	Occupational therapist at special school/ resource centre	St. Athen school in Education District B
Valerie (participant that withdrew from the study)	Occupational therapist at special school/resource centre	St. Athen school in Education District B

Table 1 List of participants

4.4. Data collection methods

In this study it was important that the voices and experiences of the occupational therapists were heard. It was unlikely that existing and archival documentation alone was going to be the medium through which the voices of the occupational therapists could be foregrounded. I therefore selected narrative interviews with the occupational therapists to be the major source of data collection, as their voices would be best heard through the medium of a narrative story. The multiple methods of data collection (Stake, 2008) serve not only as a way of collecting data but also as a means of triangulation. A combination of five methods of data collection served as sources of evidence to ensure convergence and corroboration (Bowen, 2009). Through triangulating the stories gained from the narrative interviews (as the major source of data) with the data from the in-depth interviews with key informants, document analysis and researcher observation serves as a way of corroborating the findings across all data therefore reducing the potential bias that could have existed from a single case study.

4.4.1. Data sources

Data was collected using the following methods:

- Narrative interviews
- In-depth interviews
- Document analysis
- Participant reflective journals
- Researcher observation

The table below depicts these various data methods and the data sources and how each addressed the objectives I wanted to achieve.

Methods of data collection	Data sources	Participants	Study objectives met in relation to the method of data collection
Narrative interviews	Narrative stories of embedded cases using two open-ended questions with probes.	With occupational therapists working at resource centres	To explore whether there are any role changes present and the possible impact this might have on the role, scope and development of occupational therapy within special needs education and occupational therapy profession. To gain insight into the occupational therapist perceptions, thoughts, feelings and attitudes on the professional role transition experience. To identify the process of professional role transition as experienced by occupational therapists from 1994 to their current role
In-depth interview	Narrative data on context from Department Of Education perspective using an interview guide	With DoE officials in specialised education	To explore the influences the socio political context has on the role of occupational therapists working in special schools/ resource centres in the Western Cape.
Document reviews	Information on political, social and temporal	Education White paper 1 and 6,	To identify the process of professional role transition as experienced by occupational therapists from 1994 to their current role.

	context of South Africa within Basic education and specialised education sector	Employment Educator Act, Payslips of OTs, role and scope documents, job descriptions, SACE documentation	To explore the influences the socio political context has on the role of OTs working in special schools/ resource centres in the Western Cape.
Reflective journals	Information on daily routine and context from occupational therapist perspective	The occupational therapists at the schools	To gain insight into the occupational therapists perceptions, thoughts, feelings and attitudes on the professional role transition experience.
Researcher observation	Observation of environments of special schools and participants within these environments	Describing the occupational therapists daily activities, roles and tasks in context	To explore whether there are any role changes present and the possible impact this might have on the role, scope and development of occupational therapy practice.

Table 2 List of data collection methods, data sources and study objective

4.4.2. Methods and Procedures

Using the following data methods: narrative interviews with participants, document analysis of policy documents, archival reports e.g. WCED progress reports on implementation of policies as well as the HPCSA documents relating to the scope of the profession, participant observations of occupational therapists in the special school environment, participant reflective journals and in-depth interviews with key informants from WCED head office level, I was able to generate meaningful data. I collected data over a period of 10 months. The activities are indicated in Table 3.

	Activity
2012	Participant recruitment
	Initial interviews with participants. Approx. 1-2hrs per interview. Participant observations in the field. Collection of documents from various sources.
	Participants to continue to record reflections in reflective journal
2013	Interviews with participants. Approx. 1-2 hrs. per interview. Participant observation in field.
	Reflection space for participants – record reflections in a reflective diary. Participant observation in field. Collection of documents.

Table 3 Data Collection Activities

4.4.3. Narrative interviews

Mishler 1999 and Riessman 2010 describe a narrative interview as one that focuses on the quality of the interaction between the interviewer and the participant. They suggest that the aim of a narrative interview is to stimulate conversation by indicating or suggesting narrative positions, resources and orientation. In this study I used narrative triggers to elicit stories from the participants. They were: “Tell me what is it like working as an occupational therapist at a special school? Tell me about these times” and “Has your role changed in any way? Tell me about this change?” These triggers provided a space where participants could tell their story. My intention through asking these questions was to provide an opportunity for the participants to produce data that explored the meaning they ascribed in describing what their roles and experiences are like in specialised education. I was very much aware of my position during the interview as an occupational therapist myself, my role as the interviewer, the participant as the interviewee and the power imbalance between the two during a narrative interview. This power constantly shifts throughout the interview. By me putting out the initial trigger of: “Tell me what it is like working as an occupational therapist in a special school. Tell me about these times”, the participants still found a way to tell me their story as opposed to telling a story that they thought I wanted to hear. Even though they saw me as different (as a researcher), we still drew a line of commonality and that was being occupational therapists. I went in to find out about professional role changes and to hear their experiences about the process. What emerged from the interviews for me was something far bigger than what I imagined and that is the ‘naming’ and ‘defining’ of the process of professional role transition.

Narrative interviews were appropriate as they aimed to explore how occupational therapists in education were experiencing the process of professional role transition. This particular type of interviewing would also offer some insights into the impact the role change had on their everyday tasks and activities that made up their current role. Two sets of individual narrative interviews were conducted with the participants lasting approximately 1- 2 hours each over a 10-month period, in a place that was convenient for them. Five out of the seven participants chose to meet at their schools.

Although a timeframe was allocated, the interviews still held a certain amount of flexibility and allowed for the participants stories to unfold.

4.4.4. Document analysis

The rationale for selecting document analysis as a complementary data collection method for this case study is the role it plays in data triangulation. For this study, document analysis served five specific functions.

Firstly, documents provide data on the context, in this case information related to specialised education in post-apartheid South Africa. These provided historical insight and background information on past events. Data drawn from the documents helped contextualise the data collected during the narrative interviews with the occupational therapists and in-depth interviews with key informants.

Secondly, the information gained and contained in the document analysis offered suggestions on questions that needed to be asked or what needed to be observed within the environment of the special schools. The interactive nature of how the two methods complemented each other was evident in how data that was generated in the first set of interviews were used to focus on participant observation activities. At the same time, document analysis generated new questions for key informant interviews. Participant observation in Education District A's office provided an opportunity to collect documents.

The third function of document analysis was to provide supplementary research data (Bowen, 2009). Insights derived from WCED archival records on the internet, library sources on the historical positioning of South African education, profession-specific documents related to role and scope of the occupational therapy profession and position papers on occupational therapy identities were all used as supplementary research data. The occupational therapists' written reflections were also considered supplementary data as these were analysed to gain demographic, structural and temporal information on the special school environments.

The fourth function of document analysis acted as a means of tracking change and development. One of the objectives of the study was to track the changes in specialised education along a particular trajectory in time. Draft policy documents of the Education White Paper 6 and the SIAS document were two examples of how change was documented from one draft to another.

The fifth function of document analysis was a way of verifying the findings with the other sources of data. For this study, documentary evidence was corroborated and a convergence of information from all data sources used was done, increasing the credibility of the findings.

4.4.5. Researcher observation

I took on an observer role in the time that I was not conducting the interviews. For some participants it was during the first interview phase and for others, who chose to meet me away from the school, it was during the second interview phase. I spent two days a week for two weeks at each school observing the day-to-day routines of the occupational therapists. My observations focused on paying attention to people and objects in the environment that might not necessarily have direct relevance to the research question but would help me in understanding the participants' behaviour and day-to-day activities in context (Rebeiro, 2001). I decided to use observation as it allowed me to see aspects within the school environment not likely to be picked up by a reflective journal or audiotape. Bearing in mind that I am an occupational therapist, it was important to consider whether this would impact on data collected. My intention was to enter the field knowing that I could influence what I saw, but at the same time know that I would not be able to predict to what extent my influence or my presence in the field might have an effect on the occupational therapists' behaviour. The main purpose was to observe what the occupational therapists were doing and saying within the environment of these special school/resources centres.

Informal field notes were used in order to gain more insight into the day-to-day processes, activities and tasks that make up the occupational therapists' roles. These field notes were based on my observations and also included aspects related to describing the structural and temporal environment, adding to the richness of the stories told.

4.4.6. Participant written reflections

These were spaces provided for the participants to reflect on their day-to-day activities during the times I was not there. A set of triggers was emailed to all participants as a guideline to complete the journal. These triggers included keywords such as 'context', 'environment', 'daily challenges' and a 'typical day' as well as demographic information. The participants were given the instructions to reflect on their roles further and present the information either in a written narrative or visual

diagram form. All participants chose to write a narrative and these were sent to me via email. Data gained from these journals contributed valuable information regarding the school environment, their roles and their professional position within the school.

4.5. Analysis of data

4.5.1. Narrative analysis of the embedded cases

I took a narrative analysis approach, as described by (Riessman, 2010), as this approach focuses on the conversational storytelling of a human being. A standard practice of interviewing includes a structured set of questions that require the individual being interviewed to respond in a very limited way. Narrative interviewing provides a space for a less demanding environment and focuses on a relational mode that helps in organising the meaning that people ascribe to their lives (Riessman, 2010). Since my interest was to find out what it is like working as an occupational therapist in a special school, a personal narrative response was the ideal way to hear what was meaningful for these occupational therapists. In deciding on how to approach my analysis of the data I made a number of considerations.

Knowing that my primary method of design is case study and that narrative inquiry was going to be the tool I used to gain the stories, a narrative analysis approach was appropriate in being the first step in organising the stories. Riessman (2010) and Mishler (1997) concur that the study of personal narratives are a form of case-centred research.

Thematic analysis is a common form of analysis within qualitative research. It involves the coding of data, pattern matching and labelling patterns (Silverman, 2010). Narrative analysis differs from thematic analysis as it focuses on the 'in process' nature of interpretation (Riley & Hawe, 2005; Riessman, 2010), allowing for various interpretations over time as perceptions, thoughts and feelings of the participants might change with new experiences. An integration of time and context in the construction of meaning is a narrative characteristic (Sims, 2003). And this was evident in how participants responded from one interview to the other. French philosopher Paul Ricoeur highlights the 'threefold present', where the past and future coexists with the present in the mind of the narrator (Maboloc, 2005). It was important to note that narrative analysis focused on the person and their storied experiences and not only the themes. Therefore, it was important to start there. The themes that emerged from the theorising of conceptual constructs during the third level of analysis

gave a clear understanding from a case study perspective of what the case is of. I knew that narrative analysis would add further insights into the contexts of practice through the eyes of the storyteller (Riley & Hawe, 2005).

After the completion of my first set of interviews with participants I then started my initial phase of data analysis. The data pack in this phase included interview transcripts of the seven occupational therapists, interview transcripts with four key informants, researcher field notes, participants' reflective journals and document analysis of archival and legislative documents. I organised the interviews according to each participant's initials and transcribed the interviews verbatim. Along with these interviews I also collected the participants' reflective journals and filed archival documentation according to yearly trajectories. The same process was followed for the second phase of interviews. At the beginning of the second phase, two participants (occupational therapists) withdrew from the study leaving a total of five occupational therapists.

My data analysis process was an iterative and reflexive one. I drew on Patton (2005) and Srivastava and Thomson (2009) to inform the questions I asked when engaging in this analysis process. It is here that I then asked myself the third question: How do those who receive my findings make sense of what I give them? Before I could make sense of that question I engaged in a three level analysis process. I based the analysis on Riessman (2010) steps of narrative analysis: 1) Distinguish the transcript by ordering and sequence, 2) Create the plot from the disordered experience, 3) Structure the stories within a particular time and place and consider the temporal ordering of the plot and 4) Organise the narrative thematically.

The first level of analysis was a narrative analysis of the interview data. From the transcribed data, the data was presented as a story map (Richmond, 2002). Refer to Appendix H for story maps. At this level I asked Srivastava's (2009) first question: what is the data telling me? The outcome of the first level of analysis was the five stories that emerged. The second level of analysis is where I engaged in a within and a cross-case analysis of the five stories. This was done for the purpose of theorising from the stories in order to identify emerging theoretical constructs regarding the process of professional role transition. At the same time I also drew on data from the interview transcripts of the key informants, participants reflective journals and the document analysis of education policies. I asked Srivastava's (2009) second question: what is it I want to know about the process of professional role transition? I then started linking back to my research objectives. The outcome of the second level of analysis was identifying theoretical elements that made up the case of professional role transition. The third level of analysis was a further theorising space and where I

asked Srivastava's (2009) third question: what is the dialectical relationship between what the data is telling me and what I want to know? Through unpacking this relationship I was able to start linking theoretical constructs as they unfolded and as the case of professional role transition emerged.

An in-depth discussion of each level of analysis will be further expanded upon in 4.5.3. The analysis process, as depicted in Figure 6 appears to be static one, but it was by no means like that. It was an iterative process that needed me to go back and forth to my interview transcripts, stories and document analysis to get a deeper understanding of the data. This also ensured I was being reflexive. It was informed by Patton (2005) three categories of reflexive questions as well as by my theoretical lens, critical theory. I also needed to bear in mind the chosen methodological frameworks of case study and narrative inquiry.

4.5.2. Analysing documents

Analysing documents involves an iterative process that firstly requires skimming, reading and then interpretation (Bowen, 2009). Drawing on Silverman (2010) content analysis I started coding the documents using manual colour coding of meaningful and relevant passages from the text. Bowen suggested that predefined codes could be used, especially when document analysis is used as a supplementary data collection method. I referred to the codes found in the interview transcripts to find commonalities or differences within the documents and observation field notes. In evaluating the evidence I gained from the document analysis, the meaning of each document and its contribution to understanding the process of professional role transition in specialised education was fundamental in contributing to meeting the study objectives. Table 4 gives examples of documents selected for analysis and the data analysed. Criteria for selecting the documents were that it needed to provide historical and current contextual information during the period of 1994 – 2013. And that the documents provided information that could contribute to understanding the role of occupational therapy within specialised education. The data gained from the document analysis, along with the data from the narrative and in-depth interviews and observation field notes were analysed together to allow for themes to emerge across all sets of data.

Occupational Therapists in Specialised Education

Document selected	Data analysed
South African Constitution 1993 and 1996 (www.gov.za/constitution/constitution-republic-South Africa- 1996)	Contextual data on post-apartheid South Africa and the trajectory of change
Employment of Educator Act 1998 (www.wced.school.za)	The conditions of service occupational therapists need to adhere to when working in an education environment. Change in professional title to education therapist
Education White Paper 1 (www.education.gov.za/resources/legislation/White papers.aspx)	Provided contextual data that focused on education and training development. Sets target dates for development processes, indicating progression in basic education.
Education White Paper 6 – Building an Inclusive Society (www.education.gov.za)	Provided contextual data that outlines strategies on the conversion of ordinary schools to full service schools and special schools to resource centres. This impacted on how services are being provided at special schools by OTs affecting their roles within the schools.
SIAS draft document (www.wced.school.za)	Assessments are outlined and how these are monitored and evaluated.
Job description of education therapists at district level	Data on roles delineated to education therapists at district levels
PASS/PAM document	Archival data on the very first document that was used in education to assess job performance. This document highlights

	progressive change.
Education Update: Newspaper for the WCED (www.westerncape.gov.za)	Contextual data from articles specifically related to inclusive education. For example, 'From Policy to Practice: The challenge of Inclusive Education in South Africa', 'Embracing the challenges of inclusive education' and 'W'CED expands access to inclusive education'
HPCSA's role and scope document for occupational therapists (draft)	Profession-specific data on the professionalisation of the occupational therapy profession
Internet sources and library sources on history of occupational therapy profession	Historical data on the development of the occupational therapy profession

Table 4 Example of documents and data analysed

4.5.3. How data was managed throughout the three levels

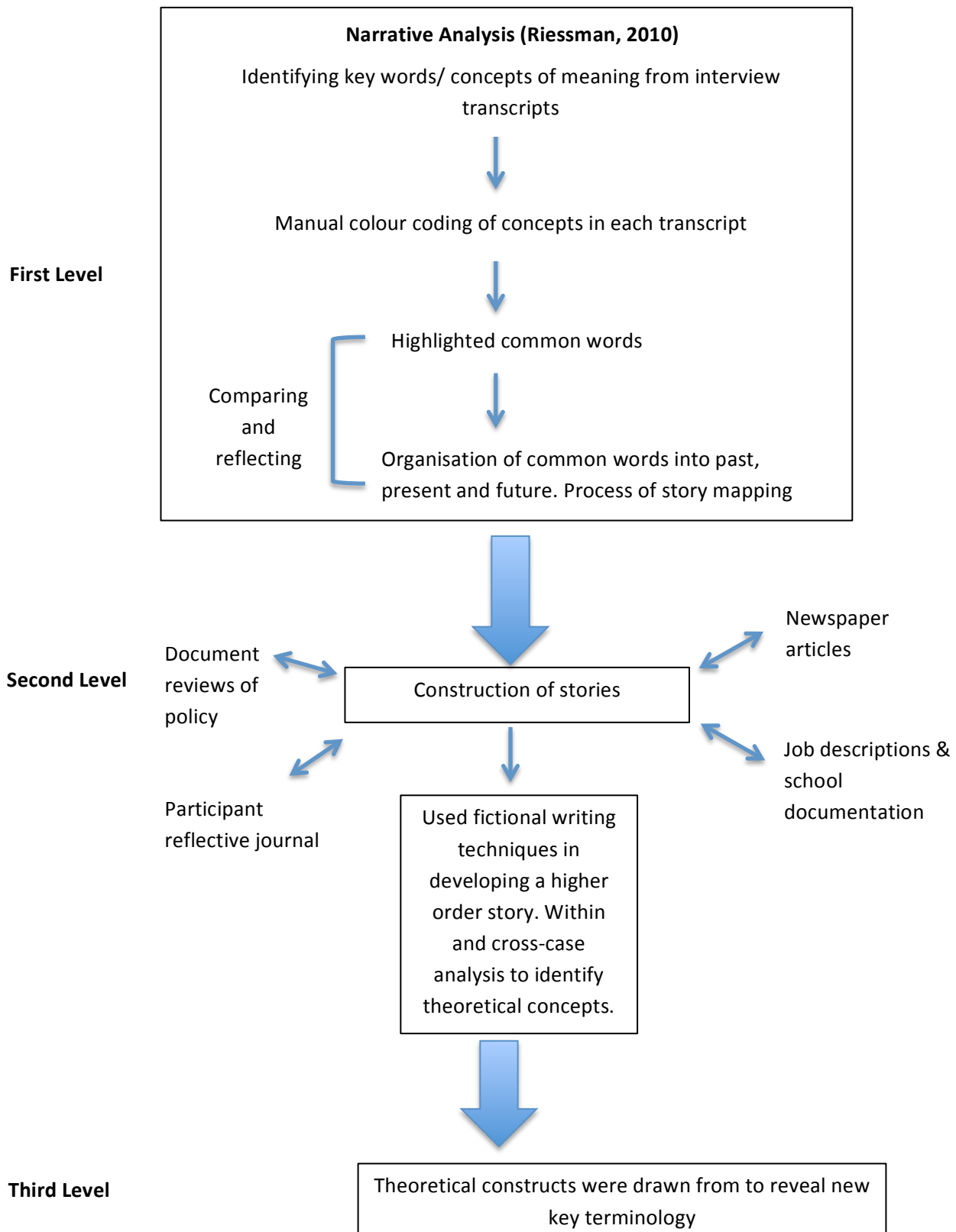


Figure 4 Image depicting the data analysis process

4.5.3.1. First level of Analysis

Once all the data from the interviews with occupational therapists, interviews with key informants, archival documentation, participant reflective journals and field notes from researcher observations were collected, I grouped participants within their districts and started mapping out individual stories. The process of story mapping, as described by Richmond (2002), served as a screen through which the story of the occupational therapists was examined. This framework also provided the participants a critical form of reflection on earlier or current perspectives in order to “construct or reconstruct meaning in one’s life world” (Richmond, 2002, p2.). The story maps also created a means to use Riessman’s (2010) analysis step of distinguishing the ordering and sequence.

A story map was created for each occupational therapist whose story was part of the research. The story map helped me to organise the occupational therapist’s recollection of past and present experiences, the future intentions of their roles in specialised education and also assisted me in giving shape to each participant’s story, which would allow for a deeper level of analysis in relation to the study objectives. Richmond (2002) describes the story map as having the ability to tap a meta-cognitive response in those who tell the story and to those who hear it. The rationale for using a narrative analysis is informed by the narrative framework that focuses on the ‘core narrative’ within the four categories of ‘orientation’, which describes the setting and character, ‘abstract’, which summarises the events or incidents of the story, ‘complicating action’, which offers an evaluative commentary on events, conflicts and themes and finally, resolution, which described the outcomes of the story or conflict. I asked the participants to email me a name and picture that would best represent themselves. Once I received the names I then changed the filing system of the interview transcripts from their initials to their story name.

(Riessman, 2010) explain that the term ‘narrative’ can carry many meanings but it is important to consider how the facts of the story are assembled, for whom the story is being constructed and what the story is trying to accomplish. She further emphasised that the process of gathering data for the construction of stories is that “we are gathering knowledge *from* the past and not *of* the past” (p. 203). This adds to the natural human nature of telling stories retrospectively in order to bring meaning to the experiences that are tellable.

Construction of the stories

From these story maps I started developing the stories. First, I identified who the main characters and supporting characters were, the setting and the title. I drew on fictional writing techniques (Spindler, 2008) to help me create the story. Spindler (2008) describes fictional writing as creating interplay between the reader and text. The word fiction, as derived from the Latin *ingere*, means to shape, to mould, to fashion. Therefore, fictional writing refers to the process of exploring and reflecting the meanings and the experiences of human behaviours through the representation of a narrative that is shaped by the researcher's imagination. There is a common understanding of the concepts 'fact' versus 'fiction', where fact represents the real or the truth and fiction not. However, fiction may not be fixed to a specific time and place, but for it to be recognisable to the reader there has to be some element of human experience for it to bring meaning. Spindler (2008) describes fact and fiction as inter-dependent and that "fiction must have some basis of fact and within the text; fact is always mediated by the writers craft" (p. 20).

I was able to craft the five stories of the occupational therapists using metaphors, weaving in the data I received from the reflective journals around context as well as integrating the information I gained from the document analysis, key informant interviews and field notes from participant observation. It is by creating this weave that the stories of the individual occupational therapists unfolded to reveal their experiences of the process of professional role transition.

4.5.3.2. Second level analysis

At this level I started engaging more with the stories that I constructed as the outcome of my level one analysis. Here I opted to start with doing a within-case analysis of the individual stories as this helped me in identifying how the context was shaping and influencing how the occupational therapists were experiencing the process of professional role transition. Once I identified what the key elements were that were speaking to my objectives in the individual stories, I then engaged in a cross-case analysis to identify what was unique to each story, but also what was common throughout. I used manual colour coding to identify the concepts that were emerging and organised these on an Excel spread sheet. These codes were then used as a reference point in the document analysis in order to identify any commonalities or differences. The outcome of this second level of analysis brought to light emerging theoretical constructs that were starting to create a picture of what the process of professional role transition looks like.

4.5.3.3. Third level analysis

Theorisation, as a scientific process, has been a neglected activity in sociological studies and research. Where the focus was on applying or testing, very little attention was paid to the actual process of theorising (Ramugondo, 2015; Swedberg, 2012). Theorising is an iterative skill that requires intuitive and creative ways of thinking. It is defined by (Neuman, 2011) as a process of developing a system of interconnectedness of ideas to explain how events within the social world work and why they work. Despite this being the final step in my analysis process, I continued to use the process of theorising throughout my research, as I constantly remained reflexive. I will now explain how I used the theorising principles as proposed by Swedberg (2012) in my study.

First stage of theorisation

The pre-study

An Honours research project that I supervised as part of the occupational therapy undergraduate curriculum at the University of Cape Town was conducted to explore the role of an occupational therapist at a full service school in the Western Cape. From this study's findings, I started theorising about the concepts of roles and role transitions. I looked at them as broad terms and concepts as they have been written about in sociological and nursing literature and within occupational therapy literature. The theoretical idea that emerged from this first stage was of professional role transition.

Second stage of theorisation

The major study

This new idea of professional role transition paved the way for me in starting to ask a new research question that was particularly asking what this process is and how occupational therapists are experiencing it. At this stage I started theorising about my research methods and design that would best answer my research question. In understanding who my participants were within context, I was able to decide on case study and narrative inquiry as methodological frameworks. Case study (Stake, 2008) was used as the overarching methodology and narrative inquiry was used as a means to understanding what the case of professional role transition was about. My epistemological and ontological positioning further endorsed the theorising of the two methodologies, and taking a critical social perspective to understanding role transitions were important. As Swedberg (2012) describes, the theorisation process is an iterative one; I went back to my second level of analysis and theorised about the individual concepts that emerged.

Theorising about the concepts of power, structure and agency was integral to understanding the tensions experienced by the occupational therapists and their changing profession. Adopting

Bourdieu's view on power, habitus and doxa, and Sewell's view on structure and agency, led to the emergence of a further theorising space on professional, occupational identity and the professionalisation of occupational therapy as a profession. These concepts were best understood from a human occupation perspective and therefore occupational science, as a discipline that focuses on humans as occupational beings, became the focus of theorising.

In creatively thinking about what I was seeing, new concepts were emerging. Here I theorised about the dialectical relationship between what the data is telling me and what I want to know. Holding true a reflexive, iterative process I drew on critical social theory and the philosophy of occupational science to make sense of the constructs that were emerging. Through this sense making I constructed a case *of* professional role transition and emerged at the end of what the case is *for*.

4.6. Scientific Rigor of the Study

Ensuring scientific rigor in qualitative research has been extensively researched by Pratt et al. (2006), (Gibbert, Ruigrok, & Wicki, 2008; Morrow, 2005), to name a few. Pratt et al. (2006) used the analogy of fitting oval pegs into round holes to describe the expectation to fit qualitative rigor elements into positivist criteria. Where this is not possible, Pratt (2006) suggests that, especially in case study research, the focus should be on the *process* of fitting rather than trying to make the oval peg rounder or the round hole bigger. It is for this reason that I will document the concrete research actions that I took as a researcher to support the methodological choices that I made. Gibbert and Ruigrok (2010) explain that, as a case study researcher, it would be best to focus on transparency so that, through using an audit trail, readers can follow the research process. I used a visual audit trail in outlining the steps I took in deciding on the case selection, data collection and data analysis. These are all explicitly explained in Chapter Three. Case study as a method allowed me to use multiple sources of data that contributed to explaining the complexities of the nature of this study.

Trustworthiness in qualitative research is crucial since the primary contribution of qualitative case studies is to capture and convey the experiences, meanings and events encountered in the field (Dillaway, Lysack, Luborsky, & Kielhofner, 2006, p. 352). Morrow (2005) believes that in qualitative research, trustworthiness is based on a goodness-of-fit between the research process and the paradigmatic underpinnings. She further explains how for critical research, trustworthiness can be ensured. According to Morrow (2005), data trustworthiness is enhanced through the following methodological actions. Firstly, credibility was ensured by the data being represented as an interpretation of what the participants believed to be credible. Credibility was achieved through member checking with participants. I was able to ensure what was described in the stories was what was said in the interviews. Stories were verified for accuracy with the participants. The participants

engaged in this process with me. Using multiple sources of data, I was able to provide a fit between the data that was found and the chosen method of analysis. Thick descriptions (Morrow, 2005) were provided through the structuring of stories providing a detailed account of the experiences of the occupational therapists within the special school environments.

Prolonged engagement in the field is another way I ensured credibility of the data. I gained trust during my time I conducted the interviews with the participants and during the time I spent at the schools observing the environment and day-to-day activities of the participants. This observation within the special school environments (Morrow, 2005) informed my field notes and included information about the context and daily infrastructure at the school. Through this I was also able to describe the multiple layers of the school environment that is being influenced by the context of post-apartheid South Africa.

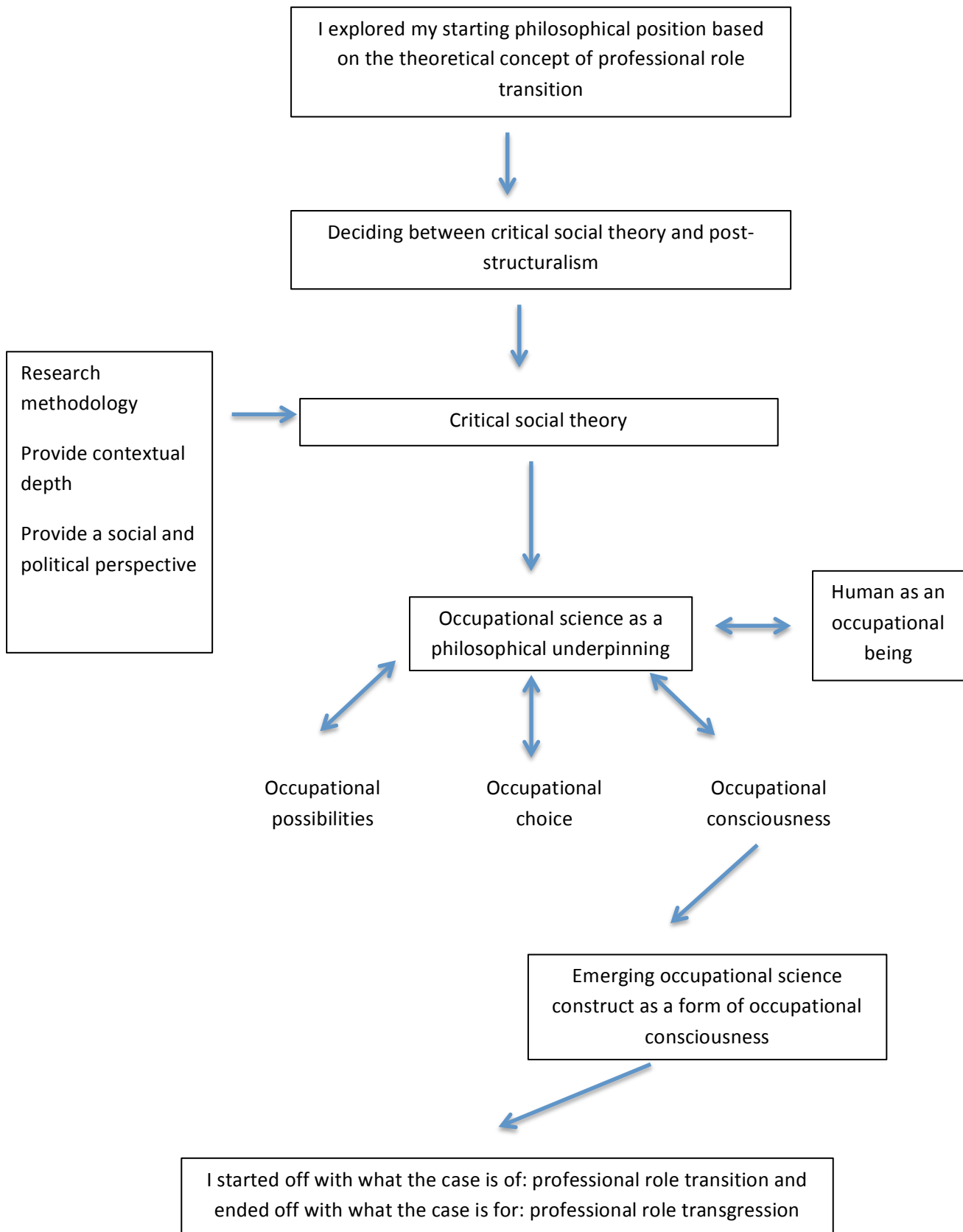
To ensure reflexivity I used Patton (2005) three categories of reflexive questions throughout the research process and used a personal diary to record and reflect on my own thoughts, feelings, and reactions to people and participants during the course of the data collection period. I reflected on my own position as a researcher in relation to what I know and how I know what I know in relation to the occupational therapists understanding of what they know. This was explicitly explained in Chapter Three.

Since the case study method afforded me the opportunity to use more than one data collection method, this I considered a form triangulation; I was able to confirm data that I was seeing with data that I was hearing in the interviews with data that I was reading in my document analysis reviews. Member checking was achieved through confirming the accuracy of data with the participants using the storied narratives, document analysis and transcripts from key informants to validate specific findings.

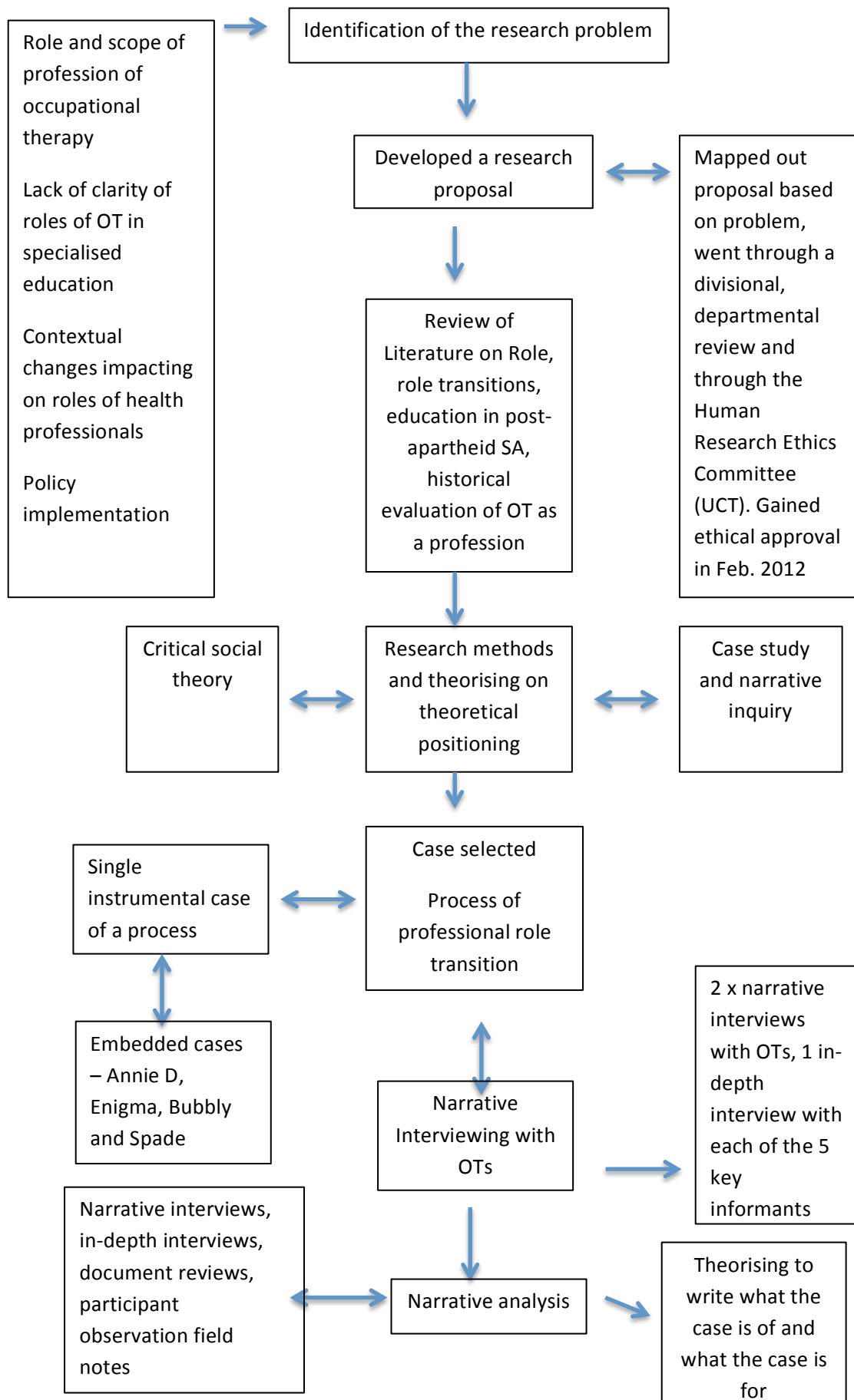
This study's congruence lies in the theoretical rationale of demonstrating how case study as a method and narrative inquiry as a means to understand the case are embedded by the theoretical underpinning of critical social theory. To achieve congruence between the participants and myself as the researcher, I used narrative interviewing techniques to allow the participants to tell me their story. An element of trust was created as I was an occupational therapist myself and so participants could identify with who I am, therefore eliminating the power dynamic in relation between researcher and participant. The analysis process described in detail in Chapter Three serves as evidence on how data was systematically analysed and how participants were given sufficient opportunities to tell their story.

(Koch, 2006) explains that trustworthiness and confirmability can be established if the reader can audit the events and actions of the researcher. The audit trail stems back from (Lincoln & Guba, 1985). I will be presenting the audit trail from two perspectives. The first will be an intellectual audit trail (Refer to 4.6.1). This will show how my thinking evolved throughout the study. The second will be a physical audit trail (Refer to 4.6.2) that documents the stages of the research process.

4.6.1. The intellectual audit trail



4.6.2. The physical audit trail



4.7. Ethics in Research

Ethical conduct must go beyond compliance with the letter of the law and instead involve behaviour consistent with a knowledgeable awareness of research ethics and an underlying spirit of integrity (Workman & Kielhofner, 2006, p. 468).

The research study adhered to the following ethical principles noted by Belmont and described by (Workman & Kielhofner, 2006):

- Respect for persons

The participants of the research study gained sufficient information beforehand on the purpose of the study. They also had access to an informed consent form that allowed each participant to decide whether or not to participate in the study.

- Beneficence

The participants were afforded the opportunity to express their views and experiences in a safe and contained environment. This containment ensured that the participants would feel at ease when engaging in the in-depth interviews and focus groups. Participants were prepared beforehand via an information sheet. There were no potential risks for the participants that could have been foreseen. However, debriefing and support after an interview or focus group was to be provided if necessary. There were no monetary benefits for the participants.

- Justice

Providing fair and equal opportunities for all participants to partake in the study ensured the principle of justice.

- Autonomy

All the participants engaged in the study voluntarily and therefore were free to withdraw at any stage of the research. The participants' views and comments were respected.

- Informed consent and confidentiality

A written informed consent form and information sheet were given to the participants beforehand so that they could make an informed decision on whether or not they wanted to participate in the study. The participants were asked to complete a written consent form (see Appendix 4) and pseudonyms were used in the writing up to ensure that the identities of the participants and schools in this study were kept confidential. To protect the identity of the therapists, they were asked to provide their own pseudonym and picture that best describes who they are. These pseudonyms were unique story names, which did not make therapists easily identifiable. The names of the schools were also changed, so as to not reflect or sound

like the original school name. The data gained from the interviews was recorded on a Dictaphone and was transferred to an external hard drive and locked in a safe cupboard once data had been analysed. Participant reflective diaries were used during the data analysis process and were discarded at the end of the study period.

I cannot ignore the theoretical influences that helped inform my thinking from the start of my research process. When deciding on my research questions, there were signs that indicated that a critical social theory perspective would be a possibility. Moving through an iterative process as a researcher, through the levels of analysis, it became clear that a process of professional role transition was emerging for the occupational therapists. The more I engaged with the data, issues relating to reflexivity, the positioning of myself and the understanding of professional identity came to the fore. I started seeing my study through a critical lens. Depending on the angle from which I positioned myself, I started seeing very different things. I chose to take a critical social theory perspective, as I believed that the knowledge that I generated from this research has the power to influence the structural and historical insights of the occupational therapy profession in specialised education and will transform as time passes. Critical social theory identifies the mirroring of the 'voice' of the researcher and that through engaging with participants change is facilitated as participants develop greater insights into what they do everyday and are stimulated to act on it. Taking a critical paradigmatic perspective influenced my analysis in that the emerging issues of power, agency and structures guided my understanding of how the socio political context impacts on individual lives.

4.8. Conclusion

Chapter four provided a detailed description of how case study and narrative inquiry were used as merged methodological frameworks. The next chapter will introduce Annie D, Enigma, Spade, Bubbly and Blossom – and the stories of their roles of being occupational therapists working in specialised education.

Chapter Five: Introducing the embedded stories: Annie D, Enigma, Spade, Bubbly and Blossom.

In this chapter, drawing from narrative inquiry and using creative and fictional writing techniques, I introduce the embedded stories that arose from the first level of analysis. The stories of Enigma, Spade, Annie D, Bubbly and Blossom are embedded within the two districts of Education District A and Education District B.

5.1 Introducing Annie D – The Humble Servant

I am Annie D, the humble servant. I graduated as an occupational therapist in March 2001. It was the proudest moment of my life. All my hopes and dreams were on the verge of becoming a reality. I was fortunate enough to receive a state bursary, which meant that I was, to some degree, guaranteed a job in the



government sector. Community service² for occupational therapists only came into effect in 2002, so our class was not obliged to do it. I was nervous, but excited, when I went for my interview at a tertiary hospital³ in the Western Cape— one of the largest psychiatric hospitals too. I was ecstatic when I heard that I got the job. I started working for the Department of Health in the summer of 2002, and found it to be a thoroughly pleasant experience. The knowledge that I had acquired as a student at university made so much sense in the hospital setting. In the years that followed, I got married and had children – twins! I decided that I needed to be more present for my family, and the thought of school holidays and shorter working hours was very tempting. Because of this, I applied to a learners with special educational needs (LSEN) school, which was situated on the premises of the tertiary hospital and fell under the Department of Education.⁴ I thought that the grass would be greener at a school.

I applied for a post at the school even though I had no prior experience working at a school. On my fifth attempt, in January 2011, I finally got the job – the excitement overwhelmed me! The advantage I had was that I was already in the government system. Or at least I thought it was an

² Occupational therapists are required to complete one year of community service. The location is decided by the Department of Health

³The highest level government hospital

⁴ The department established in terms of Section 7(2), read with Schedule 1 of the Public Service Act, 1994 (Proclamation 103 of 1994), responsible for education at national level (iii).

advantage, until I realised that the two sectors actually operate very differently. Occupational therapists can play a big role in the school context and during my interview I spoke about all of the things that I could bring to the role. When I started working at the school, however, I felt cornered into doing something else. When I started at the school there was only one other occupational therapist. I entered that space with eight years of work experience within another sector. Therapy was very individual-focused at the time. I teamed up with the current occupational therapist, who became my colleague, friend and confidant. We suggested some changes that would increase the output of children being seen at the school and provide a more efficient service. At that point, I felt that I had a place at the school; that we could make a difference. Because I came from the health sector, it took a while to adjust to Lacon's school environment where the occupational therapy role seemed to be determined by management, rather than the needs of the therapists and the learners. The management at Lacon School included the principal and the foundation-phase teachers. It was like a military army general controlling his soldiers. I was forced to adapt to this style of working, as there appeared to be no other way at the school. There are no representatives for therapy in the management structure, despite the fact that there is a therapy department. Because occupational therapy is not part of the management structure, the deputy principal supervises us, but the deputy doesn't always understand what we do and what we can offer. Or, perhaps, they don't want to understand because it suits them to keep us where we are.

Our role as therapists was not clearly defined. Neither my colleague nor I received a job description. I kept comparing my experience of working in the health sector to working in the education sector. In the health sector, you are given a specific job description so you have a clear outline of your role and duties. In the education sector, there are no such documents. I acknowledge that there were some documents that served as guidelines, but these were not specific to occupational therapy. Nevertheless, I also recognise that one's role is determined by the needs of the context and should allow for flexibility and change. However, this was not the sense that I got when I arrived at this particular special school. During my first year at the school I once again started seeking greener pastures. Where could they be?

I started becoming aware that the type of management and leadership at the school determines how therapists are managed within the system. And it's not the same at all the special schools. What I did not realise, at this point, was that the management style at this school was slowly chipping away at my professional identity as an occupational therapist. I could not quite put my finger on what was happening to me or why I was feeling so unhappy. I kept on comparing my current experience to my experience working for the Department of Health.

The first year was a shock to my system. I felt as if I was trapped in a cage with no access to the outside world. If I wanted to know anything, I had to ask people. I needed to be in contact. I needed to know what was happening in the occupational therapy profession outside of the school. I recall the anxiety I felt at the time, a huge knot in my stomach. It's a difficult road to cross, you have to tread a fine line if you don't want to be the 'baddy'. During my first year I was so depressed that I was admitted to a clinic for a week. I couldn't understand the system. I felt like a child. I wasn't a colleague; I wasn't a professional person capable of making independent choices and practicing independently. It was a bad year. The fact that I had no clear written documentation regarding the expectations of the school made the year more difficult. I'd never signed a job description and my fellow therapist was given the task of orientating me. I had to hit the ground running. There was no time to settle in and get a sense of what the school was about. I found the lack of transparency in the school's operational system frustrating. I came from the Health Department where transparency was key and every staff member was informed of the latest developments via a circular.

After a terrible first year, I decided to pull myself together. I was going to prove something, not just to them, but also to myself. Perhaps it was the fighting occupational therapist spirit in me! I think one of the biggest challenges was, and is, the hierarchical, autocratic style of management. To access information and resources you have to follow a particular communication channel that goes via management structures. The communication system at the school is one big stumbling block for me. It follows a system: correspondence goes through one email address to which only the principal has access; the principal then decides what information gets filtered down to the rest of the school and staff members sign to acknowledge they have read the information and it gets sent back to the principal. I find this very frustrating. I decided, in my second year, to start tapping into the Department of Health's network to keep abreast of the developments in occupational therapy. I am aware of our professional body, the Occupational Therapy Association of South Africa (OTASA), but the fees are just too costly right now.

One of the things that really gets me down is the OT budget. We don't have one, or at least I get told we don't have one. The principal claims that there is no budget. It did not make sense to me, as the principal is always part of the budget meeting discussions. Not having a budget makes it very difficult to run a therapy department. This type of management behaviour is also seen in how access to meetings with the district representatives is organised. Only the principal attends and we as therapists are not involved at all. You see, information is on a need-to-know basis and honestly, it is on a who-you-know basis. Whenever the circular containing the continuous professional development activities for occupational therapists came around, I would write down all the dates for

the upcoming period. I knew that once it had been taken away, I wouldn't get access to it again. And when I enquired about attending these events, I was quizzed on how I knew about them.

I started adapting to the school environment in my second year. When you start adapting, that environment becomes the norm, and that is scary. I started feeling as if my wings had been clipped. I felt like a puppet on a string. My mind was telling me to do the right thing, but my body was being controlled by a management system at the school that I had no control over.

I've come to the realisation that the management at the school is limiting our role as occupational therapists and our scope of practice. They are not giving us the scope to take on different roles. For example, we can play a role in contributing to management decisions regarding therapy services for the learners. But, our role is not only restricted within the four walls of the school, our role extends beyond here and into the community. As occupational therapists we have a background and knowledge on normal development and barriers to learning, which we can share with teachers and other staff members in the form of a workshop, but these opportunities are not granted to us.

The first time I heard about the Employment of Educator Act was during my interview with the researcher. I just assumed that it says 'education therapist' on my payslip because I work for the Department of Education. I didn't realise that this Act influenced how occupational therapy services are to be practiced at a special school. We might all be labelled 'educators' and we might be called 'education therapists', but it is still the occupational therapists against the teachers. My current experience is of a battle between the teachers and the occupational therapists. However, I do acknowledge that it is not only occupational therapists that are being dictated to by the system. I refer to them as teachers, but they are actually 'educators'⁵ according to the Act.

There is an expectation of the teachers at the school to adapt the mainstream curriculum to suit the needs of the learners. It's a struggle for them, as they were not initially trained for special-needs education. Training is offered and readily available for teachers as they are seen as the priority, but the training doesn't include any therapy-related activities.

There are no speech therapists at the school and communication is seen as a fundamental need, so I take a transdisciplinary approach to service delivery. I have also taken initiative in up-skilling myself regarding CPD⁶ activities in order to improve on service delivery. However, this is done in my own

⁵ Any person who teaches, educates or trains other persons who provides professional educational services, including professional therapy and education psychological services, at any public school, further education and training institution, departmental office or adult basic education centre and who is appointed in a post on any educator establishment under this Act (reference)

⁶ Continuous Professional Development

time, with my own money. I am very annoyed about this. I know the government has funding for skills development and training, but we are not exposed to these resources at the school.

My relationship with the district therapists is almost non-existent. You see, there are eight education districts in the Western Cape and each district has a therapist⁷ who looks after the needs of the therapists on the ground. Once again, another top-down management approach. We are located in Education District A. Our district therapist, a speech therapist, was introduced to me in mid-2012. Due to my past and current issues with management I have found it very difficult to trust. I'm not saying I do not trust her — she is actually very nice and for the first time I started feeling hopeful that she would be able to help me make sense of the role of therapy in the school — but there are obviously trust issues now. It's not about her; it's about how the district operates. It is very difficult to be in the system, especially as an occupational therapist. The district-based support team agenda for the district was based on a programme that was working in Education District C. Part of this programme included capacity building. I was a bit sceptical about how this programme was going to work as I had heard that the various districts in the Western Cape operate very differently and independently. What we need is one voice for the occupational therapists working at schools in the Western Cape, not everyone working in silos! I firmly believe that a programme for each district must be developed based on the needs of that district and not a generic plan. Not surprisingly, our district therapist resigned in 2013 and now we are back to square one, as they have not yet filled her position.

The school is 25 years old and the play area is still not established. Along with the occupation of schooling, play is one of the main occupations of a child. But, you see, upgrading this part of the school is not seen as a priority because occupational therapy is not valued. So why would they value a play space? Sometimes I feel that we're just there because we are there. So, act like you are doing something because it's okay as long as they see you working with people. I battle with understanding how pretending to be effective is ethical practice? There is this vision of justice and working together, but it's not the reality. There is a breakdown in teamwork and it's got nothing to do with occupational therapy, unfortunately, it's on the management side. That makes it difficult. There is potential for occupational therapists to offer more, but we are prohibited by so many factors.

If you have confidence, they strip it away without you even realising it. You start feeling less competent. I'm not saying I was always a competent occupational therapist, but I was making a difference even though I had room to grow in certain areas. I don't want to be so easily written off.

⁷ Can be an occupational therapist, speech language therapist or physiotherapist.

As a therapist you are isolated and the lack of structure contributes to this sense of isolation. I think that if I were offered more support, things would be different. I really did not function well in this school environment, which explains why I ended up getting admitted to a clinic.

Despite feeling so despondent, I still have some personal drive to improve myself. When I was working in the health sector, occupational therapy was valued and respected. This is not the case at the school. You would think that teachers, principals, and deputy principals would understand what we could contribute as occupational therapists, but the only feeling I get from them is one of worthlessness. At one stage we were exposed to the concept of Deep Democracy.⁸ I strongly believe that this can make a change at the school. Deep Democracy “speaks to the unheard”. It is not only about the rules and the law, but also about the people. You see, democracy on its own — as we know it — is about majority rule and citizen power to create equality and fairness, but Deep Democracy is more than that. It’s about the human beings working in the organisations and it acknowledges that people have feelings and dreams. When Mr Xavier⁹, the head of specialised education for Education District A, came to do a brief talk about the concept, I was in awe. For the first time I felt a sense of enlightenment — a new sense of hope that this crazy system of management at the school could be overcome. Mr Xavier’s intention was to ascertain the level of interest at the school and then to facilitate a group workshop on Deep Democracy.¹⁰

I was so excited. I went around asking the teachers about their views on Deep Democracy. However, the impression I got from the staff was not a positive one. The principal was not happy because it was going to cause change. How is change a bad thing? Mr Xavier was supposed to come back, but no one mentioned anything about it. Why? Because the information will be detrimental to the system here. It is easier to control people than to empower them.

I found it very interesting, and not surprising, that teachers (more than anyone else in the schooling system) are most often sick in hospitals. It alludes to the system driving them to the point where absenteeism becomes the norm. I am convinced of it. Look at what happened to me in my first year.

⁸ Deep Democracy is defined as an attitude that focuses on voices that are both central and marginal and is a process of relationship building (Mindell, 1988).

⁹ Pseudonym

¹⁰ “In practice, a facilitator or group that understands deep democracy listens closely to the issues and recognizes the various power and rank difference of people representing various sides. The facilitator watches their signals and tries to help them complete their ideas—if they need that help. Then the facilitator remembers the various parts and people are “roles”. She remembers she can dream about them as if they were all inside herself. Thus, the “other” and each role is a part of herself! She realizes that all the various parts are actually roles that everyone has within themselves to a lesser or greater extent. Then she uses her own deepest self or processmind to gain distance and encourages people to dialogue. If they get stuck, she reminds them the “other” is a role, a role that must be played out for it belongs not only to the “other”, but to all. In this way, “role switching” often leads to amazing experiences and resolutions” (Mindell,1998).

My discussion with the researcher prompted me to think about my conditions of service, my colleagues, and my role as an occupational therapist. It saddens me that I was not aware of these things before. In specialised education it is just changing and changing, new things and ways of practice coming in and you see that it's all about controlling people. I have started affirming my role more — standing up for myself and advocating for new activities at the school. The principal, who thought that my tone of voice was not acceptable, told me off and that there was no need to address any of the issues I raised. Once again, an attempt to squash me down. This time I did not take it personally. I realised I can make a difference.

I've started to see things differently since the two interviews with the researcher, and, in a sense, this has given me a new window of hope. I have a vision about how I want to bring things into the school, and I have started talking. It's not just an occupational therapy thing, but also an expansion of services that will benefit all of us, including the teachers.

I don't want to be a scapegoat all the time and I know the opportunity for career development is out there. I am going to avoid stagnation and I am tired of being helpless. I am slowly starting to push forward in my own way. I am still tapping into the Health Department's network to access policies and acts that will help strengthen my knowledge and capacity as an occupational therapist. I also would like to recommend that the district therapist start a support forum for therapists again as it is a much-needed space.

I'm still going to get more information this year by networking outside of this place. For me, it is just that, man, *Jy is noggie kwaai nie, verstaan jy? Mense gaan vir jou net daar afskiet. Ek wil nie dit hê nie. Ek wil myself so hê dat dit my amunisie is.*¹¹ I had plans of leaving, but I still think I have a purpose while I am here and I am going to fight.

¹¹.Afrikaans for: You are not that smart yet, understand? People will just shoot you down and I don't want that for myself. I want to be in a position where what I know is my ammunition.

5.2 Introducing Enigma – The Occupational Therapist with the Green Blood



Enigma, a person who is mysterious or difficult to understand. That's me, the occupational therapist with the green blood. I was extremely thrilled with the idea of having to tell my story. I am a storyteller. Talking is my passion. I graduated in the year 2007 as an occupational therapist at a higher academic institution in the Western Cape. This university was one of three universities that offered the occupational therapy undergraduate programme. As an occupational therapist student I always dreamt of what it would be like to be a qualified therapist one day. I just could not wait to get there. I had this lecturer, Hayley¹², who would always say: "Focus on what you're good at, and become the best occupational therapist that you can be". That's why I am in the paediatric area. Hayley was just one of those positive experiences while studying that helped ground me in the core values of the occupational therapy profession.

I started working in the Department of Health in the Western Cape as a community service occupational therapist. I clearly remember this as being very structured with clear policies in place. This was very contained and I enjoyed the structure. It felt as if my dream were becoming a reality. When I completed my community service, I applied for a position in the Department of Education as a therapist¹³ on the inclusive education (IE) team for Education District A. Education District A is one of the eight education districts in the Western Cape. I've always liked a challenge and this seemed like a real one! You see, according to the 2001 Education White Paper 6, a policy document that was drawn up to help create a more inclusive education practice, any therapist employed at a school — be it a full service, a mainstream, special school or a resource centre — is expected to adjust their roles to what was outlined in the policy in terms of therapy service provision. I first heard about the White Paper after I got the position on the IE team. This White Paper did not really influence me in any way, or at least that's what I thought. I knew about the implementation of inclusive education when I accepted a job at Octave Special School in 2011. I remember having to adjust to a new way of thinking when the Education White Paper 6 as implemented. The White Paper is a lovely document — the words are awesome, but the implementation was anything but lovely. When I joined the IE team in 2009, our focus was on looking at getting the full service schools up and running. That's when the SIAS¹⁴ document was created to assist with the assessment and screening process. I think that the reason therapists are struggling to implement the White Paper is because they are not fully

¹² Pseudonym

¹³ A therapist on the IE team can either be an OT, Speech therapist or Physiotherapist

¹⁴ Policy document on screening, identification, assessment and support

conceptualising what the policy is saying. It is saying: Why must I cart my child from Timbuktu (a very far away place) to here because it's a special school? Why is my child not afforded the same human right as that mainstream child who is serviced in the area? And then you can bring in Batho Pele¹⁵ and all that. Batho Pele is eight principles that have been developed by the South African government that guide how services are being delivered in the public sector. Children up in the West Coast drive, I-don't-know-how-many kilometres, to the nearest special school, and now you see unit classes popping up everywhere. What is a unit class? You know, this just makes me cringe — your *aanpassingsklas*¹⁶ that you had back then. It's a new name now, with a whole new fancy thing backing it. We have to use the SIAS document and it contains three levels of support. The high level of support, according to the SIAS document, cannot be provided at a mainstream school. We have special schools for a reason. At special schools there are smaller classes, greater support and you have a therapist there all the time. Now, any school is blessed to have a therapist. Some schools have speech therapists and some schools have physiotherapists. It's easier to just say therapists but, if you go to Acacia School¹⁷, you will find a speech therapist, a physiotherapist and an occupational therapist. I probably shouldn't say this as a blanket statement, but let's talk about my circuit, I can tell you now that proper implementation of the inclusive education policy has not happened. Had it happened, and I mean proper implementation of the White Paper 6, then I would not have felt the ants under my skin as I talk about unit classes. I would have been okay with it. I would have supported it, and done whatever training I could have done to get everybody on board, but it hasn't happened. If you build castles in the sky, at some point, you have to bring them down to earth. We are still in the sky phase.

You must be wondering why we are still in the sky phase eight years after the implementation of the White Paper. You see, people are very funny and as occupational therapists we know how funny people can be. I think, if we are looking at management at the Department of Education level, and if we're looking at the rollout and the mandate that was given, if things were done in a clear manner the implementation of the White Paper 6 would have been received very differently. It might have come from the National Department of Education. In fact, I think we all know it comes from the National department of education. I think the rollout wasn't done in a very coherent way. Where were the monitoring and the evaluation tool? You need to ask yourself that. You can't just roll out things that have no monitoring and evaluation. If nobody checks up on you then you are just going

¹⁵ "Promoting and maintaining high standards of professional ethics; Providing service impartially, fairly, equitably and without bias; Utilising resources efficiently and effectively; Responding to people's needs; the citizens are encouraged to participate in policy-making; and Rendering an accountable, transparent, and development-oriented public administration" (www.ipid.gov.za)

¹⁶ Remedial classes

¹⁷ Pseudonym

to merrily do what is best for you and each district functions differently. The specialised education sector is experiencing this lack of coherence and this isolated way of practice. You eventually start feeling as if you are incapable of comprehending how to work as an occupational therapist. The system dictates how we function, our limitations, what we can and cannot do, and it's always going to be like that. You can only push the envelope so far, and if you have a very strong principal or a strong director at district level or circuit team manager, then therapists will start feeling more competent in what they are doing.

The name change from occupational therapist to education therapist did not affect me at all. That's just on paper. You know, a lot of people are in an uproar about this change to education therapist, but you're an occupational therapist and you are always going to be an occupational therapist. A piece of paper is not going to make you different. At school everybody calls you an occupational therapist, the plaque on your door says occupational therapist. If they are looking for an occupational therapist, nobody says go to the education therapist. There are many times I felt as though my role has changed. If I think back, what I expected it to be is very different to what I was taught at university. If it were not for my past experience and the skills I developed over the past few years, I would not be able to do what I am doing now, but my role now is far more administrative. My approach to service delivery has had to be defined very differently and I've taken a holistic approach.

I had no choice and no control regarding how we need to practice as an occupational therapist at the school. There's nothing that I could do about it. I'm a small person in this whole big conglomerate of people who pull strings and make decisions, and it's not my call. I tried speaking out. If you speak to my circuit manager, Mr Xavier¹⁸, he will tell you that I stood up and said: "This is a load of crap! You are not even missing the toilet because you are not even in the same building as the toilet – that's how far off you are". I was so annoyed. Things are being run from the top. You do what comes from the top, and that is why my involvement in the teachers' union has been so strong, following up on what is being implemented at the national level in order to set the record straight. I've taken it upon myself to do that. You know, everybody else moans and complains and then leaves the education sector and returns to the health sector. The choice is still yours; you still choose to be here with all this crap going on and, you know, I'm done with that. I'd rather ask: What's up? What's on the table? How do we fight this? Then go to Western Cape Forum and they will help you fight, and go to other organisations and they will help you fight. Because the occupational therapist there understands what it is like to fight for ten years and win a case. This happened not too long ago. We

¹⁸ Pseudonym

need to have that same perseverance. We can't just stand there as occupational therapists and think that we are so *kwaai*¹⁹, that if we open our mouths everything is going to change. You are still fighting the same battle everybody else is fighting. So, from my side, that is my contribution. Everyone is always shocked because occupational therapists never question; occupational therapists never stand up and question policy. We serve the disability community. You know, our hearts break when it comes to disabled people, children, whoever, because we know the struggle. We have been there through the rehab process. We know how difficult it is to adjust your entire life to deal with other crap outside, you know. It is an intrinsic journey of magnitude for persons with disabilities to cope with the rehabilitation process. Then you must still come and face the community. So we know what it's like to be in rehabilitation. We know what it's like to have a spinal cord injury because vicariously we were there with these patients, teaching them everything they know. So the same principle applies here in special schools. If you've been working in a special school long enough then you can understand what I mean. There are so many cracks, be it in the health sector or in the education sector, in terms of how our systems are running. You always hear teachers say it's a systemic problem, because the systems in place aren't as wired as they are supposed to be. So we have to step up to the plate. Mr Eugene Daniels²⁰ says we must become citizens of everything that we do. If we don't fight and say: "I'm the therapist here, what am I gonna do?" Then what? Then we all are sitting here with the same moan and groan expressions that we had a couple of years ago. So, my ultimate cause is my contribution to making the system better. Things are in place from my side and it's out there for me to do what I can. I'm sure that we can find the 'OT' in anything, anything, if not everything. We should all remember that. It's inbred in us. Our blood runs green in some odd way.

Let me take a moment to breathe. I always get worked up when I talk about these things.

My lecturers at university and my experiences shaped my professional identity during my clinical fieldwork as an undergraduate student. We were trained to be occupational therapists, so I don't understand why we should be called educational therapists just because we work in another government sector. Everyone acknowledges me as the occupational therapist in the school where I work. I guess the health sector gets to have occupational therapists while the education sector gets educational therapists but, at the end of the day, we are still all occupational therapists.

Working as an occupational therapist in education and within a special school is very different to working in the health sector. It's more of a give-and-take situation. You are now a resource that the

¹⁹ Afrikaans for: Cool (better than others)

²⁰ Director of Education District South – resigned in April 2012

child can use to access the curriculum. I think the most important thing that I've discovered (there are probably other therapists in the education sector who have different perspectives) is access to the curriculum. The curriculum was core to my approach to the school. The only negative aspect about this approach was that therapists are not really trained to understand curriculum jargon and so it takes a while for an occupational therapist to understand the curriculum. I think of the training that I was offered when I was part of the IE team was a lucky break. I understand the curriculum exceptionally well. My positive attitude and approach to the school system also stemmed from my three-year stint working on the IE team. Being part of the IE team made me more aware of strategic planning. It's not just about occupational therapists in specialised education, but rather about specialised education, the school, the circuit and the district moving forward as a whole.

So, I'm hands-on with my occupational therapy learners; the children I see to at the school and oversee when doing class visits. In this role I might not fit the description of a textbook occupational therapist, but the principles remain the same. I'm in the classroom to look at how the child is functioning. We look at function and we look at what is needed. At this point, a holistic approach is the kind of support that they need to function optimally. We have to deal with a lot of social issues too. At times I feel like I am a social worker. But, all occupational therapists have about 10 per cent social work in them, and I think that's important.

I think one of the things that makes occupational therapists, occupational therapists is our ability to adapt. The strain we take is immense. We are incapable of sitting and doing one thing because there is an expectation from other team members in the school that we are capable of fulfilling many different roles at once. An example of this extended role would be to act as a social worker. We look at the kind of child we have, we look at where they come from, we look at the parents' relationship, we look at the community, we look at the classroom environment, we look at the interpersonal relationships with the teacher and with the other learners. So, one child can literally take up your whole day. The child's community or where the school is based should ultimately guide your approach to the intervention. I am currently the head of the occupational therapy department at the school and my role is two-fold. Taryn²¹ and I are the only two occupational therapists at the school. She joined the school after me, so I acted as her mentor. Part of my role as an occupational therapist is to supervise the educators. There's a lot on my shoulders: supervising the educators, being an occupational therapist and still doing what I need to do. I am always going above and beyond the call of duty.

²¹ Pseudonym

There are times when I don't feel like an occupational therapist. You can't just decide that today we are going to work on fine motor skills. It never works out like that. Where the child comes from, the environment and the situation at school dictates what happens. Things are slightly different in a hospital or private setting, but the principles are always the same. If I weren't a therapist, I don't think that I could do what I do because, at the end of the day, that's how I look at things. I'm very analytical about my observations. I like breaking things up in my mind and then putting them back together again to figure out the best way forward. As therapists, we can do a lot, but at some point we have to include the community and build relations with them so that they can see that our work is in the best interests of the community. We become advocates too. We advocate for the needs of the children in the community, we build relationships with NGOs in the community and link those in the community to outside resources. Sometimes, when I find myself having to debrief educators who spent the evening driving around the community looking for a missing child, I feel more like a counsellor, a psychologist or social worker than a therapist. I mean, that is not what a therapist does, or is it? At the end of the day, it is still your learner, and as a therapist you always do what you need to do to make sure the learners are okay. There have been many times when I haven't felt like a therapist but, you know, if I sit and think about it, I've always been a therapist and I don't think I would be able to do this job if I weren't one.

The community was established in 1968 as a residential area for persons of colour under the Group Areas Act of the apartheid government. The lingering economic effects of disenfranchisement and displacement are still present in the community. With a population of 35 000 people, the current problems facing this community are unemployment, substance abuse, domestic violence and teenage pregnancies. The overcrowding and chronic poverty leads to high incidences of tuberculosis, and increasing levels of HIV/AIDS. Lakeside²² is a working-class community and it provides casual labour to industries, chain stores, fishing companies and the naval base. In the community, unemployment affects the male population more than the female population as the females find employment in domestic and casual labour. Why does all of this matter? It matters because the environment in which the school is situated plays a huge role in the types of learner that we see at our school. Nine schools are located within the ward, as well as one 'education support' school. Three clinics are available in the area.

The social, political and economic challenges facing the community have a direct impact on the condition of the learners. These challenges include discipline problems, malnutrition and a high rate of infectious diseases, all of which influence the quality of teaching. At the school, learners are

²² Not actual community name

assisted through various interventions. One such intervention is a feeding scheme, which is supported by the WCED, the Peninsula Feeding Scheme and soup kitchens supported by the community. I do not only have to deal with the therapy aspect of the learner, but I also have to consider all of the above in order to make the intervention work. It's not easy.

My approach to service delivery at the school involved a shift from a multi-disciplinary approach to a transdisciplinary approach. The shift from one approach to the other makes us, the team, more aware of where we all stand and how we can support one another. At the moment our team consists of the teachers, the occupational therapists and the learners. But, you know, we must always keep in mind that we are in an educational environment. We need to use that platform to move forward as occupational therapists. I think one becomes more aware of the available resources in education once you are in the system. You see, it's very complicated. It's not as simple as doing occupational therapy with the child and then the child goes back to the classroom. Often, you will find that transference of concepts does not take place. So, the question is: How do we move from a multi-disciplinary approach to a transdisciplinary approach where we are all aware of where we stand and how we support one another from there onwards? We need to reflect on who we are and what we are because, at the end of the day, we are responsible for these learners. And, suddenly, I'm back to being a psychologist! You know, we put on different hats as occupational therapists, and I think we know enough about the other disciplines – just enough to get by – to provide assistance. Resources aren't readily available, and, I think, because of the background, knowledge and experience that we as occupational therapists have, we can somehow assist. The therapist in the IE team changed from an occupational therapist to a speech therapist, and now my phone just does not stop ringing! Everybody is looking for me. I mean, what assessments can a speech therapist do on a child who has perceptual problems?

I think another point of concern for occupational therapists in the education sector is the Occupational Specific Dispensation (OSD) agreement.²³ It was only approved in the education sector in 2013 for education therapists, counsellors and psychologists, even though it was approved previously in the health sector. There was a lot of back-and-forth between the health and education sectors about who takes ownership. I still recall therapists commenting that they belonged to the Health Professions Council of South Africa (HPCSA) and that therefore the health department is responsible. The response to this argument was that the education department pays our salaries. My role has a lot of administrative elements, but this is line with what we have been fighting for.

²³ The development and implementation of a customised remuneration dispensation for educators

I've never not felt respected as an occupational therapist. All my documentation – HPCSA documentation as well as the education policies that govern my work – is in a file created by the principal. The principal made a point of telling me that I could read the files and that they could print them for me. You made a conscious decision to come to the education sector, so you have to adhere to their procedures and their policies because you are no longer in the health sector. You can't assume that the same policies apply in the health and education sectors. It would be like going to the health department and saying: "I used to have school holidays when I worked in the education sector". In the health sector, you only get 22 days, and that was it. So it's a give-and-take. You make that conscious decision when you are being appointed. If you feel that you are being asked to be more than what an occupational therapist should be, then go back to the health sector where you are comfortable with the role of the occupational therapist. We're allowed to go on all our training courses as we would in the health sector, our unions make sure of it, or at least they try. You know, occupational therapy training is excessively expensive. It's very difficult.

There are a lot of opportunities out there. I get invited to conferences. It's in the education sector, but I'm still an occupational therapist and that's how people see me. It's nice to be recognised for your fight. It's nice to be recognised for standing up and saying: "I think we need to look at this". What kind of training is needed to enable people? You know, occupational therapists can adapt very nicely and so on, but new skills and knowledge generally stays with you. So, how do we capacitate other people in the same manner? I think that is what occupational therapists do, we train and educate people. It might be health promotion, it might be philosophy of care, but we go out there and educate people.

Different occupational therapists have different roles, but the common denominator, our core foundational skill as occupational therapists, is that everyone deserves to engage in meaningful occupations and I think it's a very good skill to have because you know, especially in education, you're always one ahead with those core foundational skills. Because you understand development, you have that foresight as an occupational therapist – you understand how things are possibly going to pan out at the end of the day. You sit there and your brain works overtime, but even if the officials sitting at the top of the Western Cape education hierarchy are looking at policies, even if they are looking at incapacity leave, you can help out too. So, perhaps therapists in the education sector need to open their minds a bit. Being an occupational therapist never leaves you. Every time you sit down with a document with your green pen – you know occupational therapists and green, it is just the way we have been professionalised to think and be – you are looking at how the learners and the educators are influenced by your services. How are we moving forward? What are

we doing? What are occupational therapy students going to be faced with when they graduate? What do they need to be prepared for?

It's not just about doing assessments all day. You have to look at the greater scheme of things. Policies guide everything. That is why we have to look at the policies in place. If we have a collective agreement to guide us, it makes moving forward a bit easier. We all need to advocate for what we want and I think that's a starting point for me. At the end of the day, if I'm not going to fight my small, little battle, nobody is going to.

The nicest thing about being in the education sector is that people respect what you do. The government might not compensate you as flourishingly as in other sectors, but these are the things that you contend with. It's always give-and-take and that is what life is about. I can only speak for myself, but my role has never been compromised, and I get the utmost respect from the educators – be it at my own school or at other schools. They are all so grateful for the training that we do, you know, and we make the point of providing community service to the community and everybody in our circuit and district.

5.3 Introducing Spade - The Jack of All Trades

I am Spade. In fact, I like to see myself just as that. Call a spade a spade. That's honestly how I view my life and how I operate as an occupational therapist. No hidden agendas, no reading between the lines. What you see is what you get. I started working as an occupational therapist in February 1990. This was a very important period in South Africa, and being an occupational therapist in the '90s made me view the world very differently. The country was going through some major changes regarding its political status. Nelson Mandela was released after 27 years of being in prison on the 11th of February 1990. It was a major historical event. I felt privileged to be qualified as an occupational therapist during this time. At the time, I did not realise how this critical event would impact on how the occupational therapy profession would unfold in the education sector, but it really did! You see, after the democratic elections in 1994, Nelson Mandela became the president of South Africa. He ensured the eradication of apartheid even before his presidency and that everyone — irrespective of their colour, race or creed — would have the same human rights to justice and equality. During this transformation period, the Education White Paper 6 was introduced and presented by the education minister at the



time, Professor Kader Asmal. Professor Asmal made a huge contribution as a fighter for liberation in South Africa and was aptly described by Mr Thabo Mbeki as an architect for democracy. As part of his speech at the launch of the Education White Paper 6 in Pretoria on the 26th of July 2001, he describes the White Paper as a landmark policy paper that would make a fundamental contribution to the lives of disabled people.

I am one of three occupational therapists who work at Acacia²⁴ Special School. I have been there for 23 years. I started working on the 1st of February 1990. That is a long time. The school is situated within a suburb of a larger urban area within Cape Town. The area in which the school is located is known for high pregnancy rates amongst teenage girls and is a high-risk TB area. The school is managed quite well in terms of governance, but the principal tends to be quite rigid and bound by policy. The principal rules autocratically and she sometimes forgets about the human element. I find the environment at the school to be a non-acknowledging one as the principal does not allow for independent thinking and decision-making.

Initially, the infrastructure and space to conduct therapy was very limited, with all three therapists working in one area approximately the size of two classrooms and a passage. However, now each occupational therapist has their own room, which is equipped with tables and chairs, and is spacious enough for group therapy (i.e. six learners at a time). It is also a quiet space for individual assessments and parent consultations. The biggest disadvantage of this new infrastructure is that therapists are not sharing ideas and collaborating with one another, as the individual spaces create a tendency for therapists to work past each other. There has definitely been a role change; it's more multifunctional right now. In the past, we did a lot of individual treatment with specific learners, but now we also go out and provide a service to neighbouring schools that need occupational therapy assistance. Another change that happened was that the school started out as a school that accommodated cerebral palsy learners only, but now they are also accepting learners with barriers to learning, learning difficulties and foetal alcohol syndrome. This has affected our treatment regime at the school. Treatment is now focused on group therapy, educator consultations, parent consultations and whole school involvement, rather than just being confined to the occupational therapy department. And this was a major shift.

I see what I do at the school as playing a big part in the curriculum. It's actually interesting. You need a diverse set of skills in order to understand and implement the curriculum. We are expected to adapt the curriculum to make learning accessible to the child, so that they can reach their full potential. The educators are finding it difficult to adapt the curriculum in light of the new changes

²⁴ Pseudonym

that have been happening in the education sector. This is where we come in and we streamline certain things for them and we develop an individual service plan, which is an individual-specific plan or programme per child, at the level of the child. Our role has changed in the sense that we go out, we do resourcing, or outsourcing basically, and we've now become focus-based.

There are challenges with this new way of operating because the school requires you to do the teachers' duties. You've got to do playground duty, you've got to be there to help with sporting events, you've got to serve on one or another committee — in most cases it is more than two committees and sometimes it is a long-term committee. So, you are basically an occupational therapist and a jack-of-all-trades. We are basically jacks-of-all-trades in the school and we're not allowed to do the basic occupational therapy. We've been fighting to be able to work in smaller, specific groups based on what we discover in our assessments, rather than according to the needs of the teachers. They are sickening. When we ask what they want, they actually say: "Just give us activities". I mean, did we study for four years just to hand out activities? Come to us and we'll give you other ideas. Don't just ask us to give you activities. Go on to the Internet for activities. That is the primary need that educators have of us, and that is what OT has been reduced to in the school, the provision of activities.

I was not really aware of when the Employment Educator Act came into effect, but I clearly recall a group of people coming in to do a work-study. We did not receive any feedback at the time and they then decided, based on this work-study, what our roles would be. I do remember the name change to education therapist in 1997. I really felt that we were dictated to. They told us that because we work in education, we're going to be called education therapists. We were just told. You're at the school, so you do what the school requires, and that is when we started doing all these extra-curricular things. I am telling you, I was actually quite peeved. Firstly, we had to apply to SACE²⁵ and that doesn't cover us for anything. We're actually quite angry because we are no longer known as occupational therapists, we're education therapists and it's a global label. I also feel being labelled, as an educational therapist is very demeaning as your worth is compromised. I am not saying that educators are worth less than occupational therapists; it's just that if I wanted to become a teacher, I would have chosen that profession. Your position/post at the school is looked at as a service that the school can best benefit from and not what you as a professional can contribute. I really think it was a departmental strategy to create generic therapist posts at schools. It's at the school's discretion. For example, when a therapist leaves, the school can decide whether they want a physiotherapist, an occupational therapist or a speech therapist because the vacant post is that of

²⁵ South African Council of Educators

an education therapist. So they don't see okay, an occupational therapist left, this is what she did at the school, so we need to fill that post with an occupational therapist. This name change is not necessarily an expansion of one's role, but more loss of identity... it is like becoming a specialised teacher.

We were blessed. We were part of a White Paper 6 pilot study because Maggie Watson, who was the educational psychologist at our school and then moved to work in the Department of Education's specialised education sector, was involved with the study. You see, we had a special setup at school. We were the only school that had eleven therapists at the time. We were pushed into a massive area, which was made up of two classrooms and a passage. The eleven therapists had to practise in this one area – often falling over one another — so there was a lot of interaction between the therapists. When the White Paper 6 came into play we were already practising inclusivity and we had hands-on experience. When they mentioned mainstreaming, or putting disabled children in a mainstream school, we were already practising that because we worked as a team. The multi-disciplinary team would come together and we would say Amy, for example, can go to the mainstream and this is the support she will need. Then we would look for a school nearer to her home and we would educate the people there regarding the support she would need and the support we could provide. We have been practising this since then, so it's nothing new to us. But the problem is when you're bringing in severely intellectually disabled children. Or introducing intellectually impaired children into a mainstream school where you are also trying to run an academic stream. It becomes challenging because the two streams are very different and then you have these multi-levels in the classroom. So, you have a grade five class, for example, that is functioning on a grade four, grade three, and grade two literacy level. You know this, but they are in grade five simply because of the system. The education system is actually paving the way for it to be like that. The clinical psychologist working at the school at the time was also part of this research group, NCESS and NCET. These were asked to put forward recommendations for the development of a new education policy based on the findings from that research. They decided to use our school as the pilot school. I was very excited about this because we were already practising mainstreaming, we worked as a multi-disciplinary team and we referred children to schools nearer to their homes.

So we are constantly adapting, changing, and trying to fit the child into the system. Once we received the go-ahead from logistics, we started doing the individual service plans and filling in the SIAS forms for the learners.

Working at this level helps, but we need buy-in from the parents. Sometimes it's very difficult to get

buy-in from the parents and then, obviously, you've got the children who cannot actually function within the schooling system. That's when we refer to other schools in the area, and that process takes a hell of a long time. We are usually stuck with that learner until grade seven or the learner goes into our other phase skills class. Yes, so we have been dealing with adjustments and change in how we work as a result of the White Paper 6, even up until today. We are supposed to have the best policy. I am not too sure anymore.

I cringe when I think about how the WCED has treated therapists for the past 23 years I've been in the system. You are just one of those people there. That's the token of the 23 years of crap WCED has pushed through for therapists. There is no skills training, or repayment if you want to gain extra training and pay for it yourself. They used to give us a uniform allowance and those kinds of things, but no danger pay, even though our school is situated in a high-crime area. WCED did not pay for any upskilling of therapists — this had to come from our own pockets. Every damn thing that we do we had to pay for ourselves. WCED pays for nothing. We've been fighting for all this time over the fact that we need CPD points and that they should create them. I mean, you contribute one per cent to scarce skills development or something, and so why don't they use that money to upgrade our skills? Dr Louen²⁶, who used to be in Education District C, made sure that the OTs in the district received funding from the Department of Education for skills development in PowerPoint presentations, to upgrade skills and resourcing and outsourcing information. They actually created a manual to help educators understand development in relation to pre-schoolers and align the child's development with the child's full potential. So, why can't we, in Education District A, have the same privileges? Six years ago Zelda Mycroft from the Chaeli Campaign²⁷ came out with a course on fundraising. I was the fundraising co-ordinator for the school so I paid R1000, which was a heck of a lot of money out of my own pocket, to go and get the skills to be effective in this. The school couldn't give me the money or even contribute to the cost. The only thing WCED paid for, and it was because my very first principal fought for it, was the neurodevelopmental therapy course that I went to. In 1993, when I did the course, it cost R800. It was my payback for staying on at the school — most of the therapists stayed on for two years and then left because they got the neurodevelopmental therapy course training.

Yes, so that is the only thing they paid for. Everything else we paid for. WCED did diddly squat to upgrade skills and, if they do have workshops, they are never occupational therapy focused or therapist-based. It's more in line with the training of educators. Now that teachers need to get CPD points, they want to include us, but they still don't offer therapy-based skills training.

²⁶ Pseudonym

²⁷ Is a non-governmental organisation that provides and promotes the mobility and educational needs of disabled children

My day-to-day activities include running perceptual motor programmes and holding consultations with educators and parents. I am also involved in the hand clinic and the eye clinic. There are just so many things that WCED wants done, and therapists are not on top of their list. We moan amongst ourselves, but nobody listens to us. You can only do so much. Maggie Watson, who knows what the problems are at the grassroots level because she comes from Acacia School, seems to have got lost along the way. I'm sorry, but that's just how I feel about it. The minute people move into a higher position, they forget where they started. The very thing for which we fought is no longer an issue. So, why do you sit up there if you can't make changes at the bottom? Then you should stay at the bottom and fight for these causes because then we might just get heard. You know what the problems are, but you are not doing anything about it. I know that you can't initiate changes. I know that Tracy²⁸, she represents the therapists at departmental level and Marie Pieter²⁹, she used to assist at management level in the WCED, had a problem with the upper guys, with the upper levels but, heck man, it's not just a paying job at the end of the day. Listen to us. Marie Pieter gave up at the end of the day. Why? Because it was a male-dominated hierarchy that she had to go to, and they weren't interested in anything else other than you doing the job that you need to do at grassroots level. I'm actually very angry. Every time it comes up, I just get more and more angry about it because nothing is being done. And we're sucked dry. We're three occupational therapists and there are lots of schools that need us.

Nobody is interested. Nobody's interested in listening to what we have to say. We had a group for a therapist, which was started in Education District A. It was brilliant. It worked well and the only problem was that it was open to everyone in the district and there just wasn't a right time for everyone to meet. It was a space where we could air our views. It was good, but it just disintegrated. Therapists continue to moan amongst themselves about their unhappiness and nothing comes from it. In my current engagement of implementing the White Paper 6, I was finding myself having to constantly change and try and fit the learner into the system. At government level, it sounds fantastic, but all the faults come out when you are working with it. You know we have an IE team based at our school, but it is a speech language therapist and not an occupational therapist. I applied for a post at Holland School³⁰ that would have made me the occupational therapist on the IE team. I'm not sure... *Sien jy hoe slap is WCED?*³¹ We are already three weeks, almost four weeks into the term, and I haven't even been told whether I got the job. I was nominated for the post, but I didn't get a letter to say that I've been accepted for the post for the IE team at Bellville School. So that says

²⁸ Pseudonym

²⁹ Pseudonym

³⁰ Pseudonym

³¹ Afrikaans for: Do you see how disorganized the Western Cape Education Department is?

a lot in itself. Who's really fighting for us? Natasha³², who is the head of the IE team at Acacia School, has been trying to follow up on the position for me. She was referred to Mr Xavier, who is supposed to sort it out, but he told her that he really doesn't have the time! So, where does the IE team for Bellville stand? You know what I'm trying to say? So, yes, once again, we're being pushed from one side to the other. What do you do? Let me explain a little further. Natasha usually makes use of us because we are based at Acacia School. When she needs help with the schools she has to look after, she will ask us if we are free and if we can do outreach at particular schools. We don't get paid for it. We just have to merrily get on with it. WCED pays us to be therapists at Acacia School, we are not part of the IE team. That is over and above what we are supposed to do. Does that mean that we are going to be paid for the extra work that we do? Does that mean that we can leave work here? Are we going to be held liable if we leave our work at the school to do someone else's work? Yes. You know what I'm trying to say. And that's the dilemma that we have at the moment.

In the past, our job description was determined by the PAS³³ document. It outlined what we needed to do at the school. This document was phased out in 1996. I still remember because two years prior to that they came to do that massive work-study and nothing came from that. They didn't tell us what our job description should be, but they did ask us to sit in groups at the school and I thought that stank. From school to school you differ, but you do have similarities. We should have all come together, irrespective of the type of learner you see. But it was never done like that, and we didn't receive a document that detailed what they discovered during the study. And I know they sat and chatted to us and observed us. People who have no damn inclination about what occupational therapists do, sat there telling us what we should be doing. It was very frustrating. Look I've been doing this for 23 years and there have been a lot of changes and you don't mind the changes, but at least consider the people who have been working for you. We've never been considered. I wear my emotions on my sleeve, so my colleagues always think that I am more emotional, but I am the only one who says what everybody else is thinking, and now I'm at the point where *ek is nou lekke dik van daai, ek staan nou op vir myself*.³⁴

I've been in the system for 23 years and I'm going to say it all the time. When I started out, I didn't complain about the money, but dammit, the therapists who are coming in now are earning the same flippen salary that I am earning after 23 years of being in the system. And I'm still regarded as a post-

³² Pseudonym

³³ Personal Administration Standard. A document from the Provincial government of the Western Cape; that provides a descriptor of the scope of practice for occupational therapists, physiotherapists, speech therapists in hospitals and school based practice.

³⁴ Afrikaans for: I am now fed up and I am going to stand up for myself

level-one therapist. Twenty-three years! I'm supposed to have the title of senior therapist after seven years. Mishka³⁵ and I have given ourselves the title of senior therapists, because we are.

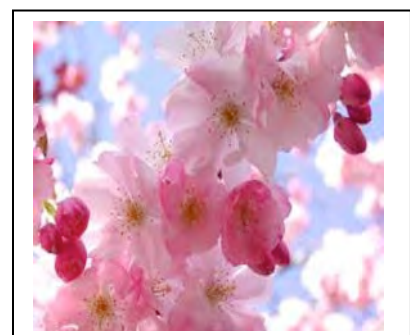
The Occupational Specific Dispensation was another issue. Don't even get me started on that! That measly flippen money that they gave back and we lost out. What, R32 000 that we are supposed to get for a year? You see how accommodating we are for WCED? Why can't WCED get their act together and take responsibility. Education has been pushing us from one pillar to another and telling us: "We will backdate it from here. No, we will backdate it from there. No, we will actually give you a once-off payment". Do you know how flippen measly that once-off payment was?

So, if I am so frustrated, why have I been working for the education sector for the past 23 years? Children have always been my passion and it was not about the money. When I became an occupational therapist, I was concerned about what I could give back to society. Yes, I applied for posts, got the offers and declined. Why? I decided to stick with this school because I saw the need. The face of one happy child makes that difference to me. I don't look back at one day and say I should have done something else.

I'm still waiting for a response, but I'm not sure whether applying for the position on the district's IE team was a good move. Despite all my years of experience, skills and knowledge of working at a special school, one is still answerable to the districts. You're still answerable to the district that you work with and Education District A, right now, is going nowhere.

5.4 Introducing Blossom - "We might be specialists, but we are not print outs"

I am Blossom. I'm very much part of the furniture at Falcon Special School. I've been here since 1992 — so, it's like 21 years. It was actually my first work after graduating. So, I've only worked in the field of special education. I do enjoy working with intellectual disability, but I also find the Cerebral Palsy (CP) component exciting and stimulating. I think that we as



therapists can see the growth of the children because we work with them from when they are young and it is actually positive when we're also part of their exit plans. It might take years, but you can see the development and the maturity that actually happens. And we do have some success stories. I

³⁵ pseudonym

shudder to think what would happen to these kinds of children in society if schools like Falcon did not exist. We might not be creating professors, or people who go out to be functional members of society in the big world but, within their own little worlds, they are functioning. We have seen our learners when we go to the protective workshops that were part of our work training, and we see our ex-learners, they've actually matured. These things make you feel that you have made a difference as a therapist, and that you've been involved in that child's life and have added some kind of value to that child. So, that's what actually makes it meaningful.

I do get despondent sometimes because of their intellectual, their cognitive impairment, which is quite severe. You don't see a fast rate of progress and you sometimes question whether this is because of your abilities or if it simply the case that you are dealing with. But, otherwise, I enjoy my work and it's nice. Obviously, there are going to be ups and downs with the people with whom you work — the teachers, principal, drivers and therapy staff — but when we have to pull together, we do. And that's marvellous. There is a true spirit of collegiality.

My role has definitely changed. It changed drastically when the number of therapists was cut. We initially started with about seven therapists. We had three occupational therapists, three physiotherapists and one speech therapist. With the downsizing, we lost the speech therapist and then, after that, an occupational therapist left and her position then became a contract position, which we later lost because of our numbers. The weighting of our learners — we had no CP learners for a while, and there was an influx of learners with purely intellectual disability — had a great impact in terms of our therapeutic intervention. The curriculum is designed in such a way that it's very much occupational therapy-related: it looks at the core things necessary for the development of a child with intellectual impairment. So, now we're sitting with two occupational therapists— Bubbly and I — and one physiotherapist, Mandy³⁶. When teachers request our support, we sit in on the classes and see how we can intervene. A lot of our energy goes into seeing to the seating of the learners because the support we previously received from seating specialists, Shonaquip, has fallen by the wayside.

A lot of things have been happening at Falcon School that affect how we function. For example, I'm a part of the senior management at the school and I take on the role of head of department for the occupational therapy Department. This gives me many additional administrative duties. So, that cuts into my clinical work, but I'm also involved in a greater capacity at the school — putting together policies and attending to whatever needs to be attended to from the district. We're involved with admissions. We're involved in a lot of things other than just treating children as if we were

³⁶ Pseudonym

traditional occupational therapists. So, we do things that are kind of out of our scope of practice and we are very conscious of that because it's not supposed to be like that, we are not employed to support the teachers in that way. We are supposed to be giving support in terms of occupational therapy.

At a school such as Falcon School, you do get roped into things that are happening at the school. If there's some kind of an event, then you get involved. So, you actually really cross the boundaries. We don't work in a vacuum here; we've got to actually be on the support structure for the school. So, they don't see us as clinicians. Sometimes it feels like a military camp — we need to be on call all the time, we need to do playground duty, and we need to take minutes when we have a discussion about anything other than a child. It's frustrating, you know. It almost feels like you are a clown wearing different hats to please everybody. This contributes to my frustration. For example, you might be on playground duty, but at the back of your mind you know that you are not doing the children justice by just watching them play. Sure, there is meaning in observing children play, but as an occupational therapist you can actually offer more than seeing to the children's basic needs.

Somehow, Falcon School is just not coming together because of other dynamics that occasionally come into play. It gets frustrating, but this year, 2013, has actually been a year when we have been trying to put things in place so that we can function better. Our focus is moving away from one-on-one therapy, and obviously looking at seating is crucial for our children. We are putting focus on therapeutic feeding because we don't want to end up with school-leavers who are still drooling and are really messy eaters. We need to intervene, so that is part of the programme and that's a daily thing. We're involved with the sports. In the case of high-needs learners, we can help them develop their motor skills. As occupational therapists, we look at the sports programme differently — we bring in what we know will make it a therapeutic gross motor group. But a scheduled weekly one-to-one therapy timetable is just not working out yet.

Every day is different. You can plan for your day to go one way, but you don't know what crisis you are going to have to deal with that day. For example, the principal could suddenly tell you that a visitor is coming or that there is a parent interview or that you have to deal with a re-admission. The system isn't properly in place for things to be running smoothly.

We're often being used as gap-fillers. At this point, there are a lot of situations when class assistants are perhaps absent or the teachers need support and they've been appealing to us to come and fill the gap. We've put our foot down because that's something they need to attend to. It's a school

management thing. A once-off crisis is okay and you can help out, but you can't be doing it every day. And that's where we get taken advantage of.

In the beginning, when we started affirming what we do as occupational therapists, there was a lot of resistance, but now they don't call because we've said very clearly that we cannot fulfil that role. That is not how we can help. Okay, we can understand when there's suddenly a teacher who calls out to you if you're walking past. I mean, it's sort of what relationship building is all about. But the teachers and the principal cannot see it that way. In their minds, if someone is absent, the occupational therapist will come and step in.

I think the biggest barrier for us is actually the curriculum itself. Our teachers are also still battling in terms of the CAPS curriculum.³⁷ The CAPS curriculum is a revised national curriculum statement that has a single, comprehensive policy for each grade and that is supposed to help lessen the administrative load for teachers. That is where we are. This is what we can cope with, but even Grade R and Grade One are too high for our children. So, there is now a different curriculum, SID (Severe Intellectual Disability). It was put together by some organisations, and our teachers are actually marrying that with CAPS. So, we are still using CAPS, but we are looking at developmental levels and creating something that will work for us. We have been asked as therapists to contribute to the merging of the curriculums, but because they have so many meetings and it's such an on-going process, we decided to sit that one out. You people sort yourself out and then you can just give us the information.

We are employed according to those conditions of service in terms of being education therapists as opposed to occupational therapists. I remember that it changed to education therapist on my salary slips and that at the time there were discussions at the school because we wanted clarity regarding our role. We didn't want to end up in a situation where they could say that because we were now education therapists we could run a class! I think that at some schools it did actually happen that occupational therapists became responsible for classes because they were given that kind of status. To be honest, because I don't have previous working experience in another sector, the change was not as traumatic for me as it was for other therapists working at special schools. I heard along the grapevine that there was lots of unhappiness. But, considering the Occupation Specific Dispensation that happened in the health sector, we are still a marginalised group in the education sector. It's only just coming through in 2013 and we have been waiting for it since 2008! So, sometimes you feel like you are neither here nor there. Because we are such a minority, we don't have meetings where our feelings or concerns are discussed, and we've also never had very good representation.

³⁷ Curriculum and Assessment Policy Statements. A policy document that guides school curriculum in the Western Cape

The teachers worked with Education District B, but it was very much where they were piloting things. They were trying to figure out what was going to work, and every time someone came up with an idea they kind of roped us in. We were never really part of the bigger pilot study and that was our biggest concern. Who implements the suggestions we made? What is the follow-through? What is actually happening?

The district officials never really contacted us. For example, the head of the district never officially came to declare Falcon School a resource centre, even though we have been saying that should happen. At one stage they said that once you have been classified as a resource centre, you would get moved up to a post-level-two position, but that has not happened. As a school, I think we haven't really received direct support. There was a bit, but in a very indirect way. We're not directly involved yet as a resource centre, not just amongst the therapists, but amongst the teachers too. That is actually the biggest concern. We already have a lot of learners and we are still expected to increase our numbers. At one stage it was 145, but now we are expected to have over 180 learners. So we're already having problems here, and we are expected to further extend ourselves to help others. I mean, we do have the expertise and the knowledge, but giving that knowledge is going to have to be at the expense of what we have here. Somehow, the district officials think it's easy to go out. They want us to empower teachers, but that requires planning. Where must that planning come from? It is going to interfere with our daily duties at our resident place – Falcon School.

We might be specialists, but we're not printouts. We can't just spit out stuff like that. You need to have a process that you work through – a beginning, middle and an end. It just feels like when are we ever going to reach the end where there is full implementation of inclusive education? So, with the exception of the IE team, we haven't really been an active resource centre.

We are starting to build relations with District B. Nancy³⁸, the occupational therapist at the district level for District B, arranges quarterly meetings with us. All the schools that fall under Education District B stick together. Nancy will send out requests for an agenda, so if there are any issues, we can put them forward. She even manages to organise things like CPD for us, so that we don't have to pay for it or so that we at least pay only a small amount. She's very organised. She even made enquiries with regard to the OSD and reported back to us. She's been our spokesperson at the management level because she sits in on the provincial meetings. She also liaises with Tania Botha³⁹, who is responsible for the therapists at the provincial level. We are able to channel our concerns

³⁸ Pseudonym

³⁹ Pseudonym

through her so; at least we have that avenue. She also comes to visit us at the school once a term to see how things are.

Okay, so we're now classified as a resource centre, but we are not yet fully functioning as one. As a school we have not decided how we are going to get involved. Okay, the district didn't give us clear direction, but I think that the district officials also want us to say how we can get involved. We are not yet at that point. In meetings, the therapists have said that they would like it to be an 80 per cent to 20 per cent split. So, in a five-day week, four days would be spent at the school and one day would be spent out. So, we're still very much just doing what we are doing here at Falcon School, and we have not stretched ourselves out yet. In terms of outreach, I was involved in a priority project for the Grade Rs and the Grade Ones in 2012. At the moment everything happens on a request basis. So, the district officials came to the school and made an appeal to the principal. They asked if the therapists could sit in on this particular task team to help compile a stimulation programme for the Grade Rs and the Grade Ones that would support CAPS. It was an initiative from the district, but the district OT couldn't do everything herself. So, that was my involvement in terms of community outreach. The work is still very isolated – little pockets here and there.

There have been a lot of changes at Falcon School recently. Our principal left last year and we have a new principal this year. There have been a number of changes and stumbling blocks, and things are not yet running smoothly at the school. I'm not sure what has happened to the spirit of collegiality that was at the school when I started. There has been some development in terms of cultural activities at the school. One teacher started a music band that goes out to the other schools and plays if there is a disability awareness event. However, there hasn't been much progress in terms of curriculum development.

We are all aware that there is a big need for education out there. We all listen to the news and hear the appeals from the community. I am married to a teacher, so I hear the concerns from other schools too. We definitely need to attend to the pleas from the community, but the staff members at the school are already inundated with their current work and duties. I don't know how one finds the time or energy to provide support outside the school too. We are going to run ourselves into the ground! It's even challenging for our IE team, but probably exciting too. We see Liezl⁴⁰ running from one school to the other, and it is physically draining. The tricky thing is that you have to deal with the different dynamics in each of the schools. It's rewarding because you bring things into place, but every time it's a different curriculum and you are dealing with a diverse group of learners. It's language problems, it's behavioural issues, and it's the social aspect of things. So, education is not

⁴⁰ Pseudonym

just one thing. It requires support from other avenues such as the welfare department. We're such a small school and we are still struggling to get social support. We try to deal with many of the social issues ourselves. It's only in really difficult cases that we reach out and ask for help, but then it still comes down to us working with the parents and so on. Money is always thrown out as a stumbling block when it comes to resources.

My daily activities include making sure that the children are seated correctly in their wheelchairs, providing some of the children with hand splints (this usually turns into a bit of a therapy session with some stretching and exercises) and running individual or group sessions. The seating issue is an on-going one that requires daily attention. We usually split the classes up between the three of us.

I enjoy working in the education sector. I enjoy the convenient hours and holidays, but I also enjoy the work. I enjoy seeing the growth in the learners – not always as much or as quickly as I might want, but I'm still here! We provide support in the best way that we can – whether it is helping with seating, having a conversation, sharing a smile with a child or pointing things out to the people around a child. At Falcon School, with the exception of the Inclusive Education team, White Paper 6 has not really come off the ground. Other than skills presentations, as a school, we have not even put together a policy. I'm not just talking about the therapists; I'm talking about the teachers too. We haven't decided, for example, okay, this particular teacher is going to go to the learning support unit to support that teacher by giving advice on how to adapt the curriculum. We've had appeals from schools that have called us directly. A Grade One teacher called to say that she has four learners who are not coping with mainstream schooling. As a school, I'm not sure how we can get involved. I mean, we are battling just to get things off the ground here. We are feeling drained as it is. We've got so many children with so many behavioural problems that we are struggling to help the children who are high-needs children in terms of their physical needs. I think that as a school we need to decide what we can offer, and I think that until we have established that, it is going to be very difficult for someone outside the school, who will perhaps only visit the school a few times, to make a big change or dent our job descriptions.

We've had job descriptions here at Falcon School. We were not classified as education therapists, but we've now been given clarity in terms of the roles we are supposed to fulfil at the school. We didn't actually have any input; I think it was NAPTOSA⁴¹ that put together the job descriptions for therapists. I'm not actually sure how it all came about. I think that a job description shouldn't just come from one person; it has to happen in consultation with all the role players. I mean, we don't just want to be told what our job description is; we want to be part of that agreement.

⁴¹ National Professional Teachers Organisation of South Africa

We need some clarity. What sort of programmes should we offer? Do we have to empower the teachers, or should we be doing assessments? So much is still unclear and seems to be in the pilot stage. The WCED have these ideas, and then they pilot it. They make you feel like a guinea pig. Someone comes up with a new idea or gets into a position of power and then they feel the need to rock the boat and introduce something new. Someone is just trying something out, but we are expected to fall in line. I think that's what brings about a lot of frustration.

We've also been voicing our frustration about the implications of some of the decisions that have been taken. If they want us to do outreach work, why are they cutting the number of therapists? As I mentioned earlier, the number of learners has increased, but the number of therapists has been halved. And now they are increasing our workload too. We only have one physiotherapist now, so we feel obligated to support her with issues such as seating. That's one physiotherapist to deal with all of the on-going post-operative treatment that the children need.

The teachers that get to me the most are the Grade One and Grade Two teachers. I mean, how much knowledge do you need to have to teach those classes? Sure, you will need to understand childhood development, but you can carry the work over from one year to the next. I mean, it's basic elementary stuff. As an occupational therapist you might be asked to speak to the teachers about a basic level of development. But sometimes it feels like you are undermining the knowledge of these people. After all, Grade One teachers are qualified teachers. They might even have studied early childhood development. I guess, for some, it might be a good refresher. I suppose speaking to the teachers about development is also a confirmation of what you have been doing, which is positive, and it can act as a refresher for you of things that may have fallen by the wayside.

The district occupational therapist like to tell us that we'll see how much the teachers value the support when we go out to the other schools, but I think that school teachers are also inundated with work and might not have time for this extra 'support'. But that's another research study.

Another problem is all the red tape. You want processes to go through, but the red tape gets in the way, and that can be demotivating. I think the staff at Falcon School is trying to hold everything together, but certain dynamic and cultural and social problems make this difficult. We only have time to focus on our children and their education. We have a new principal now though, so we need to consider all these new policies and what we need to do to get systems in place.

5.5. Introducing Bubbly – The Occupational Therapist that wants to think out of the box, but cannot



I am Bubbly. I graduated in 1994 and this was the first job that I took, straight out of varsity. This was in 1995. At the time, I lived in Wolseley and I got a telephone call from my aunty who lived in Lansupe. She saw the post advertised in the *Cape Times Job Finder*. She gave me the number in the advertisement and I called it. I didn't know anything about the type of children I would be dealing with. At the time, the school was still next to another special school premises in Redtown All I knew was that I needed a job, so the type of child I would be dealing with didn't really matter. I went for the interview. It was my very first job interview and I was so excited when I got the job! I started out shadowing an experienced physiotherapist and the occupational therapist. I had limited experience, so they took me under their wings. I started at Falcon School on the 1st of February 1995 and, a year later, we moved to the premises here in Lowwood. In 2000, I did a neurodevelopment therapy course and then some light bulbs seemed to switch on for me. Suddenly, I could treat children according to their needs! I have been working at Falcon School for the past 18 years and I have developed a lot during that time – in a practical way, but also as a person. My confidence has developed because I know what I'm doing, and I have an idea of what our children are all about. I try to zoom in on what the profession of occupational therapy can do for the children and do my part. That is rewarding for me. The nice thing is that you don't stagnate because there are always workshops that come up to assist you. A person must leave room to acquire knowledge. Perhaps I can sharpen my assessment skills or the way I implement interventions, you know. I always compare myself to other therapists when I attend workshops so that I am exposed to new and different ways of doing things. When we interact, we realise that although we each feel like we have limited experience or knowledge, at the end of the day, we actually each just have experiences in our own fields and problems that we have to deal with. You are a specialist in your own field.

So, I've stopped comparing myself with other people. I'm a therapist working with children with severe intellectual disability. I have to meet those children on that level. If I'm going to work with a child with a learning disability, or another kind of disability, I have to meet that child on that level. This means that, depending on the work you do, you'll be exposed to different kinds of assessments and interventions. So, I have stopped comparing my expertise with that of another therapist, because it just made me feel as though I was not good enough. When I arrived at Falcon School, the

school was strictly for cerebral palsy learners. This meant that learners had to have the physical disability called cerebral palsy, along with the intellectual disability. But the school system changed to education districts – we are in Education District B – and the referral system changed with it. The admission criterion for our school has changed – all of a sudden we started getting learners with all different kinds of disabilities. We now get children who have plateaued in mainstream schooling. We are this grey area called a special school. I don't think it is just us. Other schools have also experienced this change in criteria. The teachers aren't sure how to deal with the children coming from the mainstream because they are not as severely physically or mentally handicapped. It's difficult to meet them at their level and keep their interest academically, with the arts and culture or with sports programmes. So, some of them have started to present with behaviour problems.

It also presented problems for us as therapists. One of our objectives was to prepare the children with cerebral palsy for protective employment. We know who runs the protective employment workshops and where they are. So, when the child reaches school-leaving age, 17 turning 18, we would make the necessary recommendations. So, that is a big challenge that came about, and to date we still have that kind of problem. As therapists, we asked the district officials to adhere to our type of child, because not doing so makes things more difficult for the teachers and for interventions. Although we do follow the curriculum and currently it is the National Statement Curriculum.

I think our roles started changing in the year 2000, when they started addressing us as education therapists. At the time, there were three occupational therapists at the school. Blossom and I are neurodevelopmentally (NDT) trained and so we felt that the younger children could benefit from our interventions. The third occupational therapist, who is not NDT trained, took on the more senior learners and the group of school-leavers.

Originally, there were seven therapists – three physiotherapists, three OTs and a speech therapist. When the speech therapist left, because of another job opportunity, the post was frozen. At that time, the third occupational therapy post was a contract post because there were fewer learners. For example, three classes added up to 40 learners, which was manageable. You had the time to support your interventions for those three classes.

Between 1997 and 1999, I also had a school-leavers group. I only did my Neurodevelopmental Therapy course three years ago so, until then, I just dealt with the intermediate and foundation phases. In the past, the number of therapists and the number of learners meant that we could offer quality interventions. Now, the work of fewer therapists is stretched across more learners.

At one point we were addressed by one of the department's head psychologists – I can't quite recall her name – about the new role for therapists at schools and how we could be better utilised to support mainstream schooling. I'm not sure if the pilot project involved all therapists in District B, or just those in special schools. When they told us about how they were planning to implement the changes, I could already foresee operational problems. We understand that there is a need for therapy in mainstream schooling – at any level of schooling you will always find children who are battling. But we already have children that we are responsible for. I think that the department became worried about statistics, or was trying to cut back on costs, and thought that they would be able to utilise the expertise of therapists who are already based at special schools to support the mainstream. At the time, I got very angry – as I mentioned to Blossom – because they alluded to the fact that the therapists 'just sit' in schools and things like that. Obviously therapists can work with the normal person out there, but these children need the intervention first. As therapists at Falcon School, we decided to try it out because they asked us to pilot it. We tried to be of support at Parow Preparatory. We would all go out to the school together, but we could already foresee the problems. We were just like; we didn't feel it, man. You cannot go into a class and say to the teacher, "Yes, I'm going to do this kind of group today." After we realised that this model just wasn't going to work, we sent our feedback to the department. We said that we understood the sentiment, but that it was just not practical. Things were quiet for a while and then, all of a sudden, the White Paper 6 came out, and it just made our whole world turn upside down! There was huge chaos. I mean, you can imagine. If we were frustrated as therapists, imagine the frustration amongst the teachers and the mainstream folk out there who are now supposed to accommodate disabled people. Sure, a lot of people have family members who have physical disabilities and who want a space in mainstream schools. That is fine if that person is mobile. What about when it comes to really difficult cases? In some cases, people want to make a statement by pushing for someone who is severely disabled to be accommodated in a mainstream setup; it is not always an easy task. And, if there are more and more of these people, it becomes an educational problem, which needs to be solved. When the White Paper 6 say that every person can learn and how schools can be operated, it's just another difficult crisis that is started.

We are trying to do what the department envisages for us as therapists at a special school. We are trying to provide that kind of support to mainstream schools. Things have become even more demanding over the past two to three years, because we have a post-level-three therapist who is receiving instruction from the education department. You know, you fall under a district that falls under the education department. Some people have actually gone out there and tried to do what the department wants them to do, and I take my hat off to them. To date, I just cannot find the time

to leave the premises of Falcon School and deliver what the department wants us to deliver. I mean, we tried it about five years ago. After the White Paper 6 came out, we were given the names of four schools. So we said: "Okay, we need to do a needs-analysis because we have to support these units". So, off we went to a Du Noon and Parow where the four unit classes were situated. Being a therapist is not just about learner contact, you have to do admin. You are expected to be involved in whatever activities are taking place at the school. You are involved in the dynamics of the school. You know what I mean? We interviewed the people according to their needs analysis and then we drafted a summary of our feedback. We just thought that this was really a big problem because the unit classes were not well developed. People are still trying to figure out how the unit classes are supposed to operate, and most people are not really qualified to do this. To date, we haven't got any further than a needs-analysis. The department has become more demanding over the past two or three years. They keep reminding us that we need to think of outreach. I think that the biggest problem is that it depends on a human resource, so how is it really going to work? It's good on paper, but how is it really working practically?

Another problem is that there is no guidance. We have to approach the full-service schools and provide support. But what are the practical implications? For how long must we support the Grade Rs or the Grade Twos? Two years, five years, forever? You understand? Five years down the line, do we suddenly say: "Stop. *Ons het nou genoeg vir julle ondersteun?*"⁴² Then we have to find another area of speciality and another area of speciality. If you go full circle, do you need to start again and again? And that's not even addressing the biggest problem, where in my daily timetable must I find the time to go and support another school? Must I do it at the expense of the children at Falcon School? The numbers have increased and the therapy posts have been cut. It's a mammoth task! I mean, how do you balance the cut in therapists with the increase in learners? And, you know, as illiterate as the parents in poverty-stricken areas can be, you mustn't underestimate them. They are always asking questions: "*Hoekom vorder my kind nie?*"⁴³ Or, "*Wat doen julle by die skool?*"⁴⁴ They make enquiries! The teachers try to do the academic programme, but they need the support of the occupational therapist. There is one poor physiotherapist, who is 62, who has to deal with 188 children. How can she attend to all of them? Her role has changed and now she mostly does wheelchair management. I feel so ashamed when we present the learners at the doctor's clinic. As *dokter nou weer vra*⁴⁵, "Is this one standing in a standing frame? And this one?" We can't... you can't get around to doing everything because there's a behavioural problem, there's an assessment for

⁴² Afrikaans for: Stop, we have supported you enough.

⁴³ Afrikaans for: Why is my child not progressing?

⁴⁴ Afrikaans for: What are you people doing at the school?

⁴⁵ Afrikaans for: If the doctor asks

suitability and you know you can't just assess in one day. We try to follow a timetable to make sure that we see all seven classes – I have high-needs children in all of them – but sometimes there's a crisis and sometimes you just have to pass on certain children and leave it up to the programme. The teachers do address some of the problems with the curriculum that is in place, but I know that if I could have been a little more involved in that child's life, I could have made a difference. I could have helped with their understanding of things, their independence and their level of performance, that sort of thing. You know, we have a full page of learners who cannot feed themselves – the difficult feeders. So we have to assist with therapeutic feeding, despite the fact that the other educators have been shown how to do it. We have to help with those social skills on a daily basis. When I am off the premises for a workshop – or for whatever reason – I have to trust that the teacher will feed the child in the same way that I would have. Seating is also an issue that we have to continuously deal with. Every three months children grow, *dan moet jy nou weer hoe dink nou – is dit chop of change?*⁴⁶ You pray that that child will sit at that table for the whole year. So, a lot of the time goes to seating as well, you know.

Two years ago, the Western Cape Rehabilitation Centre on the premises of Lentegeur came up with this seating referral system that dictated that a child at a special school must be referred to a hospital if the therapist can't provide intervention with regard to his or her seating needs. Now, you tell me, when those foot brakes are worn and the child only has one foot brake you, the therapist, must now accompany the child to the hospital, *dan sit jy vir die hele halwe dag daar, miskien vir 'n*⁴⁷ foot brake to be replaced and things like this. You have to spend the whole day carting one child to the hospital and back, but at the Shonaquip Seating Clinic – which used to happen at the school – 14 children could have been sorted out in one morning.

We now have to step in and cover a lot of roles. You're forever in case discussions with parents. All of this needs to take place during the course of the day – you can't have case discussions at four or five o'clock in the afternoon. We no longer have as much direct contact with the children. It's frustrating. You can't manage to see the children as regularly as you should and, because of this, there is no progress. So, it's a lot of frustration, but we know what is hanging over our heads. We know there is a draft job description out there at the head office for the occupational therapist at special schools – the whole thing of 'outreach', you know. We have to support the mainstream schools and that is very frustrating because — as I have mentioned often in our therapist meeting groups — WE ARE ONLY HUMAN. WE ARE NOT ROBOTS. WE ARE THERAPISTS.

⁴⁶ Afrikaans for: And then you have to think again, is it

⁴⁷ Afrikaans for: You sit for almost a half a day waiting for a

A therapist doesn't sit at a desk and tick stuff off. We come into a person's private space, we give therapy. It's hands-on. And you cannot call yourself a therapist if you are an occupational therapist or a physiotherapist and you don't make contact with the other person's flesh. It's tiring. And I think that the amount of involvement varies from the one disability sector to another. If you are a therapist working with physically disabled persons, it is tiring. You have to feel that movement, you have to facilitate it. Your body goes with that person's body. And that is tiring. It needs monitoring and it needs regular interventions. You have to contact the caregivers, show them what you do, and ask nicely for them to do this at home. What about therapeutic feeding? You have to show them. What about splinting? We can't even get there! Luckily, the inclusive education (IE) team occupational therapist has stepped in to help out with the splinting. She asked where she could be of assistance, and she is a fundi in splint making. We can make the soft splints, you know. We can buy foam and we can ask an outsider to stitch the cover, but the hard splints are another matter. In the past, we had to take the child to the hospital, which meant another whole day off the premises. But, at the end of the day, we would still have intervened; we would have helped that person to be more functional. Luckily, now the IE team occupational therapist can help us with those hard splints.

The Employment Educator Act, which was ratified in 1997, basically stipulated the change from occupational therapists to education therapists. Since 1997, we have been called education therapists on our payslips. I don't recall them holding a meeting to inform us about the Act. There was correspondence in my salary file about the change from a health therapist to an education therapist, but at the time I was young and not very well informed, so I didn't know what the implications were. When the Act was ratified, I was young – I only started working in 1995. But those who had been in the system for 15 years or more made a big hoo-ha. They made enquiries about whether previous years of work would be recognised and asked questions about their salaries and pensions. At the union meetings, the therapists and psychologists were really upset about their change of status.

We are now education therapists, and most of us belong to the teachers' union NAPTOSA. We are registered with the HPCSA, but the education department employs us, so we also belong to NAPTOSA, where issues of employment can be addressed. It's confusing. I told myself that I need to acquaint myself with more things pertaining to my status as an OT in the education sector such as education acts and so forth. I feel that in the past, I have not been encouraged to pay attention to that type of thing and, as a result of this, have been very ill informed. I am not even sure who should encourage me. Perhaps myself? But I do expect it from my principals. In the past, I was seen as a junior. I wasn't involved in senior management meetings, and you do feel very ill informed about

certain things if you are not in those meetings. In one of our meetings – probably about five years ago – we had to familiarise ourselves with the PAM/PAS document. It stands for Personal Administrative Standard and it gives you some direction about your role and job description. I’ve still got the document, but it is so faint now that you can’t even make out the writing!

If they start rolling it out on a small scale, by creating posts at the schools that were identified as resource centres with the aim of supporting mainstream schools, it might work. The school-based therapists are still finding it very difficult to slot that support into their timetables. It’s difficult to find a day in the week when you can go out and support teachers at a school out there who is experiencing difficulties with their learners. And we’re supposed to zoom into the foundation phase, like your Grade R or Grade One level. I told the principal that we needed to have a meeting so that we could tell him what we were experiencing and what problems we foresaw. The department is coming down hard on us to start making the move, but I am just thinking, let Mother Teresa come here so that I can tell her “Be my shadow for a day”. I’ve requested for Maggie Watson⁴⁸ to come and meet me personally and job shadow me and show me what I’m supposed to do. You know, my biggest concern is that I’m not ignorant of the need out there but, at the end of the day, OT alone isn’t going to fix the problem.

It’s big. It’s really big. I’m not sure what is going wrong with our nation, but there are just so many children who are experiencing difficulties. It’s at every school. Every school can identify this massive number of children – young children – who are experiencing problems. You understand? The problem is really big. The problem is I just don’t think that you can expect a school-based therapist to put time aside – to offer at least one day of their services outside. There are many children that have barriers to learning and it is because of the kind of lifestyle their parents are living. It’s the kind of lifestyle that they are living that’s harmful to their brains.

The teachers are not stupid. I take my hat off to every teacher out there in the mainstream schools. They deserve their diploma or their degree that certifies them as ‘teacher’. They’re not stupid teachers! The problem is the circumstances under which they must teach. It’s a big problem. The curriculum is beautiful, but it doesn’t meet all of the children at the right level. Some of the children are not at the level of the curriculum.

I challenge people to go do their research in the schools out there. Compare the stats from poverty-stricken schools to average schools that you probably hadn’t even thought about. But, make sure that you hear from the teachers. You know, I even asked my teacher friend if the teachers ever

⁴⁸ Pseudonym

thought to protest to the unions about getting smaller classes. Instead of fighting for salary increases, fight for smaller classes and better teaching conditions. Then we'll see if there's a difference. We have to really challenge the world out there! Because, I believe, as an occupational therapist, I cannot go and fix the world out there. We know what we are all about. We know about the benefits of our interventions. But one occupational therapist can't fix things. I mean, I come from those neighbourhoods. I want to see people from those neighbourhoods develop in life. There should be opportunities for any person, you know? It doesn't matter how low functioning or whatever — you should have a niche. Your community should cater for you. So, I really feel for our poverty-stricken communities that are so poorly resourced. And for the children – the violence, the influence of drugs and alcohol, the poverty and the unemployment – children can't help it if their parents do not have jobs. What will children who are not well fed do? Then you can't think straight. In Afrikaans *wil ek dit noem 'sosiale evils'. Ek noem dit 'sosiale evils' wat 'n impak het op die ontwikkeling van die kind.*⁴⁹ And children can't do anything about the limitations that their parents have in life.

People must really think out of their boxes, and those who have the upper hand must reach out. We must reach out to the grassroots level because it's not just a few persons' responsibility. There's a big epidemic out there that I think people are not really facing. So, as therapists, we know what we can do with the individuals that we can treat and so forth, but we are also out of breath. I also think that there needs to be follow-through, *wat ons altyd van praat*⁵⁰, you know? Okay, you go out there, this is what you're supposed to expect. One day in that week you're supposed to go to that school to see to this child and that child. How are you supposed to be providing support? Yes, you can give workshops to the teachers, but the teacher wants you in the class: "*Kom kyk hoe doen die kind dit*".⁵¹ It's okay to demonstrate from there, but the intervention won't work because there isn't time for regular contact or a regular programme with that child.

A person's time in a day is very limited. I've just learnt to try and manage what I can. I've told Blossom often that I can see the teachers thinking that they don't see the therapists as often as they used to, but I can only do so much, you know. I told my acting principal when he started in the first term: "Sir, for as long as I'm here, I take work home and I come back." So, a person's day is really full. You are up and down all the time. There's no time for contact with the outside world! I told Blossom if it wasn't for me phoning this occupational therapist the other day and asking, "Guys, what are you doing? How are you feeling? And what are you doing?" then we would not know what

⁴⁹ Afrikaans for: In Afrikaans I call it social evils. I call it social evils that have an impact on the development of the child

⁵⁰ Afrikaans for: What we always talk about

⁵¹ Afrikaans for: Come see how the child does it

other occupational therapists are doing. We know about outreach, but where do you find the time? And, I'm telling you, there are people who are doing wonderful work, but I'm just thinking, are you trying to prove a point out there?

One thing that we, as therapists in the Western Cape, complain about a lot is that we have never met Maggie Watson. Even Tania Botha hasn't scheduled a meeting and called all therapists together to discuss this one issue on the table. The districts are all operating individually. Everybody's just working in their own corner. I feel it's very fragmented. We don't meet together. You don't hear about other people's feelings, experiences and thoughts. There are no opportunities to connect with other therapists. Everybody is just working in their own districts. In the past there was a sense of unity, but it is gone now. Sometimes I feel as if I am on a different planet that I am the only one feeling this way but I hope not!

5.6. Conclusion

The five case stories above highlighted fundamental issues that contributed to how the occupational therapists experienced the process of professional role transition. Five common themes emerged from the within and across case story analysis. These themes will be further expanded upon in describing and explaining the case of professional role transition in the next chapter.

Chapter Six: Describing and Explaining the Case of Professional Role Transition

The five case stories in Chapter Five, along with the other sources of data such as document analysis, key informant interviews, participant written reflections and researcher observations, highlighted fundamental elements that contribute to what the process of professional role transition looks like for these occupational therapists in specialised education. This description and explanation of the process makes up the current chapter, introducing themes that make up the case study narrative. The process frames the participants in this study as occupational beings and how they navigated the tensions experienced in direct response to the changes that occurred in the WCED and more specifically within the specialised education sector. Prodingler et al. (2013) describe occupation as situated. Occupation as situated means that occupation is “shaped within, and contributes to the shaping of economic, social, cultural, political and other contextual factors” (p. 73). As occupational beings, what these therapists do in context is shaped by the introduction of policies such as the Employment of Educators Act 1998 and Education White Paper 6. These are forcing occupational therapists to reposition themselves within specialised education, demonstrating the notion of occupation as situated. The case of professional role transition as a process is depicted in Figure 5 and indicates the core themes:

1. Being occupied and continuously repositioning
2. Structure: Genderised hierarchy for decision-making
3. Professional agency as an element of structure
4. New ways of practice: Knowledge worth knowing
5. Disrupting the habitus and doxa of the profession

The themes will describe how structure, professional agency and power look and are enacted, as well as the tensions experienced as the process of professional role transition unfolds for Annie D, Enigma, Spade, Bubbly and Blossom. The case of professional role transition is described along a trajectory from 1994 to 2013 within the context of specialised education in post-apartheid South Africa. The types and sources of power, who dominates, what mechanisms are used and how they are used will be described at critical points along this trajectory. Structure/s will be described in relation to what they are, who embodies them and how they are governed. Agency will be discussed in relation to the impact of power and structure on occupational therapists’ professional agency. The case narrative will also reveal what this impact looks like and the tensions at every point of the

trajectory in relation to, and in response to, context and power dynamics as experienced by the occupational therapists.

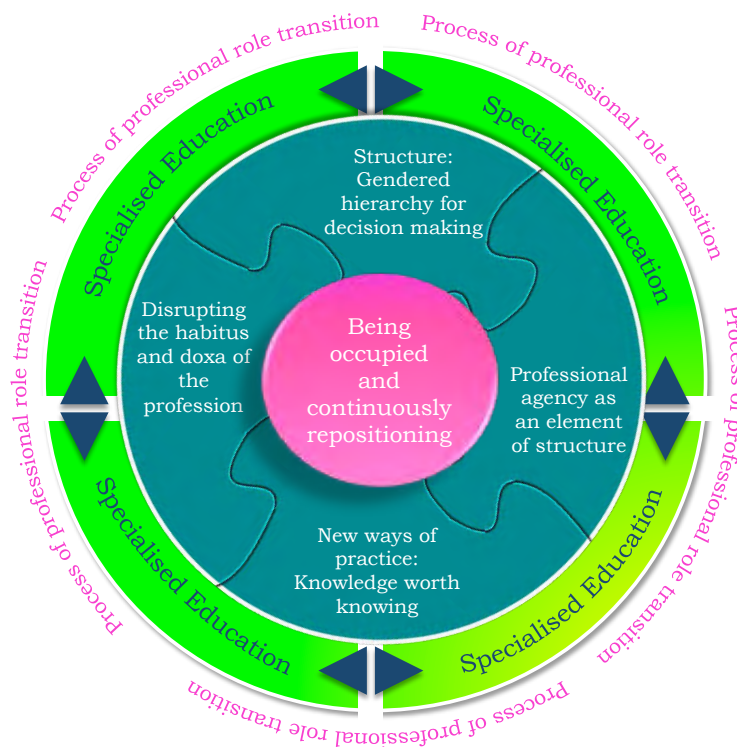


Figure 5 Process of professional role transition

6.1. Theme 1: Being occupied and continuously repositioning

The history of specialised education in South Africa, and the struggles it encounters as it continues to transform after 1994 has had an impact on how occupational therapists working within specialised education are positioned and continuously have to reposition themselves. The theme, *Being occupied and continuously repositioning*, is embedded within a context that is continuously changing. In seeking to understand professional role transition for occupational therapists within this context, the lack of clarity regarding the role of occupational therapy within specialised education in post-apartheid South Africa became acutely pronounced. In exploring this lack of clarity, the on-going democratisation of South Africa emerged as a critical contextual factor that appears to play an important role in how occupational therapists have to position themselves in practice today. The specialised education sector is pressed to respond to social, economic, historical and political factors within the broader context of basic education in post-apartheid South Africa.

Social, economic, historical and political factors, as expressed in the broader provincial context in the Western Cape, play out in the differences that exist between various special school environments, in this case, Lacon, Acacia, Falcon and Octave special schools. This affects how human and financial

resources are distributed. What was clearly evident was how these resources were shared amongst education districts and special schools. These differences seem to reflect the education district the schools find themselves in. These inequalities related to the provision of human resources impact greatly on the day-to-day operations within special schools. Education District C, for instance, is known within the specialised education sector as the 'gold standard district'. It is also the district where most special schools have historically been situated. It also happens to be one of the areas where only white people were allowed to reside during apartheid according to the Group Areas Act. A model full service school was used as a working example of how inclusive education can be effectively implemented in that district. This school was showcased at an inclusive education symposium hosted by this particular education district in 2012. The implicit message here was that all other districts should follow the same model. This message was indeed conveyed by the district therapist to therapists in District B (including those located at Lacon School), prompting Annie D to strongly disagree. Assuming that all education districts are cut from the same cookie cutter was a huge concern for Annie D. School environments and the communities and learners that each education district provides support do differ.

None of the therapists in the current study were employed in a school that falls within Education District C. Annie D, Enigma and Spade were located within Education District B and Bubbly and Blossom within Education District A. This was so because during the time when access to participants was negotiated, none of the occupational therapists that were approached in Education C wanted to participate in the study. Using snowball sampling, key informant Fay referred me to Enigma, Enigma to Spade and Spade to two other therapists (who withdrew from the study after the first phase of data collection) who then led me to Annie D, Bubbly and Blossom.

Examples of difference in human, physical and financial resources within the special school environments was evident in how many occupational therapists were employed at the schools across and within these districts. Octave School is considerably smaller than Lacon and Falcon school. The physical infrastructure and premises do not accommodate for the current educational and curricular needs of learners, educators or specialised staff. Due to the growing in-take of learners, the occupational therapy treatment room was converted into a classroom, leaving the occupational therapy office space to be used as a dual-purpose space, i.e. for administration and treatment of learners.

Lacon School has operated with one occupational therapist since the school started. A post was created for another occupational therapist as the number of learners increased. The physical infrastructure of Lacon School is much larger than Octave School and is situated on the premises of a

hospital. In this way, the school could tap into both psychiatric services and limited outpatient services for the physically impaired children. This is a huge advantage as the school premises is in a safe and protected environment. The school has three buildings accommodating the different phases of classrooms. It has a computer lab. Linking the two buildings is a tarred court serving as both a playground for the learners and a court for netball, soccer and basketball matches. This court also serves as the space where physical education takes place in good weather conditions. The occupational therapy department is situated in the same building as the two junior classes and the school nurse's office. This is another added resource that neither Octave nor Falcon School has. The occupational therapy department consists of two working spaces/offices, an open space for small groups and a hallway for groups of up to 10 learners. There is a large field of green grass in front of this building where the junior and middle learners play. Unmaintained jungle gyms are also located in this space.

Acacia School, on the other hand, has three occupational therapists who all have their own treatment areas or spaces to work. This school has an advantage over the others as they were selected to be one of the schools to pilot the first implementation phase of inclusive education in the province. The unequal distribution of physical, human and financial resources between the schools played a major role in how the occupational therapists managed their day-to-day activities, but also the unequal distribution of resources stems back to when the Group Areas Act was passed. The Group Areas Act that was passed in 1950 gave the government power to demarcate where white, coloured and black South Africans could reside. This segregated approach to where people were allocated residence influenced who was privileged to go to certain schools. This contributed to the perception of Education District C as being the gold standard district because of the privileged schools located in that district. Acacia School was located in a township that was created to accommodate predominantly coloured South Africans who had to be displaced from District Six during the 1970s.

The residential area where Octave School is situated was established in 1968, also for persons of colour under the Group Areas Act. With the population size of 35 000 people, the current problems facing the community in which Octave School is situated are unemployment, substance abuse, domestic violence and teenage pregnancies. The overcrowding and chronic poverty results in high incidences of tuberculosis and increasing levels of HIV/AIDS, particularly amongst the female population. This area is a working class community and it provides casual labour to industries, chain stores, fishing companies and the naval base. The social, political and economic challenges facing this community have a direct impact on the condition of the learners that attend Octave School.

These challenges include discipline problems, malnutrition, and high rate of infectious diseases. These also influence the quality of teaching. At Octave School learners are assisted through various interventions. One is through the feeding scheme, which is supported by the WCED. The community is also attempting to eradicate some of these social issues through the establishment of soup kitchens.

Situated within two education districts within the Western Cape, these schools are also governed differently. In their attempt to remedy past inequalities, the process of change caused a form of disruption in how occupational therapists and educators operated within special schools. The high turnover of vacant posts, in particular for district level therapists, meant that there was a new face representing the occupational therapists, physiotherapists and speech-language therapists at special schools from the WCED frequently. This constant change affected how the communication filters down to the occupational therapists working in the special schools. The type of therapist (whether it is an occupational therapist, speech language therapist or physiotherapist) on the district based support team and inclusive education team contributed to how schools were governed and how occupational therapists were perceived. Education District C had an occupational therapist on the inclusive education team and the district based support team, who could directly identify with the occupational needs of the learners beyond the classroom. Education District A had a speech language therapist on their district based support team who was very limited in the assistance she gave regarding the occupational needs of learners. She took a rather generic approach to guiding and supporting therapists and educators of Lacon and Acacia schools. These existing differences impacted greatly on the morale of the occupational therapists and their role within those school environments.

The conditions that role-players within these schools have to manage is a reflection of how legislative frameworks impact what special education practice should look like in post-apartheid South Africa, forcing occupational therapists in particular to reposition themselves within those school environments. The educational outcomes that are described in the Education White Paper 6 are associated with addressing the social factors related to inequality and access to education for all, irrespective of gender, race, disability or class, within the context of the South African basic education system. The legislative framework, such as Education White Paper 6 and the Employment of Educator Act in particular, contributed to significant change in the special education sector. When the Education White Paper 6 was gazetted in 2001 in terms of the National Educational Policy, it marked the start of the implementation of the first phase of inclusive education nationally. Inclusive education was envisaged to be a 20-year rollout plan. It is currently in its 12th year of

implementation. The starting date was, however, in 2003. The reasons for the two-year delay from when the policy was gazetted to the implementation of the first phase are not documented in any of the WCED media releases. There seems to be a gap in evidence in why it took so long for policymakers to get inclusive education off the ground. One can speculate that other contextual factors may have served as distraction away from immediate implementation. During the 2001 to 2003 period, South Africa had to respond to a global financial crisis with the aim of containing high levels of unemployment and poverty in South Africa. The year 1998 marked the start of the first global financial crisis that had macroeconomic implications locally. There were huge exchange rate dynamics that resulted in economic growth without increased employment rates. Privatisation was a key government strategy to manage the financial crisis, as well as an aspect of reform in post-apartheid South Africa. The privatisation of Telkom⁵² was an example of this. The macroeconomic climate improved and the Rand⁵³ strengthened over the years. The currency crisis was thus successfully managed during this 2001 to 2003 period, but perhaps this pre-occupation took attention away from other priority areas of reform. Despite the launch of the Education White Paper 6 within the specialised education sector during 2001, implementation was delayed for over two years. The country's economic state was a priority. It is within this negotiation around macro-economic policies and what could or could not be privatised that policymakers had possibly been preoccupied, potentially contributing to the delayed implementation of the Inclusive Education Policy.

The first phase of implementation was referred to as the 30 30 30. That is, 30 ordinary schools to be converted to full service schools, 30 special schools to be converted to special school resource centres and 30 district based support teams to be established across all provinces in South Africa as a national roll-out. For the Western Cape province, this first phase included the conversion of three ordinary schools to full service schools, three special schools to resource centres and the establishment of three district based support teams. While the intention of the conversion of special schools to resources centres was a strategic move to ensure that every learner had access to educator and therapy services it had a huge impact on how educators and occupational therapists positioned themselves within schools. For the 17 special schools within the eight education districts within the Western Cape, this conversion created an atmosphere of contention. The following areas of contention were noted. Firstly, therapists like Fay could not understand the title of education therapist and questioned how this new system was going to benefit them. The benefits, as described by Fay and Lunar, were focused on their professional development as occupational therapists.

⁵² South Africa's largest telecommunication provider

⁵³ South African currency

Secondly, the issue of how this new way of practice was going to impact the type of service or intervention the children will be receiving. And thirdly, who are they if they are not called occupational therapists? What are they becoming as a result of this new way of doing?

Excavating what lies behind the everyday doing of these occupational therapists, in this changing context, is key to understanding their professional role transition. What does being occupied mean for these occupational therapists? 'Being' an occupational therapist is what Annie D, Enigma, Spade, Bubbly and Blossom describe as part of meaning-making in their lives. The meaning they derive from doing occupational therapy is powerful in itself as all participants expressed the main reason for continuing to remain in the system was based on believing that as occupational therapists they had the personal and professional resources to make a difference in the lives of the children they serve. What they were originally trained to do and what they intended to do had now however changed. The key question to ask appears to be: What is occupying occupational therapists in specialised education in post-apartheid South Africa? The Employment of Educator Act initially contributed to this change and affected the role that all therapists, not only occupational therapists, played working in special schools. The name change from occupational therapist to education therapist alluded to a changing of roles that was very different to how graduating occupational therapists perceived their role to be in a school. Their role, for instance, changed from one-on-one interventions to more of a resource role. Governance structures within the school were also affected. Ultimately the principal of the school now makes the final decisions, and takes the lead in guiding the implementation of inclusive education within their respective special schools. Policymakers at WCED head office level and the district based support teams within specialised education also have a certain amount of power in determining and appointing who and how occupational therapy must be practiced at Octave, Lacon, Acacia and Falcon special schools. As much as the participants have experienced change, it appears all these other players within the system have become similarly occupied with different roles.

Two concerns are raised here. Firstly, despite the power that some policymakers' hold regarding decision-making in the WCED hierarchy, they themselves felt inadequate and at times incompetent in the role they were now playing in the system. Tracey says, "It is overwhelming...everything that looks like health comes my way. I have to see to ALL the therapists and nurses. I am a psychologist. And that's why I told them, I said; listen whenever you think of appointing somebody you have to split the two posts. I cannot attend to everything. It's just too many things that I have to do..."

Secondly, how does this feeling of inadequacy ripple down to the occupational therapists working on the ground? The WCED, as a structural resource, decides what the therapists need to know, but also

how key policymakers and officials positioned at head office need to enact their particular roles. The response of key people working at head office level feeling unsettled in managing therapists appears to play out through managerialism; reflected in a manner that even though they were dealing with a particular group of occupational beings, being human was not always considered, but knowing how to manage them was.

Being occupied did not only entail understanding the implementation of inclusive education and effecting this in new roles, but also the administration related to registrations with professional boards and/or bodies. The South African Council for Educators (SACE) was one such registration that became compulsory for an educational therapist working at a special school/resource centre. With the Occupation Specific Dispensation (OSD) approved in 2013 for therapists working in Department of Education, being registered with SACE becoming essential to qualify for OSD. According to the South African Council for Educators Act 2000, every educator has to be registered with SACE before being employed as an educator. One of the tensions expressed by the occupational therapists was how they felt protected or not as workers in basic education. There were anxieties that being asked to register with SACE could impact on their registration with the Health Professions Council of South Africa. Even as this did not occur, the uncertainty around this issue created immense tensions as expressed by the participants.

The White Paper 6 was developed to address the inequalities and the injustices on which the South African education system was built prior to 1994. If this is the case for learners within the education system, surely this same principle should apply to the occupational therapists working within the system? The constant change in policy implementation, as it was evaluated every five years, resulted in the service being tweaked in response to the recommendations made in evaluation/progress reports. There is no evidence that therapists' experiences of these changes were considered in these reports, or that support was provided so that they could manage change with greater ease as they repositioned themselves. The Department of Education Circular Special Education 02/05 outlined the resources that children and educators needed in order to provide learning support. There was, however, no mention of therapists in that particular circular. What is apparent in participants' narratives was that the educators were finding it challenging to cope with the changes and to adapt the curriculum. Annie D indicated that the educators were struggling to cope with the change in having to address learners that are different to whom they previously taught. This has seemingly impacted on the role of occupational therapists as they were now expected to step in and guide the educators in developing specific programs that are pitched to the level of each child and provide support for the educator in the classroom.

Annie D, Enigma, Spade, Blossom and Bubbly all made conscious choices about where they wanted to work and had the hope that they knew where their career in working in specialised education was going to take them. Repositioning within the context of specialised education can look very different for different agents. Choices agents make translate into everyday enactment, be it anchoring, compliance or through transgressive acts. These acts impact on who the therapists become and how they respond to structures, which is a continuous negotiation within the constantly changing context of specialised education. Contextual influences such as the social and political factors and environmental influences within the special schools played a pivotal role in how these occupational therapists chose to reposition themselves.

It is in these readjustments, and the formulation of different responses to a constantly changing context, that occupational therapists in this study find themselves. For some, anchoring was a form of repositioning through remaining complacent, and for others acting transgressively was. Their responses to this constant change were situated within the various special school resource centres and education districts. Bubbly's inquiry about when the changes will ever end demonstrates (Ramugondo & Kronenberg, 2015) notion of intentionality, which begs the question, "To what ends are human beings occupied?" (p. 6). Bubbly also makes the observation that change in her case is not a positive thing. Tracy also suggested that it was easier for occupational therapists to say they don't know than to change, because the concept of change means that you would need to think out of the box. Thinking out of the box shifts occupational therapists out of their comfort zones. This resistance to being shifted out of comfort zones is a form of anchoring, which both Bubbly and Blossom chose to do. This discomfort regarding continuously being repositioned, experienced by Bubbly, was also expressed by Blossom, who felt that working within a particular school who deals with a particular learner for 20 years is WHO they are. This form of anchoring is evident as Blossom described her role in seating as being a crucial part of what she does as an occupational therapist: "So, we, in our own little way, we do feel guilty and we use like the seating as a way of maintaining what it is that we have". Suggesting that the ability to make adjustments on a wheelchair to match the seating needs for a physically disabled child was a technical skill that lay at the essence of being an occupational therapist.

Bubbly and Blossom felt this need to hold on to what they have, to avoid getting lost in this new way of practice that the system was now forcing them to transform into. Spade drew a sharp contrast between holding onto being an occupational therapist by trying to fit the learner into the system, with actually questioning why the system is the way it is: "My current engagement in implementing White Paper 6 was finding myself having to constantly change and try and fit the learner into the

system". So, Bubbly keeps herself busy within Falcon's school environment in order to avoid stepping out of her comfort zone. Once again, being occupied in familiar ways in order to remain anchored.

The change in how the occupational therapists are to practice within the environment of special schools in post-apartheid South Africa created many tensions that forced Enigma to act transgressively in various ways. Through stepping out of a demarcated space, Enigma chose not to comply with the system, but believed in the power of policy. She firmly believed that: "We all need to advocate for what we want and I think that's a starting point for me. At the end of the day, if I am not going to fight my little battle, nobody is going to". Annie D, on the other hand, chose to comply with the system in some ways. She noted that at times she would pretend to look busy as she responds to the pressures to appear busy within the Lacon school environment. This pretence seems to be sanctioned by management within the school. Annie D, however, questioned the ethical principle of acting this way as part of professional practice. She noted what she saw as a disjuncture between the school's vision about justice and working together when, in reality, this is not reflected in practice. Annie D also believed strongly that the system's misrepresentation of the occupational therapists' role had a ripple effect on how the occupational therapy profession was perceived at these schools. She referred to the concept of Deep Democracy in her story and that if people could just understand each other as human beings; the school would be a better place.

As the research progressed, Annie D continued to reposition herself, moving from complying with the system to acting transgressively. She says:

I'm still going to get more information this upcoming year with networking outside of this place. For me, it is just that man, don't stand on a leg and you are not there yet, *jy is noggie kwaai nie, verstaan jy? Mense gaan vir jou net daar afskiet. Ek wil nie dit hê nie. Ek wil myself so hê dat dit my amunisie is.*⁵⁴ I had plans of leaving, but I still think I have a purpose while I am still here and going to fight.

Annie D started acting transgressively towards the management at the special school, at the same identifying the opportunities and resources available to act as a professional agent. Standing up for the rights of occupational therapists and for the rights of the learners she was providing a service to, became a priority.

⁵⁴ Afrikaans for: *you are not that smart yet, understand? People will just shoot you down and I don't want that for myself. I want to be in a position where what I know is my ammunition.*

Admittedly, Enigma and Annie D did acknowledge that this form of repositioning can be a risky business too. At the same time, acting transgressively can also be an expensive exercise. Annie D and Spade chose to continue to attend CPD courses using their own money, despite the lack of financial support from the school management system. The constant change in the specialised education sector seemingly had overwhelming effects on participants to the point that they felt incapable of comprehending what the 'right' way to practice was. Therefore, when in Rome, you do what the Romans do. Both Annie D and Enigma echoed this.

The human element seems to be the missing link in the WCED head office planning and thinking and was evident from Tracy's interview where she described the time she just got appointed in her position at the WCED Head Office and was told that she does not need to know who the therapists are and what they do. The WCED, as a structural resource, decides what the therapists need to know, but also how key people positioned at head office need to act in their particular roles. Tracy explains: "They said listen, you are going to be a manager, you don't need to know about the therapists. So they just see it as a manager position". The concern in Tracy's voice was evident during the interview. She did not agree that her role is only that of a manager.

It is in the everyday acts that therapists engage in, such as caring for vulnerable population groups in schools, that in itself demonstrates humanity. Enigma, taking on the role of a social worker, driving around at 12 o'clock at night looking for a missing learner extends beyond an occupational therapist's role within a school setting. However, Enigma chooses to define her role in response to the community that Octave School is situated in and the learners from that community. Examples like these are filtered up to Tracy via the district therapists. These everyday transgressive acts of bringing 'the human' back into the special education sector culminated in Tracy strongly motivating and recommending for senior therapist posts, which were not part of the WCED's original governance structure. It took Tracy two years to achieve this.

This change in the structure was meant to facilitate better communication between the therapists working in the schools and Tracy at the head office level. The relationship she has built with the senior therapists has played a contributing factor to the continuing implementation of inclusive education in these districts. Without people like Tracy, the system appears to enable everyone who is involved in specialised education to avoid thinking about what it is to be human in post-apartheid South Africa. At the same time, pretending to be effective impacted greatly on Annie D's professional identity leading to feelings of incompetence.

The underlying premise of inclusive education policy is to address the inequalities and the injustices that apartheid imposed on the people that were less privileged than others in gaining access to any forms of education. The bigger systemic issue arises here, and constantly in Bubbly's story, Annie D's experiences and Tracy's position at head office level. Contributing to this apparent chaos at head office level is that new people are continuously coming in to fill posts, with no institutional or historical memory of how systems have been run over time in the WCED.

Enigma suggests this to be the dehumanisation of individuals working within the system and the dehumanisation of the people and communities they are meant to serve. She emphasised that human rights is not a privilege, but a right, asking a pertinent question a parent may ask: "Why is my child not afforded the same human right as that mainstream child who is serviced in the area?"

Conclusion

Being occupied as an occupational therapist and their continuous repositioning presents how situating the human in practice within the context of specialised education in post-apartheid South Africa is core in understanding how the participants position and reposition themselves. Anchoring or compliance as a form of positioning for some and transgressive acts for others were both varying mechanisms used to respond to the constant change within the specialised education sector. Enigma asked the following pertinent questions: "How are we moving forward? What are we doing? What are occupational therapy students going to be faced with when they graduate? What do they need to be prepared for?" These questions point to very important developments within professions considering the changing context of specialised education and the socio political and economic complexities faced by professionals and those whom they serve within post-apartheid South Africa.

6.2. Theme 2: Structure: Gendered hierarchy for decision making

Structures shape what people do and people's practices, in turn, create and mould structure. Drawing from Sewell, structures are defined in this thesis as not only the social system, but also the principles and set of rules that define what structures are and how human beings enact these rules as agents. The theme, *Structure: Gendered hierarchy for decision -making*, will describe the structures of the WCED and the occupational therapy profession as they represent themselves in this study. An understanding of these structures in relation to the social, political, economic and historical factors described in theme one, will reveal how and why occupational therapists have responded to these structures. Drawing from Bourdieu 2001, gendered hierarchy will be explained in how capital (various forms of power), field and habitus contribute to the constraints and freedom experienced during the process of professional role transition as female occupational therapists.

As obvious as it might appear, from the narrative stories and participant reflections, that the most pressing social structure is the WCED, the occupational therapy profession in itself as habitus also proved to be a pressing social structure, particularly in that this is a female dominant profession. Within the WCED, and particularly within the specialised education sector, the fields and positions, which Annie D, Enigma, Spade, Bubbly and Blossom occupy within those environments assumes a gendered hierarchy. This gendered hierarchy was represented through the positions that the occupational therapists occupied within the school environments. Where it is easy to reduce gender to male female comparisons; Bourdieu believes that it extends beyond this. Interestingly enough how Annie D, Spade and Enigma asserted their agency within the environments of the special schools, resulted in how they negotiated their gendered habitus.

According to Bourdieu, women are not generally seen as individuals that would be interested in accumulating capital. In order to accumulate various forms of capital/power be it economical (this relates to wealth), social capital (this relates to the social connections), symbolic capital (this relates to positions in society such as prestige) and corporate capital (this relates to physical attractiveness); women need to be positioned within social/work spaces that affords them the opportunities to accumulate either form of capital in proportion to the positions they occupy. Through this accumulation of capital, their professional agency is enacted. It was evident from Spade's narrative that how officials within WCED worked in specialised education also reflected some frustration with the system as a gendered hierarchy. Marie Pieter was one such official who eventually gave up and left, simply because it was a male dominated hierarchy that she could no longer respond to. WCED as a system seems to cultivate individuals not interested in anything else other than doing the job that needs to be done within a managerial and gendered hierarchy. Tracy concurred with this, "just doing your job" as she was ordered to be just a manager and nothing else. Despite Marie Pieter and Tracy being women who both held symbolic power in where they were positioned at the WCED, this somehow was not sufficient enough for them to have asserted their professional agency.

Gender domination was very evident from Annie D's experiences: "I started becoming aware that the type of management and leadership that is instituted at particular schools determine how therapists are managed within the system. And it's not the same at all the special schools. I did not realise at this point how this was slowly chipping away at my professional identity as an OT"

Is it coincidental that the Annie D, Spade, Bubbly and Blossom's school principals are all males and that the principal at Enigma's school is female? This contrast shows how male perspectives in schools can influence how therapists see themselves in a particular light. It appears that the type of leadership and management that is instituted at particular special schools determines how

therapists are managed within the system, and how occupational therapists accumulate social and symbolic capital within this system. The sense of 'being managed' largely influenced how occupational therapists saw themselves. As a result, professional confidence was slowly chipped away; impacting on their professional identity. Fay, a key informant who is an occupational therapist that left the South African specialised education system to work in a special school overseas, explains how the very same structure of the WCED has impacted on who she is as an occupational therapist. When asked if working at a special school as an occupational therapist affected her professional identity, her response was quite an emotional one. In a way, grieving a loss. Holding on to her professional identity is a continuous struggle for her.

Sewell Jr (1992) describes a particular type of structure, and in this case a gendered type of hierarchy, as "capabilities, which generate command over persons," (p. 2). Annie D, Blossom, Bubbly and Spade described this. All identified the structures as being a hierarchical style of management that stemmed directly from the WCED. Interestingly, what was demonstrated is how different Annie D, Spade, Enigma, Bubbly and Blossom act as agents in responding to the structures that are forcing them to reposition themselves. The interplay between agency and structure, as described by Sewell (1992), is evident in how Annie D responds in a complacent way. For Enigma, her professional identity was important to her and she therefore used the new knowledge she gained in education to hold onto the beliefs and the values of the occupational therapy profession. At the same time, Enigma had good support from her principal, where her role as an occupational therapist at the school was valued. Enigma believes that the special school environment dictates what they can and cannot do. The sense that it will always be that way brings to light the question about who decides what they should and should not do. Despite knowing that the hierarchy within specialised education will always be that way, Enigma still felt that occupational therapists could make a difference, but that communication from district levels was essential for this to be affirmed. The hierarchy of management within the WCED dictates the extent to which occupational therapists can push the envelope. Depending on the strength of the education district director and the district therapists to direct policy, occupational therapists would start feeling more competent in implementing this new way of practice. Once again, competency here is measured by the professional's knowledge and the knowledge this individual has gives them access to social capital.

There was no doubt that what the WCED's definition of what the role of a therapist should be was having an impact on the therapists' sense of competence and professional agency. For Annie D, her first year of employment in specialised education was a shock. What added to Annie D's difficulty was the lack of support from the management at Lacon School as part of her orientation. Where

Annie D's office is physically positioned in the school is telling as it is situated at the back of the school, which appears to be in a very dark corner.

The ethos of the White Paper 6 is to promote inclusion and equality for all persons involved in specialised education, not only the learners. The stated intention was that it would be implemented using a collaborative approach; however planning involved the creation of the district and institution based support teams, which operate in a manner that does not advance collaboration. The hierarchical type of management style evoked many emotions in the participants, one of which was frustration with having to battle with understanding what they were trained to do and the expectation of their role at the schools. Bubbly and Blossom have had no exposure to any other working sectors before and so education was all they knew. Both described their experiences as being quite isolated from the rest of the special schools in the surrounding district. This isolation meant that they did not have much communication with what was happening regarding new ways of practice within specialised education. The authoritarian approach however, also served a resource for district-based therapists; were they used set guidelines to communicating new ways of practice to all the occupational therapists at special schools. Luna, a key informant, an occupational therapist serving on an inclusive education team, explained how she used her positional power to guide and direct what educators needed to implement at schools. Part of her role is to support and guide educators at full service schools, at Falcon Resource Centre and parents. Luna disclosed that she found it strange that the WCED offered her the position considering her demographic profile. She says: "Oh, gee... sometimes things work... I'm a white 60 year old female and I got another job in the civil service".

The hierarchy starts at the WCED and gets filtered down to smaller units; in this case, the head of specialised education for every district. Each district has a senior therapist that oversees the therapists at the special schools. They are the communication link from the WCED. Not all participants described this communication link as being very efficient or effective. Tracy, however, feels that the measures are put in place from head office level to ensure that the communication is filtered down. The organogram of the WCED structure in Chapter One gives an overview of how the system is structured. However, this is not happening as efficiently as it should. All participants agreed that there was some communication with the district therapists regarding day-to-day operations in response to the Education White Paper 6. However, not all found this very helpful. Annie D, for instance, was struggling to trust the system and liaising with the district therapist was a complex issue as that therapist represented the system to her:

Due to my past and current issues with management, I found it very difficult to trust; I still feel fearful. I'm not saying I do not trust her; she is actually very nice and for the first time I started feeling hopeful that she will help me in making sense of the role of therapy in the school. But there are obviously trust issues now. And it's not about her; it's about how the district operates. It is very difficult to be in the system, especially as an occupational therapist.

For Blossom and Bubbly, this interaction with the district therapist was quite effective for them, as they did not express a desire to challenge the system that was saying how they should be acting in schools. Like Fay, Bubbly and Blossom chose to anchor themselves in the system too. This form of repositioning however came with its shortcomings. They expressed a sense of isolation, where opportunities to connect with other therapists were limited due to education districts operating in their own silos. The disjuncture between what Annie D, Enigma, Bubbly, Blossom and Spade were trained to do as therapists and what the system expects of them is apparent. They all describe the atmosphere in specialised education as being chaotic. The irony is that the system is governed by a strict hierarchical structure, which alludes to a sense of order. However, the therapists on the other hand experienced this structural resource as the opposite of being orderly.

For the participants, their roles as occupational therapists were determined by the new policies being put in to place by the WCED, and had a ripple effect on how the management system operated within the education district they were located in, and furthermore on the management style within the special school they were employed at. For Annie D, Enigma and Spade, their professional role was determined by the management structures at the school. The demanding expectations relating to the rollout of the Inclusive Education Policy, and the accompanying hierarchical structure resulted in many of the participants feeling incompetent. This sense of incompetence warrants a question to be asked about why the occupational therapy profession as a body and stakeholder in the system, has not prepared these therapists to cope with demands of this challenging context.

Juxtaposed against the rules set out by the WCED, the occupational therapy profession also defines what an 'ideal' occupational therapist should be. This ideology is based on the profession's history of being a white, female dominated profession, which was largely medicalised, with little to no consideration for the social factors that impact on humans as occupational beings. The tension experienced by Annie D and Enigma were examples of how difficult it was to manage the transition from working in the Department of Health in the Western Cape to the Department of Education in the same province. This tension in managing the transition from one government sector to another

is best understood through looking critically at the social, political and historical factors that influenced the development of the occupational therapy profession over time. In considering the profession's historical roots, it should be acknowledged that roles of occupational therapists have changed over the years in response to contextual pressures. Here is where the occupational therapy profession as a structure provides the rules in terms of what an occupational therapist should be doing and the pressure experienced by occupational therapists like Fay who feel they are never good enough. This causes a disruption in occupational and professional identities. Fay left the South African specialised education system in the hope that she will find herself elsewhere.

Conclusion

Theme two describes how structure, as a gendered type of hierarchy, influences how and what occupational therapists should and should not do within the environment of special schools. Structures such as the WCED and the occupational therapy profession as an authoritarian resource in its own right, demonstrates how femininities play out in the accumulation of symbolic capital/power in a system that is dominated by a male decision-making hierarchy, and how this in turn impacts on how occupational therapists perceive themselves.

6.3. Theme 3: Professional agency as an element of structure

It is proposed in this thesis that the occupational therapy profession in itself is a pressing social structure that contributes to the disrupted feelings of the therapists as occupational beings. The traditional nature of occupational therapy that assumes a clinical role within a hospital or institutions have been largely the focus of occupational therapy training programmes at the inception of the profession (Pollard & Kronenberg, 2008). Since then the profession has been responding to the contextual changes that introduced new opportunities and new roles for occupational therapists (Guajardo, Kronenberg, & Ramugondo, 2015). Drawing from what is assumed as traditional roles of a clinician in a hospital, occupational therapists are professionalized in believing that practicing within these roles makes them competent occupational therapists. Part of this process of affirmation involves gaining recognition from the interdisciplinary team within the clinical context, and the same can be extended to special school education contexts. This affirmation was felt by both Bubbly and Blossom. A sense of comfort comes with having been trained in particular and familiar ways. It is these very familiar ways that can possibly constrain how occupational therapists enact their professional agency when in role-emerging contexts. Contributing to the feeling of disruption are the rule-resource sets (Sewell Jr, 1992) that form part of structures and are utilised as a resource for decision-making by powerful agents. Theme 3,

Professional agency as an element of structure, will expand on how occupational therapists in this study navigated their professional agency in responding to the structures discussed in theme 2.

Professional agency in the study emerged, not as a construct that opposes structures, but rather as an element of structure (Cronin, 1996). So what does it mean to be an agent and more so, a professional agent? Agents are empowered to act within a social situation and have access to human and non-human resources (Sewell Jr, 1992). Sewell further states that agency arises from the individual's knowledge about the schema and the resources of the structure. The capacity for professional agency may be inherent in all professionals, and Annie D started showing evidence of this as the current research progressed. Annie D started reflecting on who she is and what she does as an occupational therapist in the environment of Lacon Special School. Her progressive professional agency during the course of the research was also evident from the shift in location for her interviews and also the shift from compliance to transgression. While Annie D initially insisted to do the interview with me in her car, she was comfortable to have the second interview in her office on the school premises. Understanding the deeper premise behind this goes beyond just a location of where the interview was conducted, but rather the sense of autonomy and an increased sense of professional confidence for Annie D; that the role of the occupational therapist in the special school was an integral one and more importantly that *she* can contribute as an occupational therapist in that setting.

A transgressive professional is someone who finds themselves at the receiving end of hegemonic structures and responds to those hegemonies in a way that breaks the rules. The individual starts questioning their professional self and their professional identity. The act of responding to finding answers to those questions shows various ways professionals choose to position themselves as professional agents, which is not a reflection of all professionals within a profession. The findings of this study recognise the professional agency of the social actors, that is Annie D, Enigma, Bubbly, Blossom and Spade, and how they navigate this agency through the process of professional role transition. This navigation required participants to anchor themselves, comply or act transgressively in very different ways in order to assert their professional agency. This variation in responses is indicative of the individual stories lived and told by the participants.

Fay explained that, as long as they are employed under the Employment Educator Act, therapists would remain where they are in terms of positional ranks in the school. The only way that an occupational therapist could become the head of an occupational therapy department at the special school is if they have an additional educational qualification. Despite these rules, Spade remained

quite adamant that if she was not granted opportunities for promotion then she was going to grant herself that promotion and call herself a senior therapist.

Bubbly and Blossom asserted their professional agency through remaining anchored in their roles at the school. Bubbly explains: “We know what we are all about; we know about the benefits of our interventions...we give therapy. It’s hands-on. And you cannot call yourself a therapist if you are an occupational therapist or a physiotherapist and you don’t make contact with the other person’s flesh”. Unlike Bubbly and Blossom, who chose to remain anchored and Spade, who is preoccupied with positional ranking, Annie D’s professional agency is linked directly to the people and the learners she is serving at her school. Her biggest concern was the ethical practice and the type of services that these learners were receiving. Initially, Annie D remained compliant within the system. Once what the researcher observes as occupational consciousness occurred for her, the role transgression that Annie D reflected was very different as she took a transdisciplinary approach to service delivery. A transdisciplinary approach is usually recommended within early childhood intervention. What this approach means is that essentially there is a crossing of professional boundaries that includes parents as part of the team to formulate occupational outcomes for learners. Being positioned in a school that does not promote an interdisciplinary way of practice, Annie D chose to take a transdisciplinary approach that contributed to ‘breaking the rule’ at Lacon School.

The habitus of the occupational therapy profession is constantly changing over time as a result of social structures that are defining how these occupational therapists are ‘doing’ and ‘being’ in specialised education and the choices that they make to support this ‘doing’. Enigma firmly believes that, as a therapist, the learners’ needs should always be a priority. There were many times when participants did not feel like occupational therapists, but at the same time had insight into knowing what they could potentially be. This, especially for Enigma, gave a sense of hope. Enigma’s strong sense of professional agency in considering the learners as human beings was a refreshing twist, despite the realities of being an occupational therapist in specialised education in post-apartheid South Africa.

The WCED is the ultimate decision-maker and is in control of what these occupational therapists need to know about working as an ‘educational therapist’ in specialised education and how to enact what this role should be. On the other hand, the occupational therapy profession is the other decision-maker and controls what and how occupational therapists should act as professionals. This social construction of power plays itself out in defining who these occupational therapists should be and what they constantly transition into. The Employment of Educators Act 1998 stipulates what the

role of an education therapist should be working at a special school and all therapists (occupational therapists, physiotherapists and speech therapists) are expected to adhere to this Act in terms of employment.

A game of power emerges as the Department of Education officials; therapists and educators are mere players on the playing field within a larger political context of post-apartheid South Africa. Power speaks to the occupational therapists' thoughts, feelings and perceptions of what it is like working as an occupational therapist during the implementation of inclusive education at special schools. They described this experience as "playing the humble servant role". The word 'humble servant' alludes to a modest account of one's own importance within a low social administrative or political rank.

When participants were asked to tell me what it is like working as an occupational therapist at a special school, it evoked many emotions such as anger, frustration, disappointment and feelings of being oppressed and victimised. These were clear indicators that there were systemic hierarchies present. From these emotions it became clear that the source of power is authoritarian and that it is a symbolic type of power that the occupational therapists are dealing with. Symbolic power maintains its effect over occupational therapists situated within specialised education sector through reinforcing the rules set out by the WCED and the rules of the occupational therapy profession. While this particular type of power requires a dominator (the WCED and occupational therapy profession) it also requires the dominated (occupational therapists) to accept their position in the hierarchy of management in the schools. "Occupational therapists never question, Occupational therapists never stand up and question policy and question this and serve on the disability community, you know, our hearts break when it comes to disabled people, children, whoever, because we know the struggle" (Enigma).

Enigma describes how complacent occupational therapists have become when faced with contextual challenges that push them out of their comfort zones and to think out of the box. Bubbly and Blossom anchored themselves in a safe space so as to hold on to what they do best. This form of anchoring gave them the feeling of competence. This complacency requires occupational therapists to simply slot into place. In a way, a form of gendered positioning that feeds into the humble servant role as femininities are played out differently in how they choose to accumulate symbolic capital within the work place. Fay pointed out the frustration related to working conditions related to being an occupational therapist:

Yes, it's frustrating in terms of the conditions that you have to work under and when I say conditions I'm talking about the like human resources, even the salaries, financially you know. But I think when you're an OT working in specialised education and you have passion then you kind of overlook that for a while until you've reached the point where I reached and you say no, enough is enough. No, I can't grow like this.

The WCED has evolved since 1994 from a racially divided education system to a system that provides for inclusivity and equality, irrespective of race, gender, sex or disability. Historically, pre-1994, the occupational therapy profession was predominantly white and female staffed. This has been gradually changing, signifying another shift in power dynamics within the education system, including in the WCED. Since 1994, persons of colour have been afforded greater opportunities to access tertiary level education, including universities. This has contributed towards a more representative profession in terms of race. Lesser representivity has been achieved regarding gender. Occupational therapy as a profession still remains a female dominated profession.

Conclusion

Theme 3 describes how the WCED influences the opportunities that the occupational therapists working in the specialised education sector have but, at the same time, how the occupational therapy profession, by virtue of its practice and resistance to change, influences who they are in terms of their professional identity. The impact on their professional agency and ability to make choices regarding what they know and how they need to act as occupational therapists, resulted in new ways of practice.

6.4. Theme 4: New Ways of Practice: Knowledge worth knowing

In this theme I reflect back on the second reflexive question: "How do the occupational therapists know what they know?" In answering this question, I started reflecting on who decides what they know. In this case, Enigma's previous employment in an inclusive education team gave her the necessary knowledge to understand the social situation and the context in which South Africa's current specialised education sector finds itself. Her determination to persevere and represent occupational therapists at a national level was a unique trait because occupational therapists that display this amount of professional agency are rare in the specialised education sector. Enigma took on the notion that people are knowledgeable actors. Structures, such as those described in theme 3, can be used as a resource in helping agents think and act creatively in responding to them (Sewell, 1992). Enigma, by understanding the rules of the education curriculum and how it operates, afforded her the opportunity to become a knowledgeable human agent and act transgressively.

Prodinge et al. (2014) believe that knowledge generation starts from how everyday life is experienced. This held true for participants like Enigma, as she knew how to practice as an occupational therapist in specialised education, and had a very different approach in relation to the other four participants. The opportunities are available for occupational therapists to attend conferences within the education sector. However, part of being able to access this particular resource is having the ability to recognise that new knowledge and skills are needed in order to survive in a constantly changing educational environment. During my observations within the schools, I was able to identify structural resources and the human resources, such as the principal and the educators and how Enigma went about her daily routine. Despite the environmental constraints of Octave School, Enigma developed good interpersonal relationships with educators, with the principal and the cleaning staff in order to adapt her therapy services to suit the needs of Octave School. This resulted in a positive response from the principal who ensured that any new knowledge regarding policies and daily school operations were discussed with Enigma. She says: "I've never not felt respected as an occupational therapist. All my documentation – HPSCA documentation as well as the education policies that govern my work – is in a file created by the principal. The principal made a point of telling me that I could read the files and that they could print them for me".

Practicing as an occupational therapist in specialised education in post-apartheid South Africa brought about many challenges and tensions that the occupational therapists in this study had to negotiate and respond to. One of the biggest challenges has been having to respond to a hierarchical, autocratic style of management. Access to information and resources proves to be very difficult, particularly in Education Districts A and B. Annie D's frustration stemmed from that she came from a previous working environment where information and new knowledge were readily available. She had now moved to another working environment where information appears deliberately held back. This was very difficult for Annie D to come to terms with: "I started feeling as if my wings had been clipped. I felt like a puppet on a string. My mind was telling me to do the right thing, but my body was being controlled by a management system at the school that I had no control over".

For a therapist who has worked as an occupational therapist for many years, sometimes 23 years, responding to new ways of being an education therapist in a new context (post-apartheid South Africa) was not easy. Believing that what occupational therapists are trained to do at an undergraduate level should be sufficient enough for any new qualified occupational therapist to practice as an occupational therapist, regardless of context is also misguided. Spade felt that what

was suggested by the Inclusive Education Policy on how therapy and teaching services should be offered at schools, is nothing new for her and the therapists at the school she was working at. She described providing a resource to surrounding schools as being just another name for the community outreach services, which she feels they have been providing to the community for the past 20 years. Spade had never worked for another sector in the South African government system. The challenge of also only working within one particular work sector limits the experience the occupational therapists can have; limiting access to new knowledge in the profession.

The 'new ways of practice', as it is presented by the WCED, was in fact not believed to be quite so new by some of the therapists that have been in the system for a long time. Enigma, on the other hand, being a recent graduate, found this opportunity exciting as she transitioned from working in the Department of Health to the Department of Basic Education within specialised education in the Western Cape. Enigma acted as a knowledgeable human agent and was able to implement her knowledge of what she knew about occupational therapy and her experiences from working in the Department of Health. She incorporated this knowledge in an innovative way in the environment of the special school she was working in and its immediate context. She did emphasise the CAPS curriculum as being core to her approach to the school and life by finding the positives in any situation. While Enigma was constantly searching for positives, Spade remained angry at the education system for not affording therapists opportunities to gain new knowledge. Curriculum training was also seen as an opportunity for Enigma as she felt she understood the curriculum exceptionally well. Her positive attitude and approach to the school system also stemmed from her three-year experience of working on an inclusive education team. The only negative aspect she described was that therapists were not really trained to understand the curriculum jargon. The lack of training exposure impacted on this 'new' role of being an education therapist; where any chances of being promoted were limited if the therapist did not have any additional educational qualifications. This further emphasises the power to maintain hierarchy at the schools, where persons with additional educational qualifications are positioned and ranked higher. What knowledge is valued became evident here, as new knowledge gained within the occupational therapy profession did not necessarily grant therapists a higher position at the school, but rather new knowledge related to teaching and education would.

Here another tension arose where these therapists working at schools needed to remain registered with the Health Professions Council of South Africa. This registration mandates that all therapists should accumulate continuous professional development (CPD) points in order to maintain their professional registration with the Council. The therapists working in specialised education felt the

pressure to engage in CPD activities to gain further knowledge and skills. However, if they chose to remain in a school setting, this professional development did not offer any other benefits in terms of promotion and, of course, an increase in salary. Thus, for them, maintaining professional status becomes an expensive exercise. Annie D, Spade and Enigma concurred with this. Annie D found this very frustrating: "I decided, in my second year, to start tapping into Department of Health's network to keep abreast of the developments in OT. I am aware of our professional body, the Occupational Therapy Association of South Africa (OTASA); but the fees are just too costly right now". Enigma also noted: "You know, OT training is excessively expensive; it's very difficult. Spade agreed that: "I was the fundraising co-ordinator for the school, so I paid R1000, which was a heck of a lot of money out of my own pocket, to go and get the skills to be effective in this". The participants' responses were evident of how the occupational therapy profession, as habitus and doxa, imposes its own structural demands on the therapists within the profession.

Despite Enigma's positive effects of using new knowledge, and Annie D and Spade's frustration with access to gaining appropriate knowledge, Bubbly and Blossom were both unsure about how using the new knowledge offered was going to benefit their practice at their special school. This uncertainty is linked to not getting a clear understanding from the Department of Education on how the Inclusive Education Policy rollout was going to happen and how practical it would be. Blossom, once again, remained anchored in her practice of playing ignorance about the value of being a resource to schools beyond her specific special school. Luna agreed and said: "They're (Bubbly and Blossom) not near any form of outreach. It's still the argument: 'I can't cope with my own case load, so how can I do anything else?' ... I don't even try to debate about it... because it's something that's got to come from within". Bubbly and Blossom's anchoring response was confirmed by Tracy who believes that there are therapists out there who just don't want to change. Bubbly and Blossom's uncertainty about the rollout is linked directly to the anchoring in which they choose to position themselves. Consciously making the choice to remain anchored the way they are impacts greatly on their ability to act as professional agents.

Conclusion

Theme 4 provides evidence from the various experiences of the participants and demonstrate how therapists as occupational beings in a transactional exchange with context can render new ways of practice and new knowledge worth doing and knowing or not. The resources to act as knowledgeable human agent were evidently deployed for Enigma. Annie D and Spade continued to seek new knowledge at their own financial expense and Bubbly and Blossom chose to anchor themselves within their current ways of practice as a form of resisting new ways of practice. The Education White Paper 6 is an example of a political factor that was implemented to create a

collaborative approach to education and schooling through introducing new ways of practice for occupational therapists. But, it appears to have instead, created more of a divide on how therapists receive and use directives from the center, impacting on their sense of professional competency as occupational therapists in practice and how they enact professional agency in practice.

6.5. Theme 5: Disrupting the habitus and doxa of the occupational therapy profession

Bourdieu's concept of habitus is applied in this study to the occupational therapy profession in specialised education. The profession, since its inception, has identified principles that guide actions for occupational therapists within structural social spaces, be it industry, hospitals or communities. Theme 5, *Disrupting the habitus and doxa of the occupational therapy profession*, reveals how the occupational therapy profession drives a particular habitus for practice in special education in the Western Cape, and in relation to the most pressing social structure, the WCED. Occupational therapists in this study found themselves reinforcing the rules outlined by the structure, but at the same time having to contend with the tension of acting out the rules as they understood them from the occupational therapy profession. The symbolic power imposed by the WCED on the occupational therapy profession in specialised education is so strong that the occupational therapists find themselves having to reproduce the very same principles demanded by the structures. Annie D described this quite aptly:

If you have confidence, they strip it away and without you even realising it and you start feeling less competent. I'm not saying I was always a competent OT, but I was making a difference where I was and felt yes I do have room to grow in certain areas, but now like I am saying you can easily get written off. You are just there so easily and I do not want to be there. I am starting to become that but I do not want to become that. You are isolated as a therapist and if more support was offered things would be different.

Once again, this isolation that Annie D refers to can easily push therapists to remain in an anchored position and not engage in role transgressive acts that go beyond the boundaries of the profession. Creating opportunities for critique, getting therapists and educators to start thinking about what the problem is, is fundamental. Also, creating opportunity for dialogue to occur where mutual decisions and interactions are necessary can raise collective consciousness about what the problem is about. Annie D experienced this very process when Mr Xavier came to do a talk on Deep Democracy at the school. Annie D's struggle in asserting her professional agency, through advocating for these opportunities for dialogue, was shot down by the principal of the school who had the power to decide what type of information and knowledge could be shared and disseminated.

For Annie D and Enigma, their transitioning from the Department of Health to the Department of Education was experienced as a tension as the two systems operated very differently. The WCED is seemingly managed in silos, with the director and senior management of specialised education having their own view of what specialised education should look like as opposed to what is really happening at ground level. The commencement of the Employment of Educator Act 76 of 1998 symbolised a huge change for therapists working at schools as this Act defined what their 'name' should be and how this new profile should be enacted in schools. This change affected all the therapists in the study as they expressed a particular and typical way of knowing the occupational therapy profession, now potentially disrupted by this new Act. The particular way of knowing within a system, like a profession, is described by Bourdieu (1994) as its doxa. It refers to a shared cultural belief system that has been developed for a profession over time and defines its values, operations, roles and tasks (Bourdieu, 1994). This, for the occupational therapy profession, translates into particular ways of practice.

Occupational therapists believe that human beings deserve meaningful and dignified occupations (Townsend & Polatajko, 2007). For the occupational therapists in this study, how they practice their profession and provide a service to the learners they see at their school everyday is their way of ensuring that the learners engage in meaningful and dignified occupations. However, how their roles are defined now means that they have to practice beyond their school perimeters and serve the neighbouring schools within their communities. Where this concept of being a resource was not completely disregarded, the challenge remained as to how the therapists were going to cope with meeting the needs of the children at their particular school as well as those in neighbouring schools. To a certain degree, the system provides a fresh perspective on how therapy services can be best utilised to meet the needs of the constantly changing education system. The negative aspect is that the therapists were never involved in deciding what they ought to be or what they need to know. They wanted to be part of the decision-making process. Blossom iterated this: "I mean we do not want to be told that this is your job description. We want to be part of that agreement".

Just like any other occupational beings, occupational therapists in this study demonstrate a need to engage in meaningful and dignified paid employment as part of being a professional within the special education sector. In the hierarchy of power relations, symbolic power rests on the occupational therapy professions doxa. Internalisation of this doxa differs across participants as every therapist occupies different positions at the schools, despite a policy guideline that was launched in 2001. Education White Paper 6 was pivotal in describing what the practice of

occupational therapists should look like in specialised education. The excerpt below describes what the policy says:

Special schools and settings will be converted to resource centres and integrated into district support teams so that that they can provide specialised professional support in curriculum, assessment and instruction to neighbourhood schools. Special schools and settings in addition to the services that they provide to their existing learner base will perform this new role. In order to ensure that special schools and settings are well prepared for their new role, we will conduct an audit of their current capacities and the quality of their provision, raise the quality of their provision, upgrade them to resource centres and train their staff to assume these new roles as part of the district support team

Education White Paper 6 (2001, pp. 29-30)

It is in the implementation of this policy that further tensions were experienced. The WCED appears to have had the expectation that this policy would be followed through without contestation. The 1994 – 2001 time period in the WCED specialised education sector was described by Tracy, the key informant from the Department of Education, as, “everybody at a policy level was just doing what they wanted to do, with no homogenous or collective vision”. Tracy described the launch of the White Paper 6, a turning point in the WCED, as being instrumental in providing structure and guidance for DoE senior officials in specialised education. Ironically, the policy provided structured guidelines for DoE officials, but is experienced by occupational therapists as having caused chaos in specialised education. This is one of the factors, as described in theme 1, that has been contributing to these constant changes, the differing opinions from head office level to the therapists working in special schools.

Annie D and Enigma’s experiences of working in the Department of Education in the Western Cape were described as chaotic. This differed with their experience in the health sector where it appears there were more systems in place that allowed for containment. For example, the availability of a clear job description and access to continuous professional development courses. The historical leanings of the occupational therapy profession towards a clinical role gives some insight to why the health sector was experienced by Annie D and Enigma as being less chaotic.

The origin of the profession is rooted back in the 19th century when moral treatment in psychiatry was predominant. Mr Barton, an architect became interested in the use of occupation as a means to restore health from his own personal experiences and, as a result, coined the term occupational

therapy. It was later in the United States, in Consolation House, where leaders met to discuss the concepts of occupation and health. Susan Tracey, a nurse, conducted further studies on how occupations could be used as medical treatment. A group of surgeons in early 1918 then proposed a set of training standards to be used as a guide to developing training courses in treating injured soldiers, separating the training for occupational therapy to that of nursing training. And so, some thought went into planning the content of the short courses that included the medical foundation, but maintained that the fundamental emphasis is on the use of occupations when treating the injured soldiers. As the profession developed over the years there was a need towards a more specialised practice that was shifting the profession back to a more scientific medical paradigm. In the 1970s, there was a call for professionalisation of the profession and in particular the role of occupational therapy curriculum in higher education. This came about as it was felt by many leaders in occupational therapy that the profession was slowly losing its focus on occupation, a concept that actually led to how the profession was created. This slow loss of focus resulted in role confusion and a loss of professional identity for occupational therapists (Schwartz, 2003). The question one can ask here is why is the occupational therapy profession such a complex profession? Perhaps the nature of occupation that is embedded within the ordinary and everyday things that we do adds to this complexity. As the context continuously changes, human beings have a natural response to change, to either resist or remain the way they are. This results in continuous changes in the everyday things that people do. Therefore occupational therapy roles will always be in a constant state of flux as they continuously respond to their changing environments. The historical evolution of how the occupational therapists' roles have changed over years, as described in Chapter One, highlighted a shift from a medical to a social model of practice. The profession did indeed start off with a social agenda. However, as the profession evolved through the years, medicine became the forefront of addressing persons with mental and physical conditions. Noting the evolution of roles of occupational therapists, revisions within occupational therapy practice have also occurred. As referred to by (Frank & Zemke, 2009), the movement in occupational therapy is shifting towards engaging in projects that include individuals and communities' participation in occupations within a social, economic and political environment. The Occupational Therapy Without Borders project is one example of a project that was started as a response to the Nobel Prize winner in 1999, Doctors without Borders. Where this outreach project has a biomedical link, (Frank & Zemke, 2009) describe this as the professions "uneasy alliance with biomedicine and its institutions" (p. 112).

Despite this shift, occupational therapists still find the need to 'fit in' with the interdisciplinary team by proving their clinical worth. The basic education sector operates very differently. Learners are not referred to as 'patients' and an educational and inclusive approach to intervention is now

needed, which is a very different way of practicing to what occupational therapists have originally been trained to do. Intentionality (Ramugondo & Kronenberg, 2015) offers an explanation in understanding these occupational therapists as occupational beings. An inclusive approach to intervention and practice should consider everyone involved including the learner and the community affected. Inclusive education internationally is guided by the UNESCO policy guideline on inclusion in education. Inclusive education is understood as a type of reform that promotes diversity amongst learners at schools. It is also understood as a transformation of schools and learning centers in order to accommodate diverse needs, which includes disability. In order to ensure that this type of approach is successful, an interdisciplinary team approach is fundamental in ensuring that the learner benefits. Research studies done internationally on the role of interdisciplinary team work in inclusive education describe the benefits of working that way but also challenges in taking responsibility as a team member. There might also be rivalry amongst the professionals, which further perpetuates this difficulty. Trying to get inclusive education off the ground and successfully implemented is not a problem that is limited to South Africa alone.

Annie D and Enigma found the health sector an affirming space. The education sector style of management was not one of affirming what you know as an occupational therapist, but rather providing a set of rules that described what they should be doing within the environment of a special school. This tension between what the participants were trained to do and the expectation of what they should be doing was further exacerbated by the absence of a formal job description. Annie D notes: "In health you've got a specific job description, so you have clear outlines of what your role would be and what your duties would be; but in Education there is no such documents". Sadly for Annie D, this was a reality of being a victim of not having access to information that should have been given to her by the principal of the school. A job description for education therapists at district level does exist and clearly outlines what the role of an education therapist should be. The excerpt below from the original document describes the primary purpose:

FINAL DRAFT DOCUMENT



JOB DESCRIPTION – EDUCATION THERAPIST [PL.3]

A. GENERAL INFORMATION

JOB TITLE : EDUCATION THERAPIST
DISTRICT THERAPEUTIC SUPPORT

DEPT/COMPONENT : DISTRICT (CIRCUIT-BASED)

POST LEVEL : 3

B. JOB PURPOSE

To render direct and consultative therapeutic and educational support in an inclusive whole school development context, within a district-based circuit.

C. KEY RESULT AREAS

C.1 PROVISION OF SUPPORT TO LEARNERS, EDUCATORS, PARENTS AND SUPPORT STAFF

20% Learner intervention (therapy)
80 % Co-ordination

1.1 Planning:

- 1.1.1 Planning must be done with other team members – psychologists, learning support, social workers, etc.
- 1.1.2 Part of SLES managements. Attends all management meetings.
- 1.1.3 Planning must done between the Education districts to ensure uniformity of services delivered (e.g Gr R project, Stats forms, reports, levels of support, training).

Figure 6 Job description - Education therapist

According to Tracy, a document like this one exists for education therapists employed at special schools. However, none of the five participants working at the resource centres could provide me with a copy of an official job description. This was quite telling in that information was not filtered down to therapists working in the resource centres, as opposed to what Tracy believed was happening. The participants acknowledged that there were some documents in place that served as guidelines, but that these were more generic and not specific to occupational therapy. Annie D strongly emphasised that the type of management and leadership that is instituted at particular schools determined how therapists were managed within the system. This was also confirmed by Spade who described her frustration with the system as: "...you feel like just one of those people, after 23 years of being in the system you still not considered part of the decision making".

All participants indicated that there was a definite change in role from when they started their employment to the implementation of inclusive education. These role changes included the day-to-day activities that were historically one-to-one treatments with children changing to group interventions and a support focus, as well as becoming a resource to schools in the area. Fundraising and playground duty were also examples that were given. During their struggle to become relevant in the context of specialised education, participants found themselves being governed by the very same context they were trying to transform. The occupational therapists recognised that their role was determined by the needs of the context; and that there should be some flexibility and change. However, this was not the case at four of the five schools in the study. Annie D in particular, found that her role was not determined by the needs of the school, but by the expectations of the principal of the school. His expectations were supported and guided by the rules of the WCED's specialised education unit. Annie D's transgressive response in choosing to change her role to make a difference was evident in this quote: "I was going to prove something, not just to them, but to myself".

Bubbly remains conscious that by responding to the guidelines set out by the WCED, they are at times functioning outside of their scope of practice, which she finds very uncomfortable. Yet, she continues to practice within this discomfort. Why? Because anchoring was one way that helped Bubbly believe she was being a meaningful occupational therapist. For Bubbly and Blossom, working in specialised education, they were responsible for making the choice to remain working in that context, despite the constantly changing habitus. Through anchoring they relied on their intact occupational identity to guide the choices they made in order to build and develop their professional identity.

Both the habitus and the social structures are shaped by the historical past and hegemonic struggle for symbolic power. Through the doxa within the occupational therapy profession, and the habitus of practice within specialised education, occupational therapists are likely to continue to reposition themselves in ways that probably never completely dismantle the whole system. Annie D, Enigma, Spade, Bubbly and Blossom's varying personalities and dispositions of being professional social agents effected different ways of repositioning within the same system. Professional agents are empowered by structures very differently and can either function as individuals or a collective. In this case, the dynamic between Enigma and Spade, Bubbly, Blossom and Annie D shows that without a collective voice the situatedness of professional role transition will continue to occupy occupational therapists and greatly influence their professional identity working in specialised education mainly as individuals. Sewell Jr describes this quite aptly: "People or even few people who

are powerful enough act in innovative ways, their action may have the consequence of transforming the very structures that gave them the capacity to act” (Sewell Jr, 1992, p. 4).

The constantly changing habitus allowed for particular choices to be made by occupational therapists in this study as they drew on social capital as a resource in order to survive. Therapists thus find themselves being a part of the structures that are able to influence the symbolic power imposed on them as individuals and are able to act in transgressive ways or anchor themselves in order to maintain their professional identity.

Conclusion

One cannot understand structure, agency and power without understanding the socio political hegemony that exists in the South African basic education sector. This theme, *Disrupting the habitus and doxa of the occupational therapy profession*, described how the profession itself contributed to the further challenges faced by occupational therapists and the potential need to disrupt their roles in specialised education in order to continue meeting emerging learner needs and to feel affirmed as occupational beings within the profession.

6.6. Overall conclusion for the chapter

This chapter offered both a description and an explanation for what the process of professional role transition may look like for occupational therapists in special education in post-apartheid South Africa. The five themes that emerged from the multiple sources of data contributed to describing the case narrative. The process of professional role transition has been described along a trajectory in time within specialised education in post-apartheid South Africa. The case narrative starts with how occupational therapists are being positioned and repositioned in response to the many social, political, economic and historical contextual changes. Being occupied by hegemonic structures, particularly the gendered type of hierarchy and managerialism, gave rise to new ways of practice for these occupational therapists. The negotiated interplay between structure and professional agency created a further disruption in roles, causing occupational therapists to anchor themselves, comply or act in transgressive ways. These particular responses to a constantly changing context are critical in understanding how the occupational therapy profession as habitus and doxa contribute to the potential disruption of roles in order to serve emergent occupational needs and to feel affirmed as occupational beings within a profession.

Professional role transition can thus be defined as a process that reflects shifts in expected professional behaviours within the same domain of practice, are associated with contextual factors and may reflect anchoring and compliance within an oppressive system or transgressive acts to

disrupt hegemonic structures. The next chapter will provide a critical discussion on the process of professional role transition.

Chapter Seven: A Critical Discussion of Professional Role Transition

The impetus for pursuing this study was to answer the research question: “How do occupational therapists experience the process of professional role transition within specialised education in post-apartheid South Africa?” I embarked on a qualitative research journey using case study and narrative inquiry to understand what the process looks like for these occupational therapists working in specialised education. Situating my study within the context of social change, and drawing on critical social theory and occupational science gave me the lens through which to understand the occupational therapists as occupational beings. The description and explanation of the case narrative in Chapter Six was positioned along a trajectory; identifying how occupational therapists navigated the tensions in responding to historical temporality reflected in two critical milestones in South Africa. These critical milestones are the implementation of the Employment of Educator Act and the launch of the Education White Paper Six. Parallel to this process, the occupational therapy profession itself has been in a continuous process of professionalisation locally and is continuously pressed to respond to emerging needs as well as other global imperatives for change in the profession.

A critical sense of knowing is based on the underlying philosophy that social phenomena cannot be understood unless their history and the structure in which they are embedded is understood. Habermas and Habermas (1971) and Freire (1972) are two examples of theorists who believed that the social conditions individuals find themselves in determine how they see themselves, and this internalised vision affects who they are and what they know. This is important for a profession, like occupational therapy, where professional identity and epistemologies that inform and underpin the profession have a bearing on context, including historical location and temporality. Having understood these premises, Habermas and Friere also believed that a critical social theory perspective would provide insight into how the individuals can find ways within those social conditions to be set free. Through empowerment, the emancipation of individuals occurs (Fulton, 1997). Although the focus of this study was not to empower occupational therapists as individuals, the power lay in how the occupational therapists responded to structures within specialised education. The participants of this study were able to critically reflect on who they are as occupational therapists in specialised education and what they are becoming as a result of being in a system that they experience as oppressive in various ways.

Linking social science constructs to human occupation, an occupational science perspective was critical. Occupational science offers a lens through which to understand the human as an

occupational being within a context that is socially, politically, historically and culturally embedded. Drawing on the following occupational science constructs: occupational possibilities (Rudman, 2010), occupational choice (Galvaan, 2014) and occupational consciousness (Ramugondo, 2015), gave me the language to articulate how occupational therapists in this study were enacting agency within the process of professional role transition. An occupational science perspective to occupation, highlights how social structures created the parameters within which Annie D, Spade, Enigma, Bubbly and Blossom had to reposition themselves in relation to the powerlessness they felt in negotiating their professional and occupational identity. Professional role transgression, as a form of occupational consciousness, will be introduced in this chapter as an emerging occupational science construct that could offer an explanation for how occupational therapists struggle to transgress in responding to being occupied by seemingly hegemonic and oppressive structural systems.

7.1. Positionality, choice and new ways of practice

Position, a concept also discussed by Bourdieu, gives a perspective through which I could understand how occupational therapists in this study situate themselves in the context of specialised education in post-apartheid South Africa. Bourdieu sees positionality as part of context. This would also link to structures within the Western Cape Education Department (WCED). Occupational therapists in this study, within the hierarchy of WCED, are positioned in special schools that have now been converted to resource centres that fall at the lowest end of the hierarchical structure. Even though occupational therapists are provided opportunities to be employed at the district and senior therapist levels, the positions that are advertised are usually for any allied health therapist, be it a speech therapist, physiotherapist or occupational therapist (refer to organogram in Chapter One). This is in line with the Employment of Educator Act 1998 that defines education therapists as any allied health professional that works in a special school environment. It is this hierarchy of structures that provides a systemic view of how operations within the WCED work. For Annie D, Enigma, Spade, Bubbly and Blossom, their length of service in the education sector determined the confidence they felt and the sense of competence they had in the knowledge required for effective practice within their work environments. The need to prove competence in what one knows as an occupational therapist was evident in how Blossom and Bubbly described what they do everyday as occupational therapists. Asking participants the question: "What is it like working as an occupational therapist in a special school?" was critical in triggering the tensions that these occupational therapists had to negotiate in order to preserve a continuous sense of professional confidence. It appears no one ever asked them this question before. Having been given the opportunity to reflect on that one question shifted Annie D and Enigma to a point where an awareness of roles occurred. This awareness created an opportunity to think about who they are and how they act as agents within the system.

Occupational choice, as described by Galvaan (2014) is more than just a conscious act, but a process whereby the individual's innate ability to assert their own agency is negotiated in terms of what to do and what not to do within social structures. It is within this process where participants made choices in their unique environments of the special schools that resulted in anchoring, complying or committing transgressive acts, which looked very different for each participant, despite experiencing the same process of professional role transition as a collective. The choice assumed by Annie D was to remain at the school and fight for her role as an occupational therapist. Her transgressive behaviour was evident in her confidence to assert her own professional agency. This form of transgressive behaviour contributed towards her defining a role for herself as an occupational therapist at Lacon School. Enigma made a conscious choice to position herself on committees at national and provincial levels in basic education in order to influence how the specialised education system operates. "My Blood runs green in some odd way". These words, said by Enigma highlight the deep-rooted sense of what it means to be an occupational therapist. This was the foundation of Enigma's professional role transgression. Spade had to decide on whether to leave her special school and on the timing thereof to take on a position in an inclusive education team for the district. The choice to leave and position herself in an inclusive education team was Spade's way of role transgression after having to deal with hegemonic structures for 23 years.

The apparent difficulty the participants experienced in making choices about professional role transgression was demonstrated through the examples described above. Transgression involves challenging authority, which Annie D, Enigma & Spade began to demonstrate. Part of their struggle in wanting to transgress, was having to gain the acknowledgement from the principals and the WCED key officials that the role of occupational therapy was not fully understood within a special school/resource center. Annie D's only hope was that the educators at the school could start accepting her progressive attitude and see the benefit of how this new way of practice could not only benefit occupational therapy practice but the educators at the school as well. Duncum (2009), through his study with art teachers, concurs that transgression within a school environment involves challenging the teachers' authority in having to cope with what he calls 'popular culture' (Duncum, 2009, p. 1). This is where students produce work in the classroom that is politically contentious. He highlighted that the teachers were able to cope with the critique of transgressive art works that were used as teaching material, but were not prepared to deal with students showing signs of transgression themselves. The teachers responded by avoiding the dilemma, a form of anchoring to remain safe. Duncum (2009)'s study shows that despite an opportunity for teachers to use the transgressive opportunities positively, they could still make choices to remain anchored.

All participants in the current study made choices to work in special schools as part of their professional trajectory. This was evident from their stories in Chapter five. Occupational therapists find themselves having to make ethical choices in complying with the systems or structures within which they work (Pollard & Kronenberg, 2008). It is in these ethical choices that the participants in this study had to negotiate how they reposition themselves within the process of professional role transition. Theme three referred to professional agency as an element of structure, where structures in this thesis are represented through the occupational therapy profession, the WCED and the special school environments. In considering these structures, Glass (2001) refers to education as a practice of freedom and that classroom environments can be used as spaces or sites for educators, therapists and learners to self-realize and reflect the political realities and political necessities that are associated with being embedded context. Taking a critical perspective, liberation within special schools in post-apartheid South Africa continues to be a struggle as occupational therapists transgress the dominant ideologies of the occupational therapy profession and the larger social arena of the basic education system in post-apartheid South Africa. Glass (2001) theorized about transgressions, as not necessarily a bad act, but has the potential to demonstrate good. With the implementation of Inclusive Education in basic education in post-apartheid South Africa, some political challenges were introduced and in a way forced a new liberal agenda for schools (Glass, 2001). Issues pertaining to equity, class, gender and disability demanded changes in the curriculum that required a shifting of roles for all involved, not only therapists. This had a spillover on how leadership was portrayed at these schools. Glass advocates that to challenge the oppression that is found in the everyday way of doing, conventional norms must be transgressed in order to establish a more moral, just and caring community (Glass, 2001, p. 121).

7.2. Professional identity and occupational identity

To understand the relationship between professional identity and occupational identity, unpacking the interplay between professional agency and structure is integral. In the current study, the occupational therapy profession and the WCED influenced how the participants enacted their professional agency. Professional agency is the occupational therapist's capacity to consciously understand the context they are in, reflect on this understanding and monitor how they respond to the contextual influences. Structures, on the other hand, are seen as social forces outside of the occupational therapists as professional agents, that impact directly on their agency (their ability to act) and their ability to express their professional identity (how the occupational therapists see themselves). Understanding the interplay between structure and agency for these occupational therapists is critical in unpacking how their professional identity is being shaped by structures and how their agency is impacted upon, positively for some and negatively for others, in this study.

The theme new ways of practice: knowledge worth knowing described the participants' professional capacity to understand their roles within the special education context through seeking avenues to gain new knowledge and practice in innovative ways. Participants attempted to problem solve what this new knowledge could do, not only for the occupational therapists at the school, but for the teachers as well. This form of professional role transgression demonstrated their professional agency within that context. The obstacles they faced regarding the gendered hierarchical style of management and the lack of district involvement regarding support for therapists were examples of how the context dictates the outcome of their actions despite their intention for collaborative action. The theme structure: gendered hierarchy for decision making, described how leadership at particular schools influenced how therapists saw themselves, having a negative impact on their developing professional identity. Where the participants were positioned in the school environments, was indicative of how power was displayed as part of the hierarchies that exist in those schools. Acker (1990) recognises that hierarchical organizations are male dominant. Feminists' researchers when writing about organizational gendering always assume that the organizational structure is gender neutral. Acker (1990) argues that organizational structures are not gender neutral and that paid work within an organization would assume masculinity within a worker role. She further acknowledges that while there is rich literature on women and work, this has not been theorised enough. Where she critiques why there is so little feminist debate on organizations; the central problem she identifies is that "masculine principles were dominating the authority structures" (Acker, 1990, p. 6). The occupational therapists in this study were all feminized in how they found ways to manage their own powerlessness in responding to the hierarchies present in the WCED. Gender is deeply embodied within organizations and Acker (1990) concludes that a reconstitution of gendered positioning in the work place is needed to promote organizational change.

The theme, professional agency as an element of structure contributed to the understanding that professional agency increases once the individual engages with the resources available within the structures. This type of progressive professional agency impacts greatly on how professional identity develops. Huot and Rudman (2010) describe the conceptualisations of this interplay between structure, agency and identity to be positioned along a continuum, where agency with respect to participants in this study focuses on the capacity of the occupational therapists to negotiate elements of structure and determine who they are as agents, possibly shaping their professional identity.

As an individual, who one is shapes who one can be as an occupational being, drawing on spiritual, physical and temporal resources (Law & Laver-Fawcett, 2013). What one becomes later in life is determined by the choices one makes to pursue a particular career. Experiences through the life span all contribute to the building of one's occupational identity. Occupational identity, as defined by Unruh (2004) and Kielhofner (2002) is conceptualised as a concept that develops over time, with a key emphasis on the interaction between the person and their context. Kielhofner (2002) believes that if an individual engages in meaningful occupations that are satisfying, competence in self-identity develops. Annie D's occupational identity evolved from the time she graduated as an occupational therapist (as she describes in her narrative story in Chapter Five). All participants expressed how embarking on the professional study of occupational therapy was going to enhance their own quality of life. The impact the values and beliefs of the occupational therapy profession had on these occupational therapists was fundamental as they all relied on this to define who they are as occupational therapists in specialised education, alluding to an intact professional identity. It is along this continuum between professional agency and structure that the occupational therapists in specialised education find themselves having to negotiate the very structures of the WCED that seem to dictate who they are as occupational therapists and what they are to become. This question of 'what they are to become' if they continue to work in this context is important to consider as this has a direct impact on the occupational therapist's professional identity. How these occupational therapists see themselves and how they value themselves are two important concepts that can affect the occupational therapist's occupational identity. The interplay between structure and agency Giddens and Pierson (1998) cannot be ignored as what these occupational therapists think and do in relation to their professional identity and positionality within structures and the habitus within special education. For the occupational therapists engaging in this chosen profession, what they do everyday is seen as more than just work, but as an occupation that brings meaning and purpose to their lives. In theorising about human occupation, Ramugondo et al (2015) iterates that historical conditions within contexts shape professional identities (Ramugondo, Galvaan & Duncan, 2015). Annie D and Enigma in particular drew on their spiritual self as a resource that provided meaning and purpose for them, resulting in personal transformation. However, the personal resources that they drew on stemmed from their developing occupational identities over time. The five occupational therapists experienced their professional identity as being threatened or even at a risk of loss during the process of professional role transition. They were not afforded any opportunities or spaces to grieve this loss of professional identity. However, the opportunity to tell a story in this research appears to have provided an outlet for each participant. For Enigma and Annie D this offered them an opportunity to celebrate a new professional identity, for Spade it was an

outlet for grieving the loss of her professional identity and for Bubbly and Blossom, an outlet to explain why they chose to accept the impact of their occupational choices on their professional identities. The common ground that all participants identified was drawing on the strengths they gained in developing their occupational identity over the years.

Doxa (Bourdieu, 1994), in this study, are the beliefs and values and the operations that the occupational therapists follow. The habitus of the occupational therapy profession is made up of the doxa that guides how occupational therapists should be working within a specific context.

Understanding the importance this plays in developing a professional identity is critical, as doxa cannot be separated from the habitus it is attached to. The habitus of the occupational therapy profession constantly changes over time, but the doxa, that is the values and beliefs that is associated with the profession, remains the same. In the case of professional role transition, the ratification of the Employment of Educator Act 1998 and the introduction of the Education White Paper 6 2001, led to two major changes that affected occupational therapists' professional identity.

The name change to education therapist meant that these occupational therapists were from that point onwards considered as any other therapist, eliminating the 'exclusiveness' of being a part of a particular profession. According to Pollard, Sakellariou & Kronenberg (2008), occupational therapists are defined as a professional group. Having to contend with being stripped of this title, the profession of occupational therapy is not innocent in itself in contributing to the challenging process of professional role transition for participants in this study. Here I refer to occupational possibilities (Rudman, 2010) to highlight the subtle way in which power operates within the profession itself that influences what occupational therapists can and should be doing in practicing as an occupational therapist. Occupational therapists in this study find themselves in a post-apartheid education system but remain products of a profession that was built and created within the context of white supremacy and a bio-medical framework. Yet, these occupational therapists are expected to practice and deliver a service and enact the vision of changing education policies in specialised education in a democratised society and within a social justice driven policy framework. Participants in the study, through their stories, expressed the disjuncture between being trained in a particular way and then expected to practice in another. For some, this disjuncture was not necessarily a negative experience. For Enigma, as she explained, using an example of a 'Make and Bake' activity that has been recommended by the DoE:

So how do we take, let's say make and bake. How do we take that and incorporate learning outcomes that would best be taught in a classroom on the blackboard or worksheet, it's a lot of adaptation, a lot of grading, a lot of understanding around

when a child can progress. What does progression mean? It's not a normal school so as much as you want to take away that kind of 'clinical OT' you still are that; but the method in how you're doing it is very different. But I think it applies in all sectors, you know when you're an occupational therapist.

Rudman (2010) maintains that occupational possibilities are "shaped and promoted through government policy, institutional guidelines, health care guides and academic literature" (p. 56), that then becomes the norm. The nature of these acts that go against, or challenge these normative ideals then get labelled as transgressive acts. For Enigma, Spade and Annie D, the way they responded individually would be classified as professional role transgression; a form of occupational consciousness (Ramugondo, 2015). These acts were viewed in their school contexts as being morally and ethically wrong because of the occupational choices they made which went against the grain of normative rules and ways of doing and being within specialised education. This feeds into the perception that who one is as an occupational being and human being does not matter. Taking a governmentality perspective (Laliberte Rudman, 2010), one looks at various modes of action-creating opportunities and possibilities for Annie D, Enigma, Spade, Bubbly and Blossom to engage in their occupation. Technologies of government are one such mode that addresses the political rationalities imposed on individuals and how these political acts are imposed. For this case narrative, understanding governmentality would allow for creating an ethic where individuals are recognised as occupational beings and are capable of making occupational choices that promote professional identities.

Occupational possibilities, as these relate to the occupational therapy profession over time, can look at how the profession has been promoted over the years in specialised education. What is also important to consider is the ways in which, and to what ends, these occupational possibilities have shaped the occupational therapists' occupational identities and professional identities. The shaping of their occupational identities contributes to how they perceive their professional identity and the occupational choices they make wherein they choose to position themselves. In understanding how they enact this agency, professional role transgression as an act is used by participants in this study in varying ways. As a form of occupational consciousness (Ramugondo, 2015), professional role transgression calls for occupational therapists in specialised education to gain dignified living.

7.3. Professionalisation of occupational therapy

Many authors in occupational therapy and in occupational science have defined the term 'occupation'. Hocking (2009) refers to occupation as things people do, rather than engage in, performing, carrying out or doing an occupation. She also further defines occupation as the ordinary

and extraordinary things people do everyday. In this study I am proposing that occupational therapy, as a profession for these participants, is more than just a career choice, it's an occupation. The narrative stories that developed from the interviews with all five participants started off with the reason why they chose occupational therapy as a profession. The common response amongst all participants was the "holding onto the values and beliefs" of the occupational therapy profession. This is how they defined who they are and how they envisaged their lives would be as occupational therapists after graduating. The sense of meaning and purpose the participants in the study derived from being an occupational therapist was defined in the 'doing' and eventually what they thought they would 'become' ((Wilcock, 1999) as they started their working careers as occupational therapists or made significant shifts within their careers. For Enigma and Annie D, It was when entering the context of specialised education. For Spade, Bubbly and Blossom, it was the impact of the key changes along the trajectory (as described in Chapter Three) that the perceptions of who they are in response to the authoritarian structure of the WCED changed. This perception of changing roles was only evident while the occupational therapists were engaging in the research. For many of the therapists in this study, when answering the interview question: "Has your role changed in specialised education?" Was when they started reflecting on who they are in relation to how they are positioned within the special school. The realities of being occupied by a hegemonic education system hit the therapists extremely hard as they started realising that the occupational therapy profession is more than just a career choice, but an occupation of choice. The meaning they ascribed to serving the learners within the school community and the individuals within their surrounding community, were core in understanding what their role should be at the special school. However, the hierarchical structure of the WCED, which filters down to the school level, influenced how the occupational therapists had to practice. The new way of practice, in accordance with the Education White Paper 6, was not necessarily going against the values and beliefs of the occupational therapy profession, but the manner in which this mandate was imposed onto the occupational therapists caused tensions, as described in Chapter Six.

Pollard and Sakellariou (2014) argue that there is an inherent connection between the political nature of occupational therapy and how human occupation develops. The shift from the focus on clinical practice to a more social model of practice has been evolving through the years in countries such as Brazil, Canada and South Africa. The authors indicate that more critical discussions need to happen in describing the relationship between occupational therapy, occupational science and politics, and that in understanding the complexities in this triad as it relates to occupational therapy roles, can there be the emergence of new roles for occupational therapists.

In considering the role of occupational therapists in specialised education, the participants described that their role has changed in some way from the traditional occupational therapist, to include duties specifically related to schools, including playground duty, fundraising, being a resource and support to teachers and contributing to screenings and assessments as per the guidelines written by the WCED. While some of these roles described above might appear 'normal', the process and institutional climate within which these occupational therapists find themselves, in accepting these roles becomes contentious. Pollard & Sakellariou (2014) suggest that occupational therapists' roles are political in nature. Occupational therapists engaging in transgressive acts or choosing to comply or remain anchored, as described in this study, alludes to a possibility of a new role an occupational therapist can play, not only in the specialised education sector, but within other areas of practice such as physical health, mental health, work practice and community development practice. Pollard & Sakellariou (2014) 's argument is that if occupational therapy is known as a profession that focuses on the human being engaging in social participation, then the 'doing' part of being human is critical to understanding the various ways human action enables this doing and that occupational therapists are "citizens in a local and global combination of contexts that goes beyond the medical and clinical arena" (p. 644). Therefore, in this study, the human actions that Annie D, Enigma, Spade, Bubbly and Blossom chose to enact were based on the occupational choices they made in responding to the occupational possibilities provided to them within their profession, resulting in a form of occupational consciousness. This new form of occupational consciousness can contribute to understanding the occupational therapist as a 'political being' and define a new role for them, a professional role transgressive one.

Understanding the process of professional role transition within specialised education speaks volumes to how the occupational therapy profession is viewed in that context. The power dynamic within the profession is a domino effect of the symbolic power being imposed by the WCED. According to Griffin (2001), the status of the profession is important in how others perceive the occupational therapists and how the occupational therapists see themselves. Adams (2010) and Cooper (2012) claim that professional status cannot be reliant on theoretical tools, and that the status of a profession is "conferred by a society that values the occupational group and its work" (Cooper, 2012, p. 201).

Through experiencing the process of professional role transition, the participants in this study all described their role as not being valued, resulting in a feeling of incompetence. Annie D described this as "playing the humble servant role". The biggest factor contributing to how the power plays out in the profession is due to it being a female-dominated one. This is quite evident as all study

participants were female and, except for Enigma, they all had to contend with male principals within their schools. This power play of gendered positioning is evident here as found by Huffman and Cohen (2004) that female-dominated professions offer fewer opportunities for workplace authority. Huffman & Cohen (2004) further state that the lack of opportunities for females to be put into positions of authority is deeply rooted in the belief that women's emotions prevent them from managing effectively. Spade stated that she "wears her emotions on her sleeve" and, despite having a strong voice at the school, her voice was not taken seriously as she was told by a colleague that she "wears her emotions on her sleeve". If this deeply rooted belief described by Huffman & Cohen (2004) is the general societal perception of women in the workplace, then how do we change this perception if we are not afforded opportunities to prove ourselves? Spade's attempt to assert a bit more authority and act transgressively was by accepting a new job as the only occupational therapist on an inclusive education team. She is now seen as the expert on the team. This adds to her professional meaning and competency, which she probably did not feel while working at a school as part of a team of six occupational therapists for 23 years. Where Spade demonstrated femininity through her emotions, Enigma, on the other hand, showed traits of masculinity demonstrated through the positions she held on local and national organisations and committees. At times being the only female, she was able to make her occupational therapy voice heard.

The third factor that Griffin (2001) identifies is the impact of how power is being managed. These are pertinent factors as they not only apply to the occupational therapists in Australia (where Griffin's study was conducted), but the experiences described by the occupational therapists working in specialised education here in South Africa. The contextual drivers that impact on how these factors influence the power of the profession is pertinent. They are the social and political context that these occupational therapists find themselves in.

Siegrist (1990) and Cooper (2012) describe professionalisation as a process, and not a straightforward one. Callaghan (2014) defines professionalisation as a process through which a particular occupation gains the status of a profession. Callaghan (2014), coming from a psychological perspective refers to occupation as a particular type of work and paid employment. Professionalisation happens within a profession when the profession acquires a code of ethics, a set of educational practices, a defined set of profession-specific skills and when it is recognised with a professional body. The bottom line is that professionalisation needs to occur within the wider social and political context. I chose to draw on Hockings' definition of occupation as the ordinary and extraordinary things that people do everyday. This particular view of occupation, from an occupational science perspective, adds an added dimension to a profession being an occupation. The occupational therapists in this study saw

their profession as an occupation and, therefore, responded to the disruption of this occupation in various ways. In this case, Annie D, Enigma and Spade acted transgressively and Bubbly and Blossom remained anchored in their schools as they struggled to transgress.

The social and political factors identified in this study will now be further expanded upon using (Abbott & Meerabeau, 1998) framework for professionalisation. This framework describes a profession's occupational autonomy as being influenced by internal and external dynamics and that can either be facilitated or hindered by these dynamics in context. Cooper did a stocktake of where occupational therapists in Canada were positioned in 2012. Cooper found that for occupational therapists in Canada, their internal dynamic frame was larger than the external dynamic showing no intersection between the two. She also found that while the occupational therapists in Canada were aware of the external dynamic, the impact of the external dynamic's influence on the profession was not always considered.

Selecting the appropriate factors from Cooper (2012) offers an explanation to the possible dynamic that can influence the occupational therapy profession in a way that contributes to the professionalisation of the profession. For Annie D, Enigma, Spade, Bubbly and Blossom, their attempt to define who they are and their scope of practice was directly hit by the external dynamic of power relations within the hierarchy of the special school and the WCED. The significance of what they do at schools was undermined by the changes in professional title, which explains how the external dynamic hindered their scope of practice. Their limited access to gain new knowledge was controlled by the principals at the schools who were instructed by the WCED on how knowledge gets disseminated and communicated to therapists at the ground level.

Cooper (2012) describes the political process as being a facilitator of professionalisation. This could be true if occupational therapists address the constraints of bureaucracy on their professional autonomy. For occupational therapists in the Western Cape of South Africa, and particularly in the specialised education sector, their external dynamic frame appears to be larger than their internal dynamic. Their roles and professional identities are directly influenced by the socio political context of specialised education. Here occupational choice and occupational consciousness provide leverage in understanding why a group of professionals seemingly 'privileged' in terms of professional status are at the receiving end of an oppressive education system. Having said that, it is imperative to note that the context, in which occupational therapy finds itself, and the dynamics of practice, will always be in a constant state of change. Thus, any description of the experiences of a group of occupational therapists along the trajectory will be a snapshot depiction in time.

Cooper (2012) describes the major changes that occurred as critical events that contributed to the professionalisation of the occupational therapy profession from 1963 until 2012. During this 50 year period, she describes the growth of the profession as having made remarkable changes not only in one domain of occupational therapy, but in various areas such as the employment arena, practice regulations, in education and vast leaps in theoretical foundations. There were five critical events that (Cooper, 2012) describes as being key in contributing to the professionalisation of the profession in Canada in the past 50 years. For South Africa, the trajectory outlined in Chapter Three illustrates the two critical events that were external to this particular group of occupational therapists in specialised education. This contribution to the professionalisation of occupational therapy will be an on-going process as the social contexts continuously change as new critical events emerge. South Africa, deeply rooted within democracy, demands a very different type of response from the individuals that live in it. Specialised education in particular is at the receiving end of a rapidly changing context. Internationally, UNESCO plays a significant role in promoting inclusive education. How inclusive education is characterised, the purpose and the form it takes in terms of implementation is a reflection of how particular countries and their local authorities or governmental bodies manage the social, political, cultural, economic and historical factors that occur at any particular place in time. As reflected in international literature, the practical implementation and the conceptual understanding of inclusive education still appear to be problematic.

A major challenge facing the professionalisation of the occupational therapy profession is how to address the occupational therapists' ritualised practice of disempowerment and to provide an avenue for ways in which occupational therapists can reflect on who they are as occupational therapists and reflect on their own practices, abilities and roles. Evident in this study was how the occupational therapists were struggling to transgress. This struggle as part of the professional role transition process affected the OT's ability to act as agents of change within a socially changing context and influenced how they responded in transgressive ways to address oppressive structures.

I will now introduce the emerging construct of professional role transgression.

7.4. A case for professional role transgression

A critical social theory approach to understanding professional role transition was fundamental in exploring the philosophical and theoretical underpinnings that expose occupational therapists to the tensions of being occupied by a structural system that imposes structural power on how they practice. I make particular reference to the assumption of critical social theory described in Chapter Three that states that liberation from these oppressive structures is a quest for human potential, completion and authenticity (Stevens, 1989). This offers an explanation as to why occupational

therapists in this study were struggling to transgress and responded often in anchoring or through compliance.

The term transgression has been written about by many critical authors (Foucault & Deleuze, 1977); (Stallybrass & White, 1986); (Jenks, 2003). The authors mentioned here described various views on transgression. Jenks (2003) in particular, takes a postmodern sociological perspective on transgression. I have elected to understand transgression from Jenks (2003) definition. Transgression is a “dynamic force in cultural reproduction, preventing stagnation by breaking the rule and it ensures stability by reaffirming the rule. Transgression is not the same as disorder; it opens up chaos and reminds us of the necessity of order. But the problem remains. We need to know the collective order, to recognise the edges in order to transcend them” (p. 23).

In this definition I recognise that transgression, where it can be a liberating action, can have the consequences of a disruption. In a way, ‘breaking the rule’ opens up new doors in creating and shaping social, occupational and professional identities that would translate into a more dignified way of living. Jenks (2003) argues that, in order to understand who we are and where we are positioned in society, we need to recognise ourselves as being at the receiving end of an oppressive system. In this awareness lies the power to act transgressively.

Engagement in transgressive acts can be identified as a key moment of resistance. Transgression is seen as a form of boundary crossing (O'Neill & Seal, 2012) that goes beyond the limits of those boundaries and highlights the taken for granted practices and ideologies that are considered ‘normal’ in society. O'Neill & Seal (2012) explains that transgressors do not choose to act in transgressive ways and at times might not even be aware that their behaviour points to it. These acts are positioned and implemented within the contexts the transgressor is faced with (Jenks, 2003). Transgressions manifest in situation-specific times and in various social spaces through time. Along this study trajectory, struggling to transgress was manifested in the manner through which occupational therapists responded to the structures of the WCED and the occupational therapy profession that creates rules that form boundaries in terms of role and scope of practice. Jenks (2003) describe transgression, as deeply reflexive acts that can either be one of denial or of affirmation. Jenks (2003) asked a very pertinent question: “Is it the hyperbolic announcement of identity and difference in a society where identity and difference are paramount yet difficult to achieve?”(p. 19). In reflecting on this question for this study, professional role transgression is a way of affirming the occupational therapists identities within specialised education. However, I acknowledge that this is not an easy process. Transgression, as it relates to gender boundaries, was explored by (O'Neill & Seal, 2012) who examined the gender representation of women who kill.

O'Neill & Seal (2012) sees this as a violation of gender boundaries as women and femininity are usually associated with nurturing and gentleness. Linking back to the gender positioning of occupational therapy being a female-dominated profession, and based on the assumption that society views women as nurturing and gentle, theme two explained how the positions that individuals occupy in the workplace determines the type of power accumulated by them to assert professional agency. In considering the occupational therapists in this study, then surely Annie D, Enigma and Spade engaging in professional role transgressive acts would be viewed by society as radical. They would be labelled as being radical occupational therapists.

In understanding how the occupational therapists responded to the gendered hierarchical system described in theme two; occupational consciousness, as defined by Ramugondo (2015) puts their responses into perspective. Through the on-going awareness of the dynamics of hegemony within specialised education in post-apartheid South Africa, these occupational therapists can therefore appraise the results of their transgressive acts and the impact the consequences of these acts have on their wellbeing as occupational therapists in specialised education, and on the occupational therapy profession as a collective.

The key question one would ask at this stage is that of who is responsible for this disruption of roles. While it is very obvious to blame the WCED as a structure that imposes rules and regulations, the occupational therapy profession is also a form of structure that introduces rules and regulations. The occupational therapy profession contributes to the process of professional role transition, as the profession is also responsible for moulding and shaping a particular professional identity that is not necessarily context specific. What results is that occupational therapists are finding themselves having to fit the mould of an 'ideal' occupational therapist based on Western trends and international ideals as opposed to viewing their role as evolving in response to what the context is demanding of them. This contestation is critical as the professionalisation of the occupational therapy profession unfolds. Mackey (2007) puts forth an argument that the collective weakness of professional identity of occupational therapy and the workforce design can "challenge and threaten the status of the occupational therapy profession" (p. 96). This study identified two critical points along a trajectory from 1994 to 2013 within specialised education that impacted on, and contributed to, how the occupational therapy profession needs to change in response to the constantly changing context of the specialised education sector and highlighted the policy gaps for OTs in the education sector so they do not have to transgress.

7.5. Conclusion

Chapter Seven provided a critical discussion on professional role transition as a process experienced by occupational therapists in specialised education. How the participants struggled to transgress, evident in how they positioned themselves in response to being occupied by hegemonic structures, resulted in ways of doing that introduced new ways of practice. A sense of conscientization happened for these occupational therapists in thinking about their role in specialised education and what this role means in relation to the occupational therapy profession. The participants started responding in various ways, choosing to remain anchored for some and acting transgressively for others. Reflecting on occupational choice and occupational consciousness, the act of professional role transgression for these occupational therapists can be viewed as a critical response to how professionals, not only occupational therapists, find themselves responding to social and political hegemonic structures.

Chapter Eight: Conclusion and Methodological Reflections

In this chapter I provide the overall conclusion for this thesis and reflect on the strengths and the limitations. Methodological reflections will be described through the implications of this research study as it relates to practice, research and policy. How knowledge gained from this thesis will be disseminated, will also be highlighted.

8.1. Conclusion

This study sought to describe and explain what the process of professional role transition looks like, as experienced by occupational therapists working in specialised education. Central to the findings is that professional role transgression may be a form of occupational consciousness for professionals who find themselves within contexts that are experienced as dehumanizing as a result of structural factors that lie both within and outside of professions. Anchoring and compliance emerged as two mechanisms through which occupational therapists in this study maintain their professional identities. Transgressive acts were also employed at times, in order to disrupt oppressive structural systems and to assert professional agency. The fluidity in the tension between these three mechanisms suggests that to act transgressively is a continuous struggle within structural systems; particularly those that reflect gendered hierarchies, which often also impact decision-making processes. The thesis also showed that occupational identity and professional identity are intertwined and play a fundamental role in developing and shaping a sense of professional competency. Embedded within the broader, constantly changing context of post-apartheid South Africa, specialised education was the focus of the thesis. The resultant situated nature of professional role transition within this context reveals a continuous process of repositioning in direct response to a system that is often experienced as oppressive and itself a function of constant change and an uncertain policy framework within a new democracy that is still plagued by inequality. Professional role transgression is an emergent concept from this thesis, and is defined as a disruptive act within the worker role; a form of occupational consciousness that is enacted by a human agent within her or his professional scope and within a changing socio-political context characterised by oppressive structures. This thesis will add to the body of knowledge in theorising about professional identities and show an appreciation for the role context plays in influencing occupational therapy practices within specialised education in post-apartheid South Africa.

8.2. Implications for:

8.2.1. Occupational therapy practice in specialised education

The thesis findings would afford occupational therapists an opportunity to critically rethink their roles in specialised education and what that role could look like in the environments of the special schools. It is hoped that any therapists, not only occupational therapists will find resonance with findings from this study. It is therefore recommended that occupational therapists are encouraged to critically reflect on who they are as occupational beings across different domains of practice, and how those they work with are framed, particularly children who often come from contexts with low socio-economic circumstances. This critical reflection can occur through dialogue with other allied health professionals on professional identity and positioning within the workplace. The dialogue would then need to extend to the professional bodies like the Occupational Therapy Association of South Africa (OTASA) about developing the professional identities of occupational therapists. This thesis also brings to the fore, the professional worth of female occupational therapists and that they should be positioned in managerial positions where they can also contribute to the decision making process within the school environments. Through this positioning and access to gaining new knowledge via CPD events, can contribute to improving professional competences within the work place. An accumulation of symbolic power for occupational therapists will possibly result in new ways of practice that would reflect the social arena in which the schools are embedded.

At undergraduate curriculum level, it is recommended that health and rehabilitation curriculum content and focus are re-curricularised in order to prepare health and rehabilitation students to cope with the demands of responding to the complexities of the South African context. In order for this shift to happen, the leaders in academia would have to be conscientised around what the underlying factors are that contribute to why there is a need to produce a new type of graduate. The Occupational Therapy Division at the University of Cape Town is one such division that can be used as an exemplar in contributing to this consciousness. Through the on-going presentation of seminars and dialogue at the department faculty levels, a process of change is possible.

At postgraduate level, it is recommended that masters programmes offered by academic institutions, consider human occupation as being central to producing new knowledge related to occupational therapy practice. A recent development in the UCT Occupational Therapy Division Masters programme is the reconceptualization of a module on developing professional identities. This module takes an occupational science focus, based on the philosophical belief of the discipline to generate new knowledge about the form, meaning and function of occupation. The module further focuses on humans as occupational beings providing a theoretical understanding of

occupation-centred occupational therapy practice within the various domains of practice for occupational therapy. One of the outcomes of the module is to explore the positioning of the profession in a Southern African context and how this impacts on developing professional identities within the various practice domains.

8.2.2. For Research

This study was only located within the Western Cape province within two education districts. It is therefore recommended that further qualitative research be done on experiences of occupational therapists within the other education districts in the Western Cape and that this be expanded to the other provinces within South Africa.

This study also holds relevance for other allied health professionals such as physiotherapists, speech language pathologists, audiologists, teachers and educational psychologists, and research can be encouraged within these disciplines to determine how they navigate the tensions along the process of professional role transition in post-apartheid democratic South Africa.

This study is also introducing a new occupational science construct, professional role transgression, as a form of occupational consciousness that can contribute to the on-going interactive terminology dialogue on the study of human occupation.

8.2.3. For Policy

From the study findings, it is recommended that the educational policies regarding inclusive education be reviewed and made available for public comment in order to make the roles of all professionals involved more explicit. For example, occupational therapists are positioned either in the district-based support team, on an inclusive education team or on the institution-based team. This needs to be explicitly stated and the role more clearly defined. Granted that all school contexts are different and demand varying service responses from occupational therapists, the role needs to be a generic occupational therapy role with an element of flexibility that allows the therapists the freedom to practice and respond to the context of the school she/he works in.

It is recommended at DoE management level that a critical evaluation of why there are so many barriers to the successful implementation of inclusive education be implemented. Through this study an awareness of the importance of the roles individuals play in relation to the policy framework and the context they work in as occupational beings is an important point to be made to the head of specialised education in the Western Cape. This conversation can then extend further to the National Department of Education as the issues being raised in this study are not only limited to the Western Cape policy makers but also lend themselves to a national discussion.

It is also recommended that awareness be raised with occupational therapists that are positioned in key positions in the hierarchy of the DoE management to the contextual complexities being faced by the occupational therapists that work at the special schools and resource centres in the Western Cape.

It is recommended to the Occupational Therapy Association of South Africa (OTASA) that a position paper on professional identities of occupational therapists be constituted.

8.3. Strengths

- I consider one of the strengths of this study to be how I used case study and narrative inquiry as merged methodological frameworks. The complimentary nature of the two fundamental designs show that without one or the other the occupational therapists' voices would not have been heard in the way it was depicted in this study.
- Foregrounding case study as a methodology also afforded me the opportunity to use multiple methods of data collection resulting in data not only limited to the five occupational therapists in the study.
- Another strength of the study is how I drew on creative writing and fictional writing techniques to craft the narrative stories for each participant. These techniques helped me to make sense of the data gained from the narrative interviews in order to bring the participants to life in a narrative form.
- I afforded participants the opportunity to choose their own pseudonym that best depicts who they are. Adding value to this name was the picture/symbol they gave with the pseudonym.
- I remained reflexive throughout the research process and depicted the key questions I asked to remain reflexive as I moved along it.

8.4. Limitations

- I considered a limitation of the study to be access to participants. Due to the initial set of occupational therapists that did not want to participate, I had to employ snowball sampling. This led me to the seven occupational therapists that spanned across two education districts in the Western Cape.
- Two of the participants withdrew from the study at the start of the second phase of data collection leaving only five participants.

8.5. Dissemination

This study will be disseminated in the following ways:

- The findings will be published in the *Journal of Occupational Science*.
- A copy of the thesis will be given to each of the occupational therapists in the study
- An oral presentation will be delivered at the OTASA congress in July 2016.

Appendices

- A. ETHICS APPROVAL LETTER FROM HEALTH SCIENCES RESEARCH ETHICS COMMITTEE**
- B. TIMELINE**
- C. FUNDING**
- D. INFORMATION SHEET**
- E. INFORMED CONSENT FORM**
- F. NARRATIVE TRIGGERS**
- G. DATA COLLECTION TIMETABLE**
- H. SPECIAL SCHOOLS IN THE WESTERN CAPE**
- I. STORY MAPS**
- J. WCED LETTER OF APPROVAL**

APPENDIX A



UNIVERSITY OF CAPE TOWN

Faculty of Health Sciences
Faculty of Health Sciences Research Ethics Committee
Room E52-24 Groote Schuur Hospital Old Main Building
Observatory 7925
Telephone [021] 406 6338 • Facsimile [021] 406 6411
e-mail: sumayah.ariefdien@uct.ac.za

24 February 2012

HREC REF: 052/2012

Ms A Sunday
Department of Occupational Therapy
Health & Rehab
OMB

Dear Ms Sunday

PROJECT TITLE: OCCUPATIONAL THERAPISTS IN SPECIAL NEEDS EDUCATION: A CASE STUDY EXPLORING THE ROLE TRANSITION PROCESS IN A EDUCATION DISTRICT IN THE WESTERN CAPE

Thank you for addressing the issues raised by the committee.

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

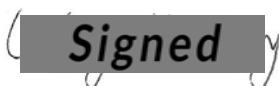
Approval is granted for one year till the 28 February 2013.

Please submit a progress form, using the standardised Annual Report Form (FHS016), if the study continues beyond the approval period. Please submit a Standard Closure form (FHS010) if the study is completed within the approval period.

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

Please quote the REC. REF in all your correspondence.

Yours sincerely


Signed

PROFESSOR M BLOCKMAN
CHAIRPERSON, HSF HUMAN ETHICS

Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938

This serves to confirm that the University of Cape Town 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),
sAriefdien

APPENDIX B

Timeline

YEAR	MONTH	ACTIVITY
2011	March	30 Mar – 2 Apr: SAALED Congress
	April	Registered in April
	May	Submitted second draft of proposal to supervisors. Feedback from supervisors, end of May.
	June	Special leave
	July	15 June – 15 July: Develop proposal and integrate supervisor feedback
	Aug	6 – 8 July: Writers' workshop. 15 July – 15 Aug: Develop proposal (5 Aug, submit draft 3 to supervisor; 8 Aug – submit draft 3)
2012	Oct	Received feedback from internal reviews
	Nov	Complete rebuttal letter
	Dec	Submit the rebuttal letter along with amended proposal to the internal reviewers
	Jan	Annual Leave
	Feb	Ethics approval
2012	Mar	Consultation with supervisors
	Apr	WCED approval
	May	Negotiating access to participants
	June	Initial interviews, participant observations, archival document reviews
	July, Aug	Submitted amendments to HREC – approved. Contact leave
	Sept	Reflective space for participants
Oct	Transcription of interviews and preliminary findings to be organised in a story map. First level analysis	

YEAR	MONTH	ACTIVITY
2013	Jan	Annual leave
	Feb June	Interviews, participant observation
	July – Dec	Sabbatical for data analysis – continue first and second level analysis
2014	Jan – July	Continue second level analysis & write up
	Aug - Nov	Complete third level analysis and write up First full draft until end of findings complete 30 Nov – submit to supervisor
	Dec	Write up discussion Submitted stories to editor
2015	Jan - June	Submit Discussion chapter to supervisors and write up conclusion & recommendations.
	July - Nov	Compile final draft of thesis
	Dec	Submit final draft of thesis for editing Hand in intention to submit form to the Doctoral completions board UCT
2016		
2016	Jan	Address final edits from editor and supervisor
	Feb - March	Submit thesis for examination & Graduation in June 2016

APPENDIX C

Funding

Funding was received from the National Research Foundation from May 2010 – Dec 2014. Thutuka PhD grant.

APPENDIX D

Information Sheet

UNIVERSITY OF CAPE TOWN: DIVISION OF OCCUPATIONAL THERAPY

TITLE OF THE STUDY

A Case Study of Professional Role Transition for Occupational Therapists in Specialised Education in Post-apartheid South Africa: A critical narrative perspective

DESCRIPTION OF RESEARCH

The purpose of this PhD study is to understand how education policies influence the roles of occupational therapists working in specialised education; and whether this influence has affected your everyday tasks and routines. The project is a qualitative case study. This means that information will be collected using narrative interviews with each occupational therapist. You would also be requested to complete a reflective diary, which will be given back to the researcher. All the information will be transcribed and analysed. Transcripts and reflective diaries will be kept in a locked cupboard, accessible only to the researcher. Data will be collected over a period of 10 months. More in-depth detail of the data collection process will be further explained during our initial interview.

SELECTING PARTICIPANTS

You have been asked to participate in this study since you meet the selection criteria i.e. a registered OT with the Health Professions Council of South Africa, currently working in a Special school that has been converted to a resource centre.

WHAT WOULD BE REQUIRED OF THE PARTICIPANTS

The participants would be required to engage with the researcher through the following modes i.e. interviews and reflective diaries, as data collection period for this study would be spread over a 10-month period. The table below describes in detail how the data collection period will be organised:

	Date	Activity
2012	1 June – 31 July	Participant recruitment
	1 – 31 Aug	Initial interviews with participants Approx. 1 -2hrs per interview Participant observations in the field

	Date	Activity
	1 Sep – 30 Nov	Participants to continue to record reflections in a weekly reflective journal
2013	1 Feb – 31 Mar	Interviews with participants. Approx. 1-2 hrs. For each interview. Participant observation in field.
	1 Apr – 31 May	Reflection space for participants – record reflections in a reflective diary. Participant observation in field.
	1 – 30 June	Begin first level analysis

The information gained during the interviews, participant observation and focus groups will be audio taped.

The reflective journal is a weekly journal that needs to be completed by you, the participant on your role within the context of a resource centre.

RISKS INVOLVED

This study bears no risks or physical harm to the participants. However, if any psychological or emotional issues may arise, a referral to an appropriate professional would then be advised.

BENEFITS OF THE STUDY

This study will aid in giving occupational therapists in education a voice and help validate what occupational therapists do in the education sector.

WHAT PAYMENTS WILL BE RECIEVED?

Participants will not be remunerated for engaging in the study.

VOLUNTARY PARTICIPATION

It is important to note that participation in this study is purely on a voluntary basis. You are under no obligation to participate.

THE RIGHT TO WITHDRAW FROM THE STUDY

As a participant you do have the right to withdraw at any time during the study and should know that there would be no repercussions following that decision.

CONFIDENTIALITY

Privacy of the participants will be ensured through the use of pseudonyms when reference is made to any participant and school. Records will be kept confidential and in a locked cupboard, where access is only to the researcher.

WHO TO CONTACT FOR FURTHER INFORMATION

Supervisor: Ass Prof Elelwani

Ramugondo

elelwani.ramugondo@uct.ac.za

Co-supervisor: Ass Prof Harsha Kathard

harsha.kathard@uct.ac.za

Contact details for researcher:

Mrs Amshuda Sunday a.sunday@uct.ac.za

Tel: (021) 406 6046 (office line) 082 486 95 96 (cell)

Contact details for Human Research Ethics Committee

Ass Prof Marc Blockman (Chairperson)

021 406 6338

APPENDIX E

Informed Consent Form

UNIVERSITY OF CAPE TOWN

TITLE: A Case Study of Professional Role Transition for Occupational Therapists in Specialised Education in Post-apartheid South Africa: A critical narrative perspective

I have read the information sheet. I understand what is required of me and I have had all my questions answered. I do not feel that I am forced to take part in this study and I am doing so of my own free will. I know that I can withdraw at any time if I so wish and that it will have no bad consequences for me.

SIGNED:

.....
Participant Date and Place

.....
Researcher Date and Place

.....
Witness Date and Place

APPENDIX F

Narrative Triggers

The following steps were followed:

1. Opening space – the purpose is to allow for thoughts, actions, to surface and be explored, highlighting occupational therapists efficacy regarding their roles and role transitions in context. It will also be used to invite participants to tell their stories.

Opening question: Tell me what it is like working as an occupational therapist at a special school?

QUESTION: Are there ever times when you feel like your role as a therapist has changed? Tell me about these times.

2. Story development – the purpose is to explore and linger on elements of the preferred story.

QUESTION: Tell me more about how you reacted when policies such as Employment Educator Act and Education White paper Six came into play. What exactly happened?

3. Re description – the purpose is to help participants recognize preferred qualities in themselves and probe implications for identity.

QUESTION: What does your day-to-day actions at the school say about you as a person and as an occupational therapist?

Eg's of probes to be used during the narrative where applicable and appropriate:

- What makes you say that
- What made you you think that
- What did you think was happening
- What was fuelling the situation

APPENDIX G**Data collection timetable**

	Date	Activity
	1 June – 31 July	Participant recruitment
	1 – 31 Aug	Initial interviews with participants Approx. 1 -2hrs per interview Participant observations in the field
	1 Sep – 30 Nov	Participants to continue to record reflections in a weekly reflective journal
2013	1 Feb – 31 Mar	Interviews with participants. Approx. 1-2 hrs. for each interview. Participant observation in field.
	1 Apr – 31 May	Reflection space for participants – record reflections in a reflective diary. Participant observation in field.
	1 – 30 June	Begin first level of analysis

APPENDIX H

Special Schools in the Western Cape

Education district	Special schools
1. Metro Central	<ul style="list-style-type: none"> ▪ Alpha School ▪ Batavia School ▪ Bel Porto School ▪ De Grendel ▪ Dominican Grimley ▪ Eros ▪ Groote Schuur Hospital school ▪ Maitland Cottage Home ▪ Mary Harding ▪ Molenbeek ▪ Nompumelelo School ▪ Red Cross Children’s Hospital ▪ Siviwe School of Skills ▪ St. Joseph’s ▪ Tembaletu ▪ Vera School ▪ Vista Nova
2. Metro South	<ul style="list-style-type: none"> ▪ Agape ▪ Beacon ▪ Blouvillei ▪ CAFDA School of Skills ▪ Cape Academy for Maths, Science and Technology ▪ Dominican School for the Deaf ▪ Glendale ▪ Lentegeur School for LSEN ▪ Mitchell’s Plain School of Skills ▪ Ocean View School ▪ Ottery Youth and Teaching Centre
3. Metro North	<ul style="list-style-type: none"> ▪ Athlone School for the Blind

Occupational Therapists in Specialised Education

Education district	Special schools
	<ul style="list-style-type: none"> ▪ Atlantis Vaardigheid Skool ▪ Bet-El – School for Epileptics ▪ Bishop’s School of Skills ▪ Carel Du Toit Sentrum ▪ Chere Botha School ▪ Dawn School ▪ Filia School ▪ Florida Vaardigheid Skool ▪ Oasis School ▪ Tafelberg School ▪ Tygerberg Hospital School
4. Metro East	<ul style="list-style-type: none"> ▪ Alta Du Toit ▪ Centre of Science and Technology ▪ Faure School of Skills ▪ Jan Kriel School ▪ Khayelitsha LSEN School ▪ Lathi – the school of skills ▪ Noluthando School for the Deaf ▪ Paarl School ▪ Rustenhof School ▪ Westcliff Special School ▪ Western Cape Sport School
5. Cape Winelands	<ul style="list-style-type: none"> ▪ De La Bat Skool ▪ Dorothea School ▪ Eden School ▪ Eureka Jeugsentrum ▪ Ligstraal Skool ▪ Nuwe-hoop sentrum ▪ Paarl Vaardigsheid Skool ▪ Pionier Skool ▪ Steinthal Sekondêr ▪ Wellington Jeugsorg en Onderwys Sentrum

Education district	Special schools
6. Eden and Central Karoo	<ul style="list-style-type: none"> ▪ Carpe Diem Skool ▪ Die Bult Jeugsentrum ▪ Klein Karoo Skool ▪ Olympia Skool ▪ Van Kervel Spesiale Skool
7. Overberg	<ul style="list-style-type: none"> ▪ Agulhas School of Skills ▪ Mispah Skool
8. West Coast	<ul style="list-style-type: none"> ▪ Karitas Skool ▪ Riebeeck Valley Special School ▪ Weskus Spesiale Skool

APPENDIX I

Story Map: Annie D

	Self	Family	Community	Work
Past experiences	<ul style="list-style-type: none"> • Good experiences as an OT student • Motivated to be entering the OT profession 	<ul style="list-style-type: none"> • She is married, a wife and a mum. Takes family very seriously and is determined to make them happy. 	<ul style="list-style-type: none"> • Home community? Mossel Bay 	<ul style="list-style-type: none"> • Qualified as an OT at a higher education institution in the Western Cape in 2002. • Worked for Department of health until 2010 and then moved to current position in Education. • First year working in Education was a system shock
Present experiences	<ul style="list-style-type: none"> • Current roles include working with learners, support and consultative, • Extended educator role • Therapy in groups and individuals • Feels like a puppet on a string • Depressed and demotivated 	<ul style="list-style-type: none"> • She is a 34 year old female • A mum of three children 	<ul style="list-style-type: none"> • School is situated in a low socio economic area • On the premises of a large tertiary hospital • School premises a safe environment 	<ul style="list-style-type: none"> • Autocratic decision making • Hierarchical style of management • Loss of identity • Feeling disempowered • Adhoc tasks leads to blurring of roles • Has been employed at the school for three years • First year admitted to a clinic for depression due to stresses at work • No team cohesiveness
Future intentions	<ul style="list-style-type: none"> • Gain confidence in professional self • Promote OT more at schools 		<ul style="list-style-type: none"> • Promote OT beyond the boundaries of the school 	<ul style="list-style-type: none"> • Meet up with other districts in the Western Cape to plan and work together • Deep democracy – speaking to the unheard

Story map: Enigma

	Self	Family	Community	Work
Past experiences	<ul style="list-style-type: none"> • Hopeful about her professional future as a student. • Positive experiences in the past motivates her to 'change the world' 	<ul style="list-style-type: none"> • Grounded in her religion 	<ul style="list-style-type: none"> • Her home community? 	<ul style="list-style-type: none"> • She was a student at a higher academic institution in the Western Cape • Worked in Department of Health since 2006 at a tertiary hospital • Entered special needs education in 2008 • Served on the Inclusive Education Team from 2009 – 2011.
Present experiences	<p>Her current roles are that of</p> <ul style="list-style-type: none"> • Head of Department in the school. • She also is a member of various committees at provincial and national level. • A critical thinker and an advocate for occupational therapists. • OT core focus, identifying barriers to learning and developmental delay early on 	<ul style="list-style-type: none"> • 30 year old Muslim woman • She is happy with working in the education sector as she gets school holidays off and that affords her more quality time with her children. 	<ul style="list-style-type: none"> • Current context – special school within an education district in the Western Cape. • School is situated within a low income area where there is a high level of crime rate. • School infrastructure is very small and neglected. 	<ul style="list-style-type: none"> • Currently works at a Special school that accommodates learners with special educational needs. • One of the challenges expressed by Enigma was that she did not know what the day will bring.

Occupational Therapists in Specialised Education

	<ul style="list-style-type: none"> • Translating curriculum into practice 			
<p>Future intentions</p>	<ul style="list-style-type: none"> • Securing a position and having an OT presence on provincial and national committees related to multi lateral agreement will help in giving OT's a voice. • To be known as an advocate for OT's in education 		<ul style="list-style-type: none"> • To still be working within the community and within the current Education District to bring about change and positive schooling for learners despite barriers faced in the community. 	<ul style="list-style-type: none"> • Will still remain working at the special school • Want to integrate therapy more into the curriculum with the alignment of CAPS • Up skill educators

Story map: Spade

	Self	Family	Community	Work
Past experiences	<ul style="list-style-type: none"> • Hopeful about occupational therapy profession • Passion for CP children 	<ul style="list-style-type: none"> • Mum of three children • Married 	<ul style="list-style-type: none"> • Home community? 	<ul style="list-style-type: none"> • Qualified at a higher academic institution in the Western Cape in March 1990 • Past experiences of working in Education
Present experiences	<ul style="list-style-type: none"> • Her roles include trainer for parents and educators, facilitator of groups for learners, therapist working with the learners, disciplinarian • Angry 		<ul style="list-style-type: none"> • Work is situated in a high risk TB area • Also known for teenage pregnancy and gang related violence • School is isolated - situated in a cul de sac – fairly safe • Located far from the police station 	<ul style="list-style-type: none"> • Working at a special school/resource centre for 23 years • Working in a non acknowledging environment • Autocratic ruling by principal • A rigid atmosphere • Working with unhappy educators
Future intentions	<ul style="list-style-type: none"> • Hopeful that moving to a new post will help her change her perspective on Education. 	<ul style="list-style-type: none"> • IE team based in an area close to her home and family 		<ul style="list-style-type: none"> • Applied for a new post in an inclusive education team

APPENDIX J

WCED APPROVAL LETTER

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Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20120420-0006

ENQUIRIES: Dr A T Wyngaard

Mrs Amshuda Sunday

Occupational Therapy

Health and Rehabilitation Science

UCT

Dear Mrs Amshuda Sunday

RESEARCH PROPOSAL: OCCUPATIONAL THERAPISTS IN SPECIAL NEEDS EDUCATION: A CASE STUDY EXPLORING THE ROLE TRANSITION AND PROCESS IN AN EDUCATION DISTRICT IN THE WESTERN CAPE

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Approval for projects should be confirmed by the District Director of the schools where the project will be conducted.
5. Educators' programmes are not to be interrupted.
6. The Study is to be conducted from **01 May 2012 till 31 August 2012**
7. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
8. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
9. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
10. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
11. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
12. The Department receives a copy of the completed report/dissertation/thesis addressed to:
The Director: Research Services

Western Cape Education Department

Private Bag X9114

CAPE TOWN

8000

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

for: **HEAD: EDUCATION**

DATE: 04 May 2012

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