

Educators' perspectives of the implementation of a classroom-based, educator led occupational therapy intervention for fine motor skills

University of Cape Town

Faculty of Health Sciences

Division of Occupational Therapy

MSc in Occupational Therapy (**Minor Dissertation**)

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the name of Allah, the Beneficent, the Merciful

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أطلبوا العلم من المهد إلى الملاحـ

“Seek knowledge from the cradle to the grave”

DECLARATION

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Abstract

Background

Children attending South African low quintile schools are faced with various barriers to learning which impacts academic performance, with handwriting being an aspect with which they experience difficulty. Provision of on-site occupational therapy services to address handwriting at such schools is limited by human resource constraints. To address this, final year occupational therapy students attending University of Cape Town placed in a low quintile school were tasked to collaborate with Grade R educators to train them to implement a classroom-based fine motor programme.

Aim

This study describes the educators' experiences of the factors impacting on the implementation of a fine motor programme in a low quintile school.

Methodology

A qualitative, descriptive study was conducted to explore their experiences relating to the programme, which is an emerging area of research in the South African context. Using sampling, three Grade R educators were purposively trained in implementing a fine motor skills programme. They participated in two focus groups to describe their experiences of the training and the implementation of the programme. Data was audio-recorded and transcribed verbatim. Inductive approach to analysis led to the generation of themes and categories focussing on their experiences, of the hindrances and factors supporting the implementation. Ethical principles were upheld throughout the research process.

Findings and Discussion

The theme "*Them and us*" was highlighted throughout the discussion as there was a divide between the educators and the students. The lack of communication and role clarification resulted in both the educators and students missing out on opportunities for collaboration and teamwork, and in turn the learners lost out on intervention albeit on a population basis that could impact learning

and development. The process, fraught with challenges, resulted in a difficult partnership and a programme which was not implemented and subsequently not sustained.

Conclusion

The South African Educational Policy encourages therapists working in schools to integrate their services into the classrooms as well as the homes of learners by means of contextual interventions implemented in partnership with educators and parents. Lack of understanding of how to invest in the initiation of partnerships and consistent attention to grasping roles and responsibilities is a vital component of the collaborative partnership. Power dynamics within the relationship, commitment and spontaneous communication are aspects that stakeholders need to be conscious of to bring about change for positive occupational engagement of learners.

Key words: *educators, occupational therapists, collaborative partnerships, handwriting*

Word count: 388

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DEFINITION OF TERMS

- **CONTINUOUS ASSESSMENT POLICY STATEMENTS** – The national curriculum focusing on the subject areas of literacy, numeracy, and life skills in the foundation phase (Department of Education, 2011).
- **FINE MOTOR** – the refined and controlled movement of the small muscles of the hand, which usually involves the synchronization of hands and fingers with the eyes (Grissmer, Gimm, Aiyer, Murrah, & Steele, 2010). Well-established fine motor development is pivotal for handwriting (Williams, 2010).
- **FOUNDATION PHASE** – there are three phases of basic education in South Africa. The first phase is the Foundation phase and includes grades R – 3. (Department of Education, 2012).
- **PUBLIC SCHOOL** – a school funded and operated by the government (Spaull, 2013).
- **QUINTILE** – a system of ranking and funding of schools in line with the socio-economic circumstances of learners. The intended objective is to ensure that public funding is skewed in favour of the poorest learners (Integrated School Health Policy, 2012). Quintile 1 schools are classified as the poorest by the provincial education department and receive the largest allocation of funding to supplement school fees.
- **SCHOOL HEALTH TEAM** – a team, headed by a professional nurse, which assesses learners with physical barriers to learning. These can be teams sent to the school or based at mobile clinics in close proximity to schools (National Health Insurance Policy, 2017).
- **VISUAL MOTOR** – the integration between visual perception and motor skills. More specifically, visual motor function is the ability to draw or copy forms or perform constructive tasks, integrating both visual perceptual and motor skills (Daly, Kelly & Krauss, 2003).

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LIST OF ACRONYMS AND ABBREVIATIONS

CAPS – Continuous Assessment Policy Statement

DBE – Department of Basic Education

DBST – District Based Support Team

DHRS – Department of Health & Rehabilitation Sciences

EMDC – Educational Management District Centre

NHI – National Health Insurance

OT – Occupational Therapy

SBST – School Based Support Team

SII – Schools Improvement Initiative

SMT – School Management Team

UCT – University of Cape Town

CHAPTER 1 ORIENTATION TO THE STUDY

“I saw that bad handwriting should be regarded as a sign of an imperfect education, I tried to improve mine, but it was too late. I could never repair the neglect of my youth. Let every young man and woman be warned by my example and understand that good handwriting is a necessary part of education.”

Mahatma Gandhi

(retrieved from www.mkqandhi.org, October 2020)

1.1 Introduction

This chapter provides the background to the South African Education system, policies, curriculum and assessment in the foundation phase. The concept of barriers to learning is described to contextualise the needs of learners within low quintile schools with a specific focus on fine motor difficulties as a barrier to handwriting.

In the foundation phase of school, children spend a large portion of their day engaged in handwriting tasks demanding the use of their fine motor skills (Feder & Majnemer, 2007; McMaster & Roberts, 2016). Fine motor skills are seen to be foundational to developing their handwriting ability (Volman, van Schendel & Jongmans, 2006). Handwriting in the earliest grades is linked to basic reading and spelling achievement. For example, when children learn how to form the letter ‘m’, they also learn about its phonetic sound. Fluency in handwriting also supports the ability of children to be more creative and efficient communicators (Clark & Luze, 2014). Poorly developed handwriting can have multiple negative impacts on a child’s engagement and performance in their learning occupations. Children with handwriting difficulties may struggle to complete written tasks and to represent their thoughts on paper legibly. Handwriting problems have also been linked to reading challenges (Berninger et al., 2006), as well as difficulties with mastering keyboard skills (Connelly, Gee & Walsh, 2007).

Children from low socio-economic backgrounds are described to be at greater risk of challenges with their fine motor skills. They are often left in the care of siblings or home alone while parents work long hours. Due to this they spend more time in front of the television and play and school activities are often neglected (Dinehart & Manfra, 2013). In South Africa 53% of the schools have been categorized as Quintile 1 schools (Stats SA, 2007a), which means that many South African

children are at risk of not developing these necessary skills to advance their handwriting ability. The need to mitigate this risk of underdeveloped fine motor skills motivates the implementation of interventions targeting the skills learners require to develop their handwriting ability.

Educational policies such as Education White Paper 6 (2001) focus on the importance of early identification and intervention of barriers to learning and therefore it is pertinent for Grade R¹ to be a focus of intervention. Intervention in Grade R is especially important since one cannot be sure if all learners have received any type of formal learning experience prior to entering the formal school system, due to the poor and unequal allocation of funding and human resources in early childhood developmental centres (South African Child Gauge, 2018). When children do not optimally engage in and derive meaning from activities relating to the occupation of learning in the classroom setting, their occupational needs may not be met (Doble & Santha, 2008). They may not feel affirmed or have a sense of accomplishment, two emotions which are very important in a child's development as they affect a child's self-esteem and their motivation to participate.

The Continuous Assessment Policy (CAPS) (Department of Education, 2011) is the curriculum policy currently guiding teaching in public schools in South Africa. The CAPS curriculum describes in detail what educators should be teaching, when it must be taught and how it should be assessed. The learning areas included in the CAPS are home language, first additional language, mathematics, and life skills. In the Foundation Phase, the skills in the Home Language learning area include:

- Listening and speaking
- Reading and phonics
- Writing and handwriting (Department of Education, 2011).

An overview of the educational instruction for handwriting as outlined in the CAPS is presented in Figure 1 below.

¹Grade R, also known as the reception year, is the first year of formal foundational phase schooling for South African learners.

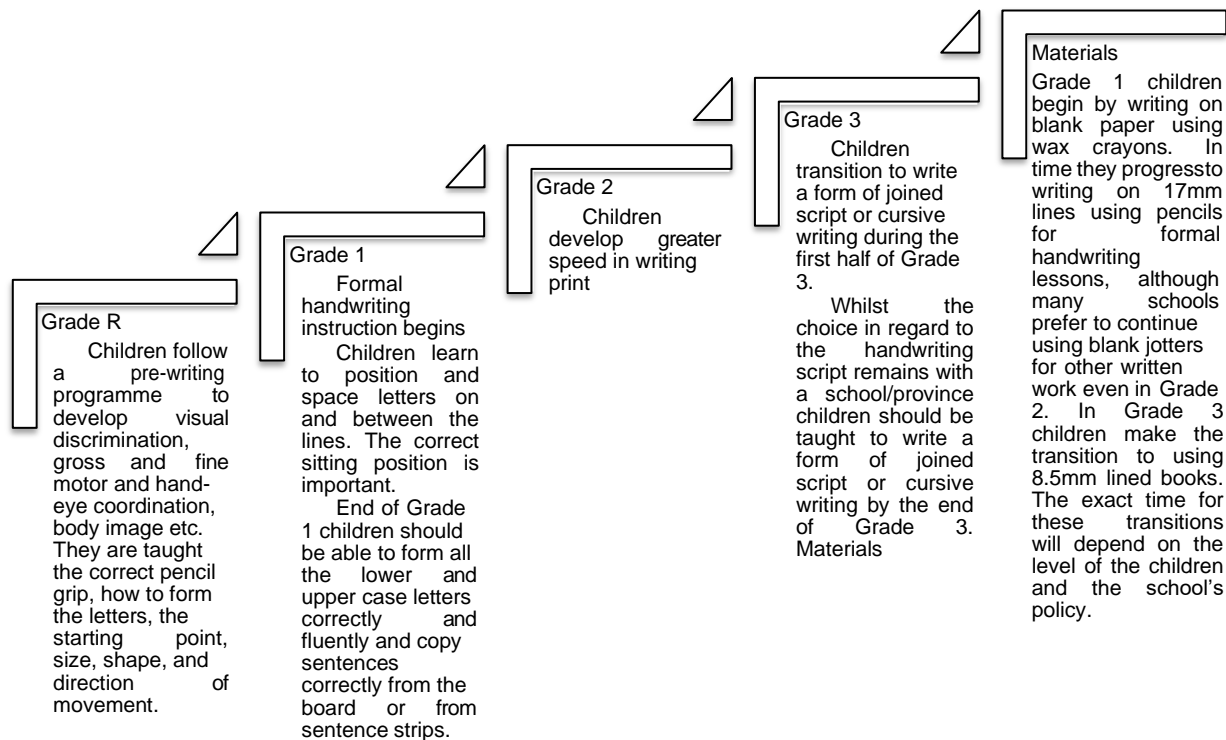


Figure 1. Overview of handwriting instruction in the CAPS from Grade R to Grade 3 (Department of Education, 2012)

Occupational therapists are trained to assess and address concerns with fine motor to promote the development of good handwriting skills (Cahill, 2009). In South Africa, there has been limited exploration of the ways in which occupational therapists provide interventions to address handwriting challenges in the public education sector, as well as the process and impact of these interventions.

1.2 Background to the study and problem statement

In 2012 the University of Cape Town (UCT) established the Schools Improvement Initiative (SII) consisting of various programmes linking its School of Education's School Development Unit with under-resourced and under-performing primary and secondary schools in Cape Town.

Through SII partnerships in local schools, education practitioners and theorists based at UCT execute and assess what they believe are the most effective methods for improving learning outcomes, strengthening educator development, and designing comprehensive and up to date curricula. Four primary and two secondary schools in Khayelitsha were identified as SII 'Partner Schools' for the program's pilot year. Partnerships are bi-directional: student-educators finishing their education degrees at the UCT are placed in partner schools for in-classroom experiences and the partner schools' benefit from UCT's individual and school-level organizational development programs. Students from the Department of Health and Rehabilitation, Faculty of Health Sciences, UCT are also placed at the SII schools for their practice learning blocks. In addition to their programme specific learning goals, they are also invested in collegial learning and collaborate on projects aiming to promote community engagement and social inclusion (SII practice learning reflection meeting, July 2017).

TLC Primary School² is one of the partner schools in the SII programme. The school is a quintile 3, no-fee paying school. Although it is a 'no-fee-school' learners are expected to make a payment of R80 annually for school outings and the purchasing of additional classroom resources. There are 29 educators and over 1150 learners in the school. The school caters for learners in grades R to seven. The average ratio of educator to learner is 1:40 per class and there are no class assistants in any of the grades besides Grade R.

The foundation phase educators' main task is to teach and assess the learner as guided by the CAPS curriculum content and assessment structure for each of the four terms across the school year. Identify this process, the educator is expected to assess the learners throughout the term and which children are experiencing barriers to learning? The educator also uses observational skills to identify which areas of academic performance learners are struggling in viz. reading, handwriting and numeracy.

At TLC Primary School, two class assistants assist the four Grade R classes, by providing support to the educator with tasks such as preparing work areas, handing out worksheets and explaining tasks on a one-to-one basis.

²TLC Primary School is the pseudonym used for the school site.

In 2013, an occupational therapy service was initiated at TLC school in partnership with the SII. The service consisted initially of annual screening events to determine concerns with the visual motor integration skills (inclusive of visual perceptual and fine motor skills) of the Grade R and Grade 1 learners. The screenings revealed that the learners were experiencing significant difficulties in fine motor skills (Gretschel, Damonse & Franke, 2018). The evolving practice of occupational therapy in the foundation phase at the school confirmed the need for further intervention to address the fine motor skills of the Grade R learners.

In South Africa, occupational therapists have traditionally used individual and group therapy sessions outside of the classroom (Sunday et al., 2012). This “pull out” service delivery model provides therapy to children in therapy rooms outside of the classroom. The South African educational policy, Education White Paper 6, however promotes the integration of therapy services into the classrooms and homes of learners by means of classroom-based, educator partnered interventions and caregiver/parent workshops (Department of Education, 2001). Educator-therapist partnered interventions in low-income schools are particularly important as low quintile schools have limited access to consistent occupational therapy support through the existing district-based support teams (DBSTs) located in the Department of Education (Department of Education, 2001; 2008) or the school health teams located in the Department of Health (National Health Insurance Policy, 2015). These two forms of support are heavily constrained in providing intervention due to limited human resources. Learners experiencing barriers to learning are flagged by the school-based support team and then referred to the DBST only if there is a significant urgency such as socio-emotional or behavioural issues (personal correspondence from a member of Central EMDC, DBST). The children seen by the school health team are mainly learners experiencing health related barriers to learning as described in the National Health Insurance Policy (NHI, 2017).

Low quintile schools do not generally have access to private occupational therapy services and the input provided by UCT final year occupational therapy students only takes place across 20 to 21 weeks of the year. This means that the fine motor programmes implemented by occupational therapy students during practice learning blocks are difficult to maintain and sustain.

In light of the above constraints, the only consistent human resource that these learners have available to them on a daily basis within the school, is their class educator who ultimately has time allocated within the CAPS curriculum to provide handwriting input. One possible strategy to maintain the sustainability of such programmes would be to collaborate with the educators drawing on an intervention format which empowers the educators to implement promotive and preventative fine motor activities into the daily classroom learning activities (McDougall, 2014)

1.3 Rationale for the study

Fine motor skills form the foundation of the complex skill of handwriting, a fundamental schooling task that children engage in daily to meet various school learning outcomes. Handwriting tasks include copying work from the chalkboard or other written sources, expressing ideas via stories, completing mathematical equations, and demonstrating their knowledge of various subjects via written tests from Grade One onwards. According to Owens (2008), the educator is primarily responsible for handwriting instruction while occupational therapists identify the underlying foundational skills that seem to be associated with handwriting difficulties such as visuo-motor skills, visual perception, motor planning, in-hand manipulation, and kinaesthetic awareness. Due to economic and socio-political factors, learners in low quintile schools in South Africa often do not have access to occupational therapy intervention for handwriting problems. Furthermore, the occupational therapists on the DBST working in mainstream schools, may not have sufficient time and support to address barriers which impact on the learners' engagement in learning occupations (Sunday et al. 2012).

According to Hutton (2009), access to intervention can be gained through classroom based and educator-therapist partner intervention models. While these intervention models hold the potential to reach more learners, they could possibly be seen as a challenge, due to the demands placed on the educator. This study intended to explore the process of implementing such intervention models, from the perspective of the educators.

1.4 Purpose

This study documents the process of training educators to implement a classroom-based, educator implemented fine motor programme designed by an occupational therapist, aiming to improve the fine motor and handwriting skills of grade R learners attending low-income schools in the Western Cape. The study explored the possibilities and challenges of partnering with educators to promote the fine motor development of Grade R learners in low quintile schools.

1.5 Research question

What are educators' experiences of implementing an educator-led, classroom-based fine motor programme low quintile school in the Cape Metropole?

1.6 Aim

The aim of the study is to describe educators' experiences of implementing an educator-led, classroom-based, fine-motor programme in a low quintile school in the Cape Metropole.

1.7 Objectives

The objectives of the study are:

1. To determine the educators' experiences of implementing the intervention in terms of the
 - factors which supported the implementation of the intervention
 - factors which hindered the implementation of the intervention

2. To explore the educators' perspectives of:
 - the effectiveness of the training to equip them to implement the intervention.
 - the extent to which the intervention supported the achievement of the curriculum outcomes.
 - the possibility of sustaining the intervention.

1.8 Summary

The background of the South African school system and the barriers to learning within low quintile schools were discussed in Chapter 1. A review of the literature related to the study focus is presented in chapter 2. The research design and methodology is described in chapter 3. In chapter 4, the stakeholders and their roles are described in detail including the theme and categories which is derived from and is supported by the data of the focus groups. Chapter 5 is the discussion of the findings substantiated by literature. The final chapter, chapter 6 concluded by discussing the strengths and weaknesses of the study as well as recommendations for future practise and research.

CHAPTER 2 LITERATURE REVIEW

The researcher focused on reviewing current literature related to the focus of the study. A search strategy using the following keywords: *occupational therapy, educators, collaboration, conflict, pedagogy, handwriting, fine motor and curriculum* was employed to review literature within the following databases CINAHL, PubMed, Ebscohost, Medline, Eric, PsychINFO and Google Scholar, between 2000 and 2020.

2.1 Basic education in South Africa

Twenty-six years post-Apartheid, a vast number of learners still do not have access to good and appropriate education (Sayed & Motala, 2012). These inequalities are especially evident in the foundation phase (Spaull, 2013). The most recent Annual National Assessment (ANA) test scores of Grades 3 learners living in poorer communities showed that they were performing below the international benchmarks (Van der Berg, 2015). Educators highlight the following challenges to implementing the curriculum: lack of content explanation; overcrowded classes; poor support and infrastructure (Maharaj et al, 2016).

To address the above concerns, an intentional shift is required to modify the curriculum to meet the needs of all learners. This requires collaboration between all stakeholders, i.e., the National and Provincial Departments of Basic Education, teacher training colleges and universities, educators, school management and parents (Yılmaz & Kılıçoğlu, 2013). Collaboration is often limited because staff members in the schools are often not consulted adequately to provide their views and opinions (Govender & Hugo, 2018).

An additional challenge is that educators have different understandings of the curriculum principles and how to implement these due to variations in the training they received (Makeleni & Sethusa 2014). Many educators in the education system have worked in schools for a long duration of time and as such it is difficult to re-orientate them to changing their ways of doing and teaching (Armstrong, 2009).

2.2 Occupational therapy in Public South African Schools

Historically occupational therapists employed by the Department of Basic Education (DBE) were based at schools for learners with special educational needs. The introduction of the inclusive educational framework in South Africa extended on the role of occupational therapists, to serve as members of District Based Support Teams (DBSTs) who now offer direct and indirect services (screening/assessment, individual, group and classroom-based intervention and consultation) to learners in mainstream schools experiencing barriers to learning (Sunday et al., 2012). Within this framework, traditional individual occupational therapy now extends to staff, parent and community empowerment and collaboration with different professionals based at and outside of the school, to address a range of barriers to learning (Department of Education, 2001).

Gretschel, Damonse and Francke (2018) and Galvaan, Peters and Gretschel (2015a) motivate the value of consultative, collaborative and development approaches in which partnerships between occupational therapists and educators take place to ensure more relevant and sustained programmes for learners. For this partnership to be realised effectively, the roles and responsibilities of the different team members need to be understood clearly (Sunday et al., 2012). Challenges relating to the establishment of this partnership are discussed in more depth in section 2.6.3.

The ideals of the inclusive education system are further challenged by the extensive educational needs of many South African learners and the limited human and other resources to address these needs. Occupational therapists focus predominantly on the screening of learners in the foundation phase to establish the potential facilitators and barriers of the learners and the context, as well as presenting workshops with educators (Hargreaves et al., 2012). Learners in mainstream schools requiring additional support can often not be catered for by the DBE (Pillay & Di Terlizzi, 2009). If finances allow, occupational therapy is sought privately after school hours. Private occupational therapy practitioners however predominantly offer sessional services at high quintile schools.

2.3 Fine motor development and handwriting in the school going child

In the school going child, it is imperative to consider the development of fine motor skills (Williams, 2010). Fine motor skill development peaks at the end of Grade R when a child develops the dynamic tripod grasp and over time movements of the fingers are smooth and dynamic with minimal forearm and wrist movements involved when writing (Reid, Cameron & Hicks, 2006).

To be able to engage in small and precise movements of the fingers, a child needs a stable gross motor foundation (Cameron et al., 2016). Although children develop at their own pace, development of both gross and fine motor skills occur in a predictable manner (Hicks et al., 2010). At approximately 2 to 3 years old children are creative with their hands as they build block towers, scribble with crayons and mould playdough. They start preferring to use one hand above the other in play and functional activities, which leads to hand dominance (Collmer, 2016). By the age of 4 years, they can manipulate clothing fasteners, and moving towards independence in basic dressing and undressing (Brambring, 2007). It is at this age that they also start using a scissor to cut paper and fat crayons with a palmer grasp to draw. In the preschool years, they draw stick figures to represent people, and imitate and copy shapes.

Handwriting is a complex task, drawing on a wide range of visual motor skills (Erhardt & Meade, 2005; Feder & Majnemer, 2007) as well as cognitive and perceptual processes interfaced with psychosocial, bio-mechanical, and environmental factors (Goyen & Duff, 2005). When children are aged 5 to 7 years old, they start printing letters, creating shapes and can complete self-care tasks with minimal supervision (Exner, 2005). When children enter Grade 1, they should have the perceptual and motor skills necessary to engage in handwriting tasks. These skills include visual-motor coordination abilities, motor planning abilities, adequate cognitive abilities, bilateral integration as well as the ability to manipulate objects appropriately in their hands (Feder & Majnemer, 2007).

2.3.1 Barriers to fine motor and handwriting development

Educators within the intermediate and senior phase suggest that handwriting skill deficits exist because insufficient attention is given to handwriting skill development (Asher, 2006).

Foundational skills to handwriting require parental input and guidance as well as societal influence before the children enter the school system. Hence, children from disadvantaged backgrounds will have difficulty in progressing due to parents working longer hours, relying on siblings to ensure that homework tasks are being fulfilled and adequate resources not being available within the home environment (Grissmer et al., 2010). The majority of learners in the South African school context are not afforded the opportunity to receive intervention tailored to address their fine motor problems. The lack of resources and parental involvement in the academic progression of the child leads to additional pressure on the educators to address issues related to handwriting in the school context (McNamee & Patton, 2018).

2.4. Interventions to address fine motor skills and handwriting

In South Africa, the CAPS document makes provision for the systematic teaching of the skills of handwriting, in short periods in the various grade levels, for approximately 15 minutes per day. Before starting to teach formal handwriting in Grade 1, children follow a pre-writing programme in Grade R to develop visual discrimination, gross and fine motor and hand-eye coordination, body image etc. (Department of Basic Education, 2012). Despite these inputs difficulties with handwriting persist. Poor spacing, reversal of letters and illegible writing are some of the most common reasons why children are referred for occupational therapy (Woodard & Swinth, 2002). Although the educator teaches the handwriting skill, the occupational therapist usually identifies the underlying motoric, perceptual or cognitive problems associated with poor handwriting. Handwriting difficulties can stem from deficits in tone, postural control, bilateral integration, midline crossing and eye-hand coordination (Case- Smith, 2005).

Considering the development of handwriting in the foundation years, interventions aiming to develop and promote the foundational skills are essential in this period. Fine motor

interventions such as play dough activities, tearing, cutting, tracing, beading and finger painting to promote small muscle development in preparation for handwriting have been found to improve visual and motor skills in preschool children and children in their first year of school (Dankert, Davies & Gavin, 2003). Hands and fingers are strengthened through these activities, which make complex tasks such as buttoning, doing laces and writing easier (Bhatia et al, 2015). Culture and environment play an important role in providing exposure to these activities for example wearing a *thorb* (robe) in the Islamic faith does not provide sufficient fastening opportunities (Li-Tsang, 2003). In a study by Seo (2018), in-hand manipulation skills and fine motor quality were found to influence handwriting legibility. The most effective means for improving poor handwriting were activities addressing specific fine motor skills targeting hand muscle strengthening, coordination/dexterity and visual motor integration. These interventions were all more successful when provided frequently and consistently by an occupational therapist (Tennyson, 2006).

5.5 Pedagogy

Pedagogy refers to the “interactions between teachers, students and the learning environment and learning tasks” (Murphy, 2008, p.35). This broadly encompasses how learners and teachers, as well as other stakeholders, engage with each other as well as the teaching method used in the learning environment. Pedagogical approaches are informed and developed through educational qualification, practical experiences and continuous professional development (Du Plessis, 2016; Fernandez, 2014). Co-teaching, a technique of pedagogy allows two or more professionals to plan together and allow opportunities for shared learning (Yalon-Chamovitz, Kraiem & Gutman, 2017). Pizza (2014) suggests that to use such integrated approaches in the classroom requires a good knowledge of the curriculum, content and pedagogy. Therefore, it is important to understand aspects of pedagogy of all stakeholders for successful partnerships in the school environment to be developed.

2.5.1 Pedagogical approaches to handwriting

Handwriting pedagogy relates to how educators apply techniques to guide their teaching of handwriting as well as how occupational therapists apply techniques to address difficulties with handwriting. The South African National Grade R curriculum includes various techniques (class discussions, demonstration and experiential learning), which educators can use to develop learners' proficiency in handwriting (Department of Education, 2012). Educators are encouraged to introduce new concepts in a graded and fun way so that learners are not overwhelmed. This however is tacit learning, which may be difficult for educators to apply (Hebe, 2019). Occupational therapists have expertise in the use of play as a means to promote engagement in learning (Lynch & Moore, 2018). They are also trained to use of adult learning principles to partner and collaborate with stakeholders to promote engagement in occupations (Bryan, Kreuter & Brownson, 2009). These skills mean that they are well positioned to partner with educators and guide them to use play as a tool to build on the handwriting skills of learners. Donica, Larson and Zinn (2012) found that primary school educators had diverse views about the importance of handwriting and this impacted on how they teach handwriting (Medwell & Wray, 2008). Divergent methods of teaching handwriting and availability of varied resources can lead to inconsistent progression in handwriting skill from Grade R to Grade 3 (Asher, 2006). This is also often further impacted by the minimal time allocated to teach handwriting. Occupational therapy's understanding of the developmental value of handwriting means that this information can be shared with educators to motivate an increased focus on developing and addressing concerns with this skill. Educators expressed that while they had the knowledge of how to teach handwriting and could identify challenges with handwriting, they preferred the guidance of a curriculum that emphasised the specific skills and strategies related to handwriting (Sharp & Titus, 2016). They have voiced the need for a structured occupational therapy handwriting curriculum with guidelines ensuring uniformity and repetition when teaching handwriting skills (Asher, 2006; Parks, Solmon, & Lee, 2007). Occupational therapists build on the educators' educational approach to teaching handwriting, in that they can identify both the foundational skills impacting on the learners' challenges with handwriting, as well as the external contextual factors which may be having an impact (Patton, Hutton & MacCobb, 2015). While the differing pedagogical orientations to handwriting pose much promise for collaboration between

educators and occupational therapists, these differences often lead to 2 conflicting views and beliefs about best approaches to apply in the classroom (Bose & Hinojosa, 2008). Previous exposure and experiences prevail and lead to each professional tending to use approaches which are familiar to them (Du Plessis, 2016).

6.6 Collaboration between educators and occupational therapists working in schools

Inter-professional collaboration can be defined as a direct, voluntary interaction between at least two equal parties to participate in shared decision-making working towards a common goal (Magalhães & Fidalgo, 2010). In schools, the focus of collaborative efforts often involves the interaction between an occupational therapist and the educator, as these two professionals aim to work together to improve learners' learning outcomes. By communicating and interacting successfully, these individuals can positively build and maintain collaborative relationships. Educators should be open to support from the various stakeholders within and outside of the school (Bush et al., 2010) as these collaborative engagements could aid in further developing educators and therefore benefiting the learners (Bartholomew & Sandholtz, 2009). The educators are reliant on therapists in the DBST for professional development workshops relating to curriculum, planning and assessment, as well the handling of problematic learners (Personal communication with a member of DBST, 2020).

2.6.1 Value and desire for collaboration

According to Zhai, Raver and Li-Grining (2011) educators value partnerships with professionals, to support their teaching of handwriting and they perceive classroom-based handwriting interventions as valuable. They further described feeling more in control of the class due to the new skills and resources they acquired through engaging with other professionals when implementing classroom-based programmes. The collaborative process reduced burn out and improved the quality of teaching in the foundation phase of low quintile schools (Zhai, Raver & Li-Grining, 2011).

Maxwell (2010) suggests that the implementation of a daily occupational therapy handwriting curriculum within the classroom equips the preschool learner to improve in their handwriting

skills. Tennyson (2006) found in her work with preschool educators that the optimal way of improving handwriting skills was the implementation of a programme focusing on the underlying components of handwriting, such as postural control and in-hand manipulation. Educators expressed feeling uncomfortable teaching handwriting due to the lack of a specific handwriting curriculum and not being formally trained in instructing handwriting (Van der Hart et al., 2010).

In a study by Nye and Sood (2018), educators indicated that they desired collaborating with occupational therapists in implementing a handwriting syllabus using co-teaching as a strategy. However, educators also need support in the classroom, and this necessitates that the occupational therapist should be more involved in the demonstration of the programme and support for the implementation of the programme. They should assist educators by providing on-going education sessions and strategies relating to handwriting instruction to provide the educators with opportunities for self-development and learning (Nye & Sood, 2018).

Research conducted by Engel et al. (2018) and Hunter and Potvin (2020), determined that using a comprehensive handwriting curriculum was beneficial in improving handwriting in the classroom. Asher and Estes (2016) also found that educators were eager and in agreement to implement an already developed handwriting programme. As this is time saving, the use of a classroom-based programme also enhanced collaboration amongst educators and stakeholders to support struggling learners.

2.6.2 Examples of collaboration between educators and occupational therapists in school contexts

Collaboration forms part of many activities within the development of programmes to be used in the classroom i.e., designing, training, implementing the programme as well as on-going consultation and monitoring

of the programme (Bolger, 2013). As a core role of the occupational therapist is consultation and collaboration, they are in an inimitable position to assist the educators with the remediation of handwriting (Gerda et al., 2014). Collaboration between occupational therapists and educators, using fine motor and movement classroom-based programmes as an intervention strategy yielded positive results in learners' academic progress. It is therefore necessary to realise the potential which effective collaboration between various stakeholders can have on the occupational performance of the learner (Randall, 2018).

An example of good collaboration is '*Partnering for Change*', an intervention designed in Canada, to complement the long waiting lists for the individual 'pull out service' delivery in schools. This programme focuses on therapists collaborating with educators and parents to create a more supportive and successful participatory learning environment for learners. The classroom-based intervention was feasible and well accepted by all stakeholders, who had previously practiced using a traditional method of taking learners out of the classroom for therapy (Missiuna et al., 2012).

Another, similar, fine motor skills intervention was that of a movement programme implemented in the UK, for ten to fifteen minutes per day within the classroom (Brown, 2010). Even though the educators required some training to execute the movements, the programme was found to be advantageous in the low-income schools as it had a positive impact on learners' confidence, phonics and handwriting (Brown, 2010).

Co-teaching has also been shown to be an example of collaboration of utmost benefit to learners (Luers & Shaffer, 2017). Co-teaching is combining professional expertise to collaborate to plan and design interventions to provide an inclusive classroom experience for learners (Case-Smith, Weaver &

Holland, 2014; Muller et al., 2009). Co-teaching not only allows professionals to plan together and compare programmes, but also to share therapy successes so that the educator can implement the same strategies in the classroom as used by the therapist (Lindeman & Magiera, 2014). These collaborative relationships can contribute to children's learning and well-being in the school setting, which gives the learner a sense of sustainability, trust and security (Mahmood, 2013).

In addition to collaboration and consultation as a form of indirect intervention, there is a need for direct intervention, which places a greater demand on the therapist's time and the excessive workload could be overwhelming and thus reduce their effectiveness (Asher, 2006). Hence, Garfinkel and Seruya (2018), are of the opinion that the implementation of the 3:1

service delivery model allows for therapists to integrate the various approaches of intervention and broaden their scope of practise within the school setting. Using this workload approach grants the therapists the opportunity to determine how much time will be used on individual therapy and the time allocated for classroom interventions and consultation. Application of this model, however, is reliant on support from other stakeholders such as the educators and other health professionals. Furthermore, this model allows transparency in the numbers of cases seen per week. An example of a 3:1 service model, is 3 weeks direct therapy emphasising performance component interventions, followed by 1 week in the classroom or educator consultations.

Another facet within the consultative role of the occupational therapist is the development of pamphlets, hand-outs and home programmes which include strategies, principles and activities. These informative modalities are usually requested by educators for components such as bilateral integration, posture, directionality and visual memory, to assist them with the remediation of handwriting problems, to be utilized on an individual and classroom basis

(Reeder et al., 2011). To avoid conflict all parties need to decide how to best optimise the use of various resources in the learning environment (Barnett, 2015).

Models of intervention which involve educators, occupational therapists and parents, allow for the provision of relevant and appropriate occupational therapy interventions embedded in the classroom. Embracing collaborative approaches, educators and occupational therapists work together in a supportive role to maximize the learner's academic potential. However, the relationship is not always problem free, as there may be discrepancies in the perceptions of the roles of each stakeholder, which can, but are not always minimized through consistent communication and collaboration (Bazyk & Case-Smith, 2010; Benson et al., 2016). These challenges will be discussed in detail in the next section.

2.6.3 Challenges to collaboration

Role confusion between occupational therapists and educators creates difficulties in the collaborative process (Kennedy & Stewart, 2011; Luers & Shaffer, 2017). Roles must be clarified and described in detail as this allows a greater opportunity for success (Hutton, 2009). Although work executed by occupational therapists in schools is valued by educators, there are often disagreements and confusion of their roles (Benson et al., 2016). Occupational therapists may not always view the educators as equals within the partnership and portray themselves as the experts. This often leads to a lack of communication, ultimately impacting on the achieving of the goals set to benefit the learners (Orentlicher et al., 2014).

Hart, Bennett and O'Shaughnessy (2015) found that occupational therapists viewed their interactions during planning and design sessions with educators as challenging, but also potentially rewarding, because it kept everyone on the team informed and focused on the same set goals. Furthermore, these

interactions made it possible for all involved to share their ideas and expertise. Another study, by Mills and Shaparro (2018) found that implementing collaborative interventions in classrooms could help educators gain new ideas regarding how to enable learners to complete school-work tasks when their sensory processing difficulties act as barriers to their school performance. However, McNamee and Patton (2018) found that although school policy in Ireland recognised the need for collaboration between educators and occupational therapists, this was not supported due to the lack in organizational structure and facilities within the school and health system.

Planning collaboratively for a classroom-based intervention is demanding and does not occur spontaneously and naturally in schools. To achieve this, all stakeholders need to take responsibility in acquiring the relevant knowledge, skills and attitude to this approach. Whether this is at university level when training educators, or at school district and management level, as well as with the individual educator, where this collaborative practice must be modelled to the learners (Thousand, Villa & Nevin, 2006). The need for collaboration is recognised as a possible solution when there are problems within a context. However, the stakeholders involved must be able to work together harmoniously to achieve the set goal (Nkhata, Breen, & Freimund, 2008). Even though there is an appreciation for collaboration, it must be noted that the behaviour of individuals who have a prior working relationship influences the process in attaining the goal. In prior working relationships, trust and role definition have already been established consolidating the partnership (Nkhata, 2008). Consolidated relationships have already ironed out conflicts which could lead to inequity amongst the partners.

Martin, Snow and Franklin-Torrez (2011) describes that time needs to be taken to build quality relationships thus being fair and impartial for effective collaboration. All individuals have some sort of power, but when working in

collaborative relationships no one person has the upper hand in decision making. If situations arise at institutions where there is an abuse of power, these issues need to be resolved productively so that a healthy community of practise can be promoted.

Schneck and Amundson (2010) as well as Olsen (2005) found that although there was a good comprehension of occupational therapy, there was a difference of opinion between educators and occupational therapists relating to approaches and strategies of teaching handwriting. Patton, Hutton and MacCobb (2015), revealed that occupational therapists and educators do not always agree on the goals of handwriting interventions, which could be due to educators not necessarily understanding how to integrate the strategies used by therapists in the curriculum.

2.6.4 Facilitators to collaboration

Casillas' (2010) study on consultation between occupational therapists and educators revealed that the provision of services in the school system is reliant on continuous engagement and open lines of communication, the responsibility of all stakeholders. Through such methods, the relationships improve as both parties gain a better understanding of the others role and are encouraged to work together in more effective ways (Casillas, 2010). When providing an occupational therapy service, it is important for the service provider to be aware of the educators' perceptions and understanding of handwriting as well as the evaluation thereof in the classroom (Hammerschmidt & Sudsawad, 2004).

The success of a collaborative partnership is affected by time constraints and opportunities to problem solve (Barnes & Turner, 2001; Villeneuve, 2009) as well as as excessive workload, long hours and staff absenteeism (Campbell et al., 2012). These partnerships do not happen spontaneously but rather as roles and responsibilities are ironed out and stakeholders find their status within the

relationship (Kohe & Collison, 2020). Other factors impacting on the success of the partnership, are building rapport and confidence (Crook, 2018). Language should not be considered as a barrier in these partnerships as the use of English or a translator is viable when working with diverse communities (Welsh & Piekkari, 2006). When conversing naturally, stakeholders can resolve differences before it intensifies and affects the relationship (Hinds & Mortensen, 2005). A key component of communication is handover, which is essential in reaching a successful outcome when individuals enter the collaborative relationship at different times (Doyle & Cruickshank, 2012).

7.7 Conclusion

Literature presented in this chapter described the development of fine motor and handwriting in the foundational school years and motivated the value of early occupational therapy interventions to prevent delays with these skills. The extended roles of occupational therapists working in South African public schools was detailed and human resource challenges limiting the adoption of these extended roles to help the many learners in need, was described. Evidence was provided to support the adoption of collaborative partnerships with educators to help them to address handwriting delays in their learners. Further investigation of the literature revealed that various factors, such as role clarification and poor communication can influence the effectiveness of such collaborative efforts. Differing pedagogical approaches used by educators and occupational therapists hold much potential if integrated, but also often serve as obstacles to sharing knowledge, skills and attitude. This study adds to the paucity of literature, describing processes of collaboration between occupational therapists and Grade R educators to implement fine motor programmes in low quintile schools in South Africa.

CHAPTER 3 METHODOLOGY

3.1 Research approach and design

A descriptive qualitative research study was conducted. Descriptive studies allow one to gain an awareness of and produce an account of events that people or groups experience (Lambert & Lambert, 2012). Descriptive qualitative research is a useful approach exploring unfamiliar concepts or new areas of enquiry, which resonates with this study (Lambert & Lambert, 2012). Educators had the opportunity to explain and describe what they had experienced within the given context during their process of training and implementing the programme, as well their thoughts and feelings regarding this.

3.2 The research setting

TLC Primary, described earlier, is the SII partner school where the study was conducted. TLC Primary had been allocated student intervention from four divisions of the DHRS. The researcher is a clinical educator at the school and understood the context and the learners' occupational performance based on assessments of fine motor skills that had been implemented by the occupational therapy students over the years. The participants could have been uncomfortable with sharing their opinions truthfully as the researcher was connected to the site and university.

3.2.1 The SII and partners

The SII was initiated in 2012. The initial focus of the initiative was for education practitioners and theorists based at UCT to partner with under-resourced and under-performing primary schools in one metropole in Cape Town and explore the most effective methods for improving learning outcomes and strengthening educator development. The SII focuses on the school as the core institution of engagement and development within the broader community. Schools are always

positioned as primary partners to critique and challenge traditional rankings of knowledge, especially the assumption that knowledge generated within the university is best. This statement expresses the sentiment that not all knowledge is university based but is also gained through years of experience. SII promotes inclusivity and works towards combating occupational marginalisation within the school community. Educators, principals, parents and learners are all considered to be co-constructors of knowledge, skills and attitudes within the partnership (retrieved from www.sdu.uct.ac.za/projects/sii/partnership on 18 November 2019).

In 2016, educators and students from the Department of Health and Rehabilitation Sciences viz. divisions of Occupational Therapy and Communication Sciences and Disorders joined the SII and formed partnerships with two primary schools already affiliated to the SII. One group of occupational therapy educators and students working in the domain of Child Learning, Development and Play (CLDP) focused on forming partnerships with foundation phase educators working at these two schools to support their role in promoting the engagement of the learners in their school related tasks, i.e. writing, colouring, cutting and reading. The SII has a permanent coordinator, also an occupational therapist, whose role is to act as the liaison between SII, the students and their supervisors. She coordinates access to the schools, the teachers and learners via liaison with the school management team to ensure the smooth running of the various programmes and the maintenance of partnerships. The clinical educator prepared the occupational therapy students to equip the educators to implement the programme in ways that would facilitate the integration of sustainable daily fine motor activities into their existing CAPS classroom programme. After this, she handed over the supervision of the students' implementation of the training to the SII coordinator. She met with the SII coordinator to discuss the students' academic requirements relating to the programme. The expectation was that the SII coordinator would introduce and prepare the educators for the training process. This included motivating the

educators to attend the afternoon sessions and highlighting the benefits to them. She was also asked to monitor the students' implementation of the training sessions and ensure the consolidation of the training after the students completed their practical block.

The school management team at TLC Primary, consists of the principal, two deputy principals; the Grade R phase, foundation phase, intermediate phase and senior phase HOD's. This executive team is responsible for the day to day running of the facility, ensuring effective organization and administration in all areas. They meet regularly as a team and also liaise with members of the District Based Support Team of Metropole East and the educators within the school including the learning support educators to ensure that all learners are inclusively considered within the classroom setting.

3.2.2 Grade R educators

There are currently three Grade R educators employed at the TLC primary on a contractual basis, which is renewed annually. The Department of Early Childhood Development pays their salaries. Each class has a ratio of 30 learners to 1 educator with no classroom assistants. The school day runs from 08h00 to 13h00 with two break times. The educators deliver the CAPS curriculum in the learners' home language isiXhosa, which covers literacy, mathematics and life skills. The educators also receive support from SII with an e – maths and r – lit facilitator³ who assists with developing teaching methods in mathematics and literacy. The learners are divided into small groups according to their specific educational needs related to basic concepts which impacts on reading and mathematics skills and the educators use various strategies to teach them the content guided by the CAPS curriculum. Although the educators are not college trained⁴, these educators have a vast knowledge base due to years of experiential learning and professional development courses offered by the Western Cape Education Department (WCED). Collectively they have approximately 40 years of experience.

3.2.3 UCT Clinical educator:

Final year occupational therapy students are placed at TLC Primary for practice learning. They are supervised by a qualified occupational therapist employed by the Division of Occupational Therapy at UCT. The clinical educator has more than 20 years' experience in supervising occupational therapy students at school placements. The role of the clinical educator is to liaise with the students and SII coordinator to ensure that students complete all the tasks assigned to them. Prior to the start of the block, the clinical educator meets with the students to discuss the learning objectives for the particular block as well as the roles and responsibilities of each of the role players and stakeholders. The students' workload is negotiated during the practice learning blocks to ensure that both the learners and students benefit and maximise on their learning from the experience. The clinical educator does on-site tutorials and observes student- led sessions to be sure that the students understand the theoretical base from which they need to frame their interventions and apply this knowledge in practice.

The occupational therapy students have been placed at two SII partner primary and one high school since 2016 but only started providing OT services at TLC Primary in January 2018. There are three practice learning blocks of approximately seven weeks positioned across term one, two and four of the school- year. The students work on Mondays to Thursdays from 08h00 to 15h00. In each of these three blocks, between two and four students were placed at a single school.

The learning objectives for the practice learning blocks are as follows:

- To gain insight about the practise learning context
- To apply the relevant policies within the education system to guide the intervention
- To collaborate with the educators and various stakeholders in the education and social sectors
- To assess the specific occupational needs of the child and implement interventions

The specific activities linked to these learning objectives were as follows:

- Classroom based interventions in the foundation phase (emphasis on the occupation of learning)
- Small group therapy (four learners per group improving specific performance components)
- Individual therapy (one on one sessions for learners with specific barriers to learning)
- Educator empowerment to develop necessary skills and classroom strategies

3.2 Population and sampling

A convenience sample of three Grade R classes at TLC Primary was purposefully selected by the researcher to participate in the study. Use of convenience sampling is recommended as this technique can be used to observe habits, opinions, and viewpoints in the simplest manner possible (Creswell, 2013). Furthermore the exclusive focus on the Grade R educators was adopted as educational policy motivates the importance of early identification and intervention for pre-writing and handwriting skills (Education White Paper 6, 2001). The programme also offered opportunities to build on the use of play, an occupation encouraged to promote learning in Grade R.

³ **R-Maths** is designed to provide a framework for teaching and learning Maths in Grade R. It is based on a set of teaching principles that encourage successful learning. It explains the concepts, gives practical ideas and sequences Grade R Maths content. Provides the teachers detailed guidance that supports their lesson planning aligned with CAPS. **E-Lit STELLAR** is Strengthening Teaching of Early Language and Literacy in Grade R. The Stellar Programme is used by Grade R teachers to support language and literacy teaching in the classroom. Grade R learners are provided with structured opportunities to build language and emergent literacy skills through stories and activities. It builds good teaching practice by equipping Grade R teachers with the knowledge, skills and resources to teach language and emergent reading and writing effectively.

3.3 Data Collection Procedures

This section describes the process of gaining access and recruiting participants, the training of the educators to implement the interventions and the tools used to collect data to meet the objectives of the study.

Table 1. Overview of data collection		
DATE	ASPECT OF RESEARCH	OUTCOME
12 Feb – 29 March 2018	Design of the programme by students in block one of the university year.	Training programme completed.
16 May – 28 May 2018	Training of Grade R educators in the use of the programme by students in block two of university year.	Part of practice learning block two objectives. No data was collected during this PL block by the researcher.
28 January – 15 March 2019	Implementation of the programme by Grade R educators supervised by the Grade R HOD and the SII coordinator.	Data was collected during this term and also into April 2019
27 February 2019	Focus group 1 with Grade R educators	Four weeks into the implementation phase and facilitated by an independent therapist
10 April 2019	Focus group 2 with Grade R educators	Week eight of implementation phase and facilitated by the independent Therapist
April 2019 – November 2020	Analysis of data	Transcribing of focus group data, coding, thematic analysis, findings, discussion, and conclusion write - up

3.3.1 Gaining access and recruitment

The research proposal received ethical approval (HREC Reference: 435/2018) from UCT’s Faculty of Health Sciences Human Research Ethics Committee. The researcher, a UCT clinical educator at the site, negotiated consent and access to the educators selected to participate in this study from the Western Cape Education Department and the principal of the school. **[Appendix A]**. The researcher informed the participants and the SII coordinator, about the purpose of the project, the data collection procedures, and the possible risks and benefits involved. The intervention programme was to be included as part of their existing lesson plan as the fine motor activities are already planned. They were required to read the information letter **[Appendix B]** and sign an informed consent form **[Appendix C]** before the researcher commenced with

the data collection.

3.3.2 Educator training and implementation of the intervention

As part of their practice learning objectives, the final year students from the Division of Occupational Therapy placed at TLC Primary developed and provided training to the Grade R educators at the school. The training provided the educators with insight into various fine motor activities, which could be implemented by them in the classroom on a daily basis, to promote the handwriting of their learners. Training took place on a small group basis over a five-week period, twice per week, for one hour and fifteen minutes per session in the afternoon when formal teaching for the day was completed. Training totalled eight hours. All details relating to the training, questions and concerns arising was discussed with and dealt with by the SII co-ordinator. The researcher did not take part in the training and related discussions so that the data collection process was not clouded by what had previously transpired.

It was intended that the Grade R educators implement the programme four mornings per week (15 minutes duration). The programme is graded and builds on, develops and extends fine motor skills consistently in a developmental sequence. All the activities are process orientated with a specific skill being the focus of each lesson. New skills are consolidated over a few lessons before the next skill is introduced. Muscle development, perceptual skills and fine motor pencil control are addressed. The program is clearly laid out with the aims of each lesson highlighted, along with reproducible activity sheets. At certain stages, where necessary, additional graded worksheets for particular skills were given (McDougall, 2014).

The clinical educator had no contact with the Grade R educators during the training phase. Students were only provided with the necessary weekly student supervision, which included feedback on individual and group therapy sessions. The SII coordinator on site dealt with any educator or logistical issues

pertaining to the training as well observing the training sessions to ensure that appropriate measures were adhered to and relevant information relayed. The SII coordinator was responsible for consolidating the training at the commencement of term three in 2018. It was structured in this way to reduce the possibility of researcher bias.

The first focus group was facilitated four weeks into the implementation phase and the second focus group was facilitated in week eight of the implementation by the same independent facilitator.

The training was originally piloted in another SII partner school, however no focus groups were used to discuss the implementation phase.

3.3.3 Data collection tools

The main data collection tool was focus groups. Two focus groups were used to explore and describe the educators' participation in, perspectives and reflections on their training in the use of the programme as well as their perspectives of the implementation and effectiveness of the programme in promoting the handwriting skills of their learners. Focus groups were selected as they are time and cost effective in obtaining detailed information about personal and group feelings, perceptions and opinions, within manageable timeframes after the formal school day (Baskarada, 2014). Focus groups are an interchange of points of view and a way of discussing differences of opinion between parties, and gestures are rarely captured in one-on-one interviews (Hohenthal, Owidi, Minoia & Pellikka, 2015). The timeline of the project is presented in **Appendix D**. A shift in the timeline came about as a result of the student protests in 2017 and the Western Cape Education Department not allowing research in term 4 of the school year. The training was implemented in practice learning block 2 (16 April – 28 May 2018). Although the training was not the focus of the study the participants reflected on this issue consistently during the focus groups.

An independent facilitator conducted the focus groups to encourage the educators the opportunity to express what they felt more freely. The appointed individual had experience in facilitation of groups but had not had prior contact with the educators involved. She was proficient in isiXhosa and English, an advantage for facilitating as well as identifying understanding and interpreting nuances of language use. The focus groups were 90 minutes long and were held in the library after the Grade R learners had left for the day. The focus groups were guided by central questions presented in **Appendix E**, developed using the multidimensional Model of Clinical Utility (Smart, 2006). The model is theorized as a multi-dimensional way of concluding the effectiveness, advantages and downsides of the implementation of an intervention. The components of the model corresponded with the objectives of the study, hence the question for the focus group were developed from these. The questions focused on the educators' review of the core components of appropriateness, accessibility, acceptability and practicality related to the programme and implementation of the programme. These questions gave rise to discussions pertaining to their involvement in the plan to implement the programme, the impact of the programme on their teaching time, relevance and importance of fine motor development in Grade R, the suitability of the intervention within the CAPS curriculum, the support structures required to implement the intervention programme and the challenges faced. Furthermore, a video recording was made of each focus group to minimise the people within the session which would have influenced engagement from the participants as well as collecting accurate information in relation to the gestures and body language. The researcher transcribed all the data manually. The isiXhosa was translated to English before analysis of the data. The facilitator reviewed and confirmed that the transcribed data represented what took place in the focus groups. Furthermore, the researcher conducted

an interview with the SII co-ordinator to reflect on the training and implementation process (**Appendix J**) as well as keeping a personal reflective journal throughout the training, implementation, and research process.

3.3.4 Data Management

Audio files and transcriptions were coded and stored on the researcher's password protected personal computer and also uploaded on a password protected project site on the university's secure online platform VULA. Only the researcher and the supervisor had access to these files. The files will be destroyed five years after the completion of the study.

3.4 Data analysis

Data analysis for this study followed the pattern of data immersion, coding, creating categories and identifying themes as described by Braun and Clarke (2006). The initial phase was for the researcher to become *familiar* with the collected data by transcribing the audio data and reading and re-reading the transcripts while listening to the recordings. At this stage the initial ideas were manually highlighted and noted. The researcher then started identifying *preliminary codes* from the data that appeared interesting and meaningful and provided the context of the conversation. These codes were categorised, and categories were grouped according to *overarching theme/s*. Themes were then reviewed so that there was coherence between themes, categories and codes. These themes and categories were discussed with the research supervisors before finalization and documenting the findings. The final theme/s are presented in this report in Chapter 4 to present the merit and validity of the analysis (Braun & Clarke, 2006).

3.5 Ethical Considerations

This study adhered to the ethical principles as outlined in the Declaration of Helsinki (World Medical Association, 2013). The proposal was submitted for ethics approval to the Human Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town. Approval from the Western Cape Education Department and the principal of the school was also sought

[Appendix F]. Once ethical approval and permissions were obtained, the participants were recruited according to the criteria as stated above.

3.5.1 Informed consent

The participants were given an information sheet **[Appendix B]** describing the study and their level of participation in detail. All relevant information relating to anonymity, confidentiality, minimisation of unnecessary risk and harm, and right to withdraw without consequence, was detailed in this letter. They were asked to sign an informed consent form to confirm their understanding of the study details and acknowledgement of their participation **[Appendix C]**. The researcher had explained and discussed the research process with the educators when she had delivered the information sheets and consent forms and was reiterated on collection of the forms again.

3.5.2 Non-maleficence

Wherever possible risks were minimized as much as possible to ensure non-maleficence. Before the commencement of the data collection process, all possible risks and benefits to the participant involved in the study were explained to them in the information letter **[Appendix B]**. The focus group facilitator ensured that the participants did not feel judged by being respectful in her interactions. Their autonomy was upheld in that they were constantly reminded that they could make the choice to volunteer for the study or opt out, and that they could withdraw from the study at any stage without ill consequence. Participants of the study were assured that their personal or identifiable information would remain confidential.

3.5.3 Confidentiality

Names of research participants were not included in this study write up and will not be presented in future publications. Pseudonyms were used to protect participant's identity. Paperbased records were kept in a locked cabinet in the

researcher's office and were only accessible to the researcher. Computer based records were only available to the researcher and supervisors as described in section 3.4.4. Further precautions were taken through the use of passwords to protect all research documentation. The audio recordings were transcribed by the researcher and stored on a password-protected site. The recordings will be destroyed after the completion of the study so as to eliminate identifiable information.

3.5.4 Justice

The principle of justice was upheld by ensuring that participants were not unduly burdened with research imperatives. TLC Primary was chosen as the research site due to the fact that it had the facilities, resources and structures to support the research process. Focus groups were scheduled as to not disrupt the teaching schedules of the educators. The educators' participation in the study was acknowledged on multiple occasions by the facilitator and researcher.

3.5.5 Emergency Care and Insurance for Research-related Injury

There was no known potential risk for injury associated with participation in this research therefore no insurance was needed.

3.6 Trustworthiness and Rigor

To ensure trustworthiness the elements of credibility, conformability, dependability, and transferability were adhered to throughout the study (Savin-Baden & Major, 2013). Bias was minimised as all queries and planning which involved the educators directly was done in conjunction with the SII co-ordinator.

3.6.1 Credibility

Credibility is an important aspect of trustworthiness as this gives credence to the study

(Polit & Beck, 2014). Acceptance of the findings was done through member checking. The findings were relayed to participants personally after the focus groups and they were given an opportunity to confirm the findings and/or make edits or additional comments. The focus group facilitator was consulted, and the raw and analysed data was discussed with her to ensure credibility of the data. The facilitator was skilled in the facilitation of focus groups and this added further credibility to the data collection process.

3.6.2 Dependability

Uniformity in the data collection process confirm the dependability of the research (Hays, Wood, Dahl and Kirk- Jenkins, 2016). The audit trail detailing the chronological order of the research activities and events was maintained and updated to reflect any changes that occurred in the research process. All documents and data collected were stored securely on a password protected VULA platform so that they were easily accessible for review (Trochim, 2006).

3.7.3 Confirmability

To ensure confirmability, the findings were presented to the participants via the facilitator for them to check and verify. Findings were verified by discussions with the clinical educator's colleagues, the SII coordinator and the deputy principal (Petty, Thomson & Stew, 2012). The researcher kept a reflective journal and consulted relevant literature and policy documents pertaining to handwriting and barriers to learning. The findings was also further substantiated in the students' reflection logs.

3.6.3 Transferability

Transferability is confirmed by providing evidence that the findings can be applied to other contexts, situations or populations in quantitative research. To ensure transferability, purposeful sampling of a nominated sample took place, and a detailed description of the educators, their working contexts, and the implementation of the

programme, was provided (Petty, Thomson & Stew, 2012).

3.7 Conclusion

This chapter the use of the qualitative descriptive approach was outlined and motivated as an appropriate choice. The research context and participant selection criteria and process were explained.

Details were provided on the data management, ethical considerations, and approach to ensuring trustworthiness. Chapter 4 discusses the findings of the data collected in the research process.

CHAPTER 4 FINDINGS

4.1 Introduction to the findings

This chapter presents the thematic analysis of data collected via two focus groups with three Grade R educators and an individual interview with the on-site SII coordinator at the study site, to explore and describe their experiences of implementing a fine motor programme in a low quintile school in the Cape Metropole. The findings presented reveal the challenges faced by the educators when they were tasked to lead the new classroom-based occupational therapy fine motor programme.

Table 2. Demographic detail of participants

Educator	Age and Gender	Demographic information	Years of experience	Years of teaching at TLC
Educator Z*	49 Female	Married, living in Khayelitsha isiXhosa speaking	19 years ECD	17 years
Educator Y*	51 Female	Married, living in Khayelitsha isiXhosa speaking	18 years ECD	16 years
Educator X*	37 Female	Single, living in Stellenbosch isiXhosa speaking	6 years Gr. R	6 years

* Denotes that pseudonyms have been used.

4.2 CATEGORIES AND THEMES

Table 3. Summary of theme and categories

THEME	CATEGORIES
<i>THEM AND US</i>	Left out and side lined but still expected to do
	Pedagogical conflict

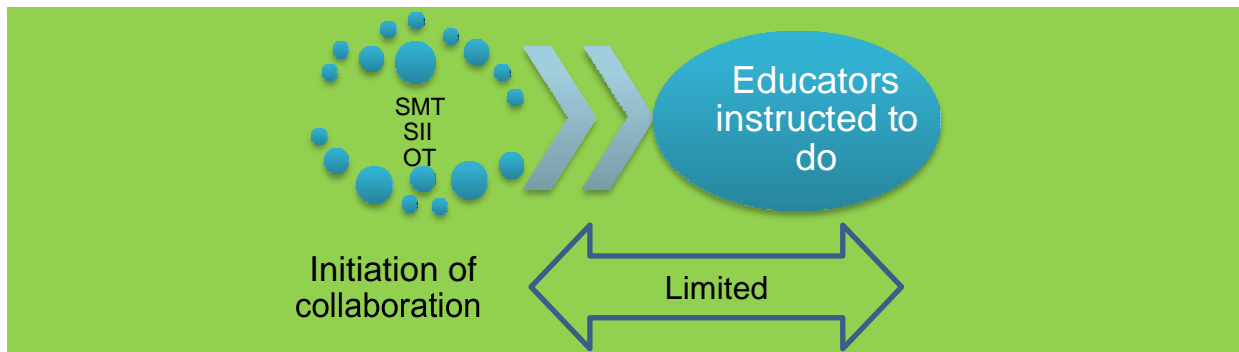


Figure 2: “THEM AND US” – A problematic partnership

The theme, **‘THEM AND US’** (represented above in Figure 2) emerged from an aggregation of two categories: **‘Side lined and left out but still expected to do’** and **‘Pedagogical conflict’** which described the educators’ negative experiences relating to both the training and the implementation of the programme. This negativity stemmed from their unhappiness about their limited involvement in the decision to proceed with the programme training and implementation, and their concerns about the integration of the programme within the scope of current work responsibilities and tasks. The fine motor programme was initiated with the intent to improve collaboration between the educators and the occupational therapy team, but instead it led to a further disconnected working relationship. The nature of this tenuous relationship was further complicated by difficulties in relationships with, and between other stakeholders (the school management team, the SII site coordinator).

4.2.1 Category 1: Left out and side-lined but still expected to do

This category describes how educators felt that they were not included as valued partners in all aspects of the processes that led to the decision to train them and expect them to implement a fine motor programme in their classrooms. The educators described alternate ways in which the training and implementation could have taken place, as well as the support that could have been offered to them.

They expressed frustration that they were *not included in the initial discussions* relating to the decision to train them and task them with implementing the programme. The clinical educator and the SII team leader engaged in many discussions with the school management team to negotiate access to the school for the students. All decisions were made at management level

and the Grade R educators were not involved in or consulted during the process leading to the agreement to place UCT students at the school. The educators were unhappy about the authoritarian approach used by the school management. They felt that this approach silenced their voices.

'The school already knew that its UCT students whenever they are here, they are in the class we don't get ask(ed) permission'

[Educator Z]

The above quote supports the disconnections present in the relationships between each of the stakeholders (depicted in Figure 2). While the school management team welcomed the opportunity for the OT input, this was not extensively communicated to the educators. As a result, they felt that they had *no voice in the decision* for them to be trained to implement the programme. The educators wished to be part of the whole process. They desired not only to be given the programme but rather wanted their voices to be heard throughout the process and to be validated and respected. The educators described that it was like looking in from the 'outside' and not being consulted or informed.

"We are repeating the same thing but from my side it's like the outside, the programme we have refined but they still taking our kids and they don't tell us if they added"

[Educator Z]

The occupational therapy students who facilitated the training with the educators were newly allocated to the school and had no previous engagement with the Grade R educators before the training sessions commenced. The educators perceived their interactions with the students to be part of a general meeting and not specifically training. The quotes below reflect their feelings that the *training was not clearly introduced and framed as training*.

"so, we did not know that was a training but we knew that we had a meeting with them [the occupational therapy students] so they explained the roles and then the other one [SII co-ordinator] came ready. The other person [SII co-ordinator] just came to ask if they sat with us."

[Educator X]

The training [Appendix G] was used to guide the educators to use different fine motor activities within their classroom daily plan. However, the *educators perceived the training as meetings* during which they were provided with reproducible worksheets.

“... interrupting in the class they called us after that we just had a small meeting which they explained the activities to us” [Educator X]

“ ... because they do give us the A4 page with the big monkey ... we have the table of pictures of the monkey, where we are coming from the activity and going there to colour the monkey we got from the meeting ... ” [Educator Y]

The negativity towards the training was related to *not having received clear communication* about the programme, its intent and how it could work. The educators felt burdened by more work and were not open to accepting the new knowledge the training intended to share with them. This also led to them *not remembering* what had transpired. They confused the training with the classroom intervention offered by the previous group of 4th year occupational therapy students.

“...We in our own understanding of them thought they will come and they will try to slot in our daily program so we don't have extra work to do “ [Educator X]

“I know nothing about training by three occupational therapy students and the coordinator doing follow –up but they were in the class to support us”

[Educator Y]

Only the clinical educator, deputy principal and head of SII took part in the initial discussions to discuss the roles and responsibilities of the students and the educators with respect to the programme implementation. These initial discussions were put in place to ensure that everyone at the school was on track for the commencement of the practice-learning block. The clinical educator was under the impression that the outcome of these discussions would be communicated to the educators.

This was not the case. This *communication gap* contributed to a breakdown in the partnership.

“Reflecting on my meeting with Ntombi⁵ (deputy principal) I find that the school is more than open to having our students at the site but practically there is always a problem of gaining access into the classroom for observation and thereafter to remove learners from the class for assessment and intervention. Another obstacle is that educators are always too busy or too tired to meet with stakeholders to plan and explain what the role of the students and their site-specific objectives. This does not make sense that after all the negotiations as suddenly it feels like a door closed in our face. This frustrates me to no end as I put in so much effort and time outside of my supervision hours.”

[Personal reflective journal entry, April 2018]

The clinical educator/researcher was not directly involved in the training of the educators. The occupational therapy students assumed the responsibility of the training as part of the practice learning objectives. They reported directly to the SII co-ordinator in relation to all aspects of the training. The only encounter that the clinical educator had with the educators at the school was when she observed the students’ practical demonstrations in the classrooms. These observations were however never in the Grade R classes or with the Grade R educators as these educators were involved in the training of the fine motor programme and the clinical educator/researcher wanted to limit bias during the process of data collection.

“I know they complained of the difficulty around that (workload) and scheduling and I remember that there was a lot of negotiating around that by both myself and the students. It might have been easier had you (clinical educator) been involved in the planning of, and the training.” [SII coordinator]

Reflecting on this statement it could be two-fold that the SII co-ordinator is young and was recently qualified and could have been viewed by the educators as a student herself and therefore inexperienced; and on the other hand, she was possibly not assertive and knowledgeable enough about the programme. In hindsight I should have checked up

⁵ Ntombi - pseudonym

more consistently regarding the training of the educators and not left everything for the SII co-ordinator to deal with on her own.

[Researcher reflections on research process, January 2020]

The educators reported that they were *not provided with the appropriate tools for the implementation of the programme*. According to them, it was only two files left behind. These two files, the manual, and worksheets, constituted the programme, yet the educators expressed that this had not being made explicitly clear to them.

“We thought that they were there only for the children and that they will also use our programme but they left the files with us.”

[Educator X]

While the use of the files had been communicated to the educators in the training sessions as well as by the SII coordinator, this communication needed to be repeated several times to each individual educator. The educators clearly did not understand the function of the files in the implementation of the programme, opting rather for the occupational therapy students to work with the learners using the CAPS programme. So, to counteract the request to implement the programme, the educators only did the minimum that was required.

“We didn’t go the extra mile, all we go photocopy when they gave us the papers we only photocopy the papers.”

[Educator Z]

Reflecting on these quotes it is clear that the educators were not interested in the implementation as they had to be reminded by myself and were even offered the use of the students in block 1, 2019 as a resource to assist with any challenges during the implementation which they did not utilise. They experienced the implementation as additional to their already jam-packed workload and an obstacle to their teaching as this meant having to readjust their programme.

[Researcher reflecting on research process, February 2020]

Due to feeling side lined, the educators continually *refused to take ownership* of the programme. This was evident as they never knew where to locate the files, nor did they show an interest in the training sessions being offered. When the educators were asked to bring the files to the training and focus groups, the programme files had to be described to them again and they were usually located beneath a stack of other resources, despite the intention for this resource to be used daily.

“There was lots of confusion about what manual, and where the manual is and them stating that they actually hadn’t taken the manual out at any time during or after the training.”

[SII Co-ordinator]

I was feeling very frustrated at this stage [when explaining to the educators the purpose of the research and requiring consent from them] of the research project as the educators were constantly not aware of being trained and always looking for the manuals which contained the programme instructions and worksheets.

[Personal journal reflection entry, 26 November 2018]

The occupational therapy students took actions to make the *Monkey Tricks* programme more *contextually relevant*. They encouraged the educators to name the monkey or change the type of animal to make the programme more relevant for use in the classroom of a low quintile isiXhosa first language school. The students also used the first training session **[Appendix G]** to introduce the ‘monkey’ and the role that this ‘monkey’ plays in the programme. In this session the students requested that each educator name the monkey together with their learners to *make* it their own rather than using an unfamiliar name. The following is an excerpt from the training programme:

“Name the Monkey

Brainstorm ideas for the name of the Monkey (main character)

used in all the stories. Create a “personality” mind map”

Despite efforts taken to partner with the educators in the training, inviting their contributions to the revisions of the programme, they viewed the training merely to be worksheets to be completed.

“...when we finish our activities, we just give the children the paper of activities from the students”

[Educator Y]

The lack of the engagement of the educators with the students in the afternoon training sessions in 2018 affected the students’ ability to transfer the skills required for programme implementation. The clinical educator became aware of the challenges following a discussion with the SII coordinator. The SII coordinator was then requested by the clinical educator to be part of the facilitation in these sessions.

“After chatting with the SII coordinator she conveyed that the students were having a rough time in the sessions as the educators just sat in and participated minimally and they found it stressful and discouraging and impacted on how they felt about their ability in facilitation”

[Personal reflection journal entry 8 May 2018]

The educators’ resistance to training was further impacted on by contextual demands. Despite planning, the times allocated for the training sessions were often compromised by the educators’ busy work schedules and other work related demands. This meant that the *implementation of the training was not supported by sufficient opportunities to build a relationship between the educators and the students* and discuss in detail how the programme could be used in the classroom and be of benefit to the learners. Thus, the students merely presented the training sessions to the three educators as part of their mandate for practice learning for that block. The educators experienced that *no clear reasoning* was provided for the incorporation of such a programme in relation to CAPS and for the benefits for the learners.

“When they come here they don’t clearly explain to us”

[Educator Z]

The educators also expressed that they experienced *no follow up after the training* to ensure that they had a clear understanding of the expectations placed on them.

“When they [students] after the meeting, we thought we knew the thing (information received in the training session) we went back with, we said we are going to see what to do and then she (SII coordinator) didn’t come back, to discuss further”

[Educator X]

The clinical educator/researcher tasked the SII co-ordinator to meet with the students and separately with the Grade R educators to follow up on the training sessions related to the fine motor programme. The above quote describes that although the educators thought they had a sense of what needed to be done, this was not affirmed in a follow up meeting with the SII coordinator. The relationships between the Grade R educators and the SII coordinator, as well as that of the Grade R educators and the OT students, detached further due to disruptions in the communication, consultation and collaboration, which was meant to take place to facilitate cohesion and understanding of the role of the students.

“They didn’t come back to us for the challenges, to ask us”

[Educator Y]

I, the researcher reflected on the *continued challenges relating to communication, consultation and collaboration* which impacted on the intended role of the occupational therapy students in this school context. The problems that arose were never ending. It felt as if we were going around in circles with the repeated explanations.

‘I feel that every time we enter the school for a practice learning block I have to reintroduce occupational therapy, what we can do, how it will benefit the learners, what strategies we are going to use and defining the students’ role within the CAPS curriculum. The frustrating part is that every time is like the first time that they hear it. Consultations happen timeously before each block so why don’t they [the educators] communicate if they don’t understand.’

[Personal reflective journal entry, February 2018]

The deficient as there was no buy-in and commitment from the educators, which was evident through the lack of involvement in the training and follow up as well as the implementation. They also did not have the opportunity to experience relationship building with the students as there was no effective communication to allow this to transpire. The Grade R educators were also not aware that they could make use of the clinical educator or the students as a resource during the implementation of the programme. Furthermore, the educators did not understand that the sessions that were held in the afternoons with the students, were the training sessions but rather experienced these as meetings.

The students found engaging with the educators interactively in the training sessions challenging. Although the students were eager to observe the learners in the classrooms engaging with the activities, the educators were not open to allowing the class to be observed whilst they were teaching. The SII coordinator in her role as student liaison at the site did not have sufficient time to build effective relationships and sit in on all training sessions as a support to the students or the educators. Due to the insufficient time spent within this partnership with the educators, the SII coordinator was not always abreast of what was transpiring or where the process was. At no time did the educators question the SII coordinator or the students why these 'meetings' were being held or mention the activities that were discussed or make attempts to communicate with the relevant stakeholders. The educators were hostile in the focus groups, when asked about the programme, emphasising their *frustration with the way in which the training and implementation had been rolled out*. This

'hostility' was also presented in the body language of the participants.

"Why you asking me now, nobody asked us. My question is, why didn't you go and video the activities of yours in our class and see that it is working or not"

[Educator Z]

"I remember asking them if there is anything they are struggling with and to let me know but they did not get back to me... There was no communication between us other than when I went to the class"

[SII Coordinator]

Reflecting on this it is also evident in the fact that they were not willing to come to the focus groups even though the researcher had explained the research process numerous times. Several appointments were made and confirmed but were cancelled on the day by the educators. The days when the groups transpired, the facilitator had to wait up to 30 minutes for each session to start, even though the learners were dismissed 15 minutes prior to the set times. Pertaining to the educator's question about 'why now,' it clarifies that they did not understand the data collection process, which was explained in the information sheet and discussed by the facilitator in their home language. Reviewing the visual and audio data, the educators were closed and hostile in their body language and had an irritable tone in their voice. I got a sense that they were experiencing the participation the focus groups as a total waste of time.

[Researcher reflecting in action]

Despite experiencing feelings of frustration with the process, the educators were in *support of working together*. They voiced that there should have been further *dialogue* between the occupational therapy students and them after classroom interventions (block 1 – 2018) had been completed. The findings about the observations had to be shared with the educator, so that she in turn will be aware of what is happening with the specific learner in the classroom.

The educators believed and were open to meetings centred on the learners and not the fine motor programme. Furthermore, they did not want the occupational therapy students to be prescriptive about what service they wanted to offer in their classroom.

"I'm saying it's important that we set a time frame where the students sit with me just sit around cause maybe she came for the month already and identified children in my class, we can sit together and share what she has picked up with me so that maybe my eyes will be open to certain issues from that feedback so that the sharing or sitting together one on one with them it's important"

[Educator Y]

The educators offered *suggestions as to how a partnership, in terms of the training and the implementation* could have taken place.

“the first thing we (students and educators) must plan, plan together so if they are not going to change the things and it's going to stay like that...I will still use my program...when they going to bring their own activities together with ours and then we plan for two weeks. Then we see did it work, or didn't it work that way”

[Educator X]

“That's why I said we need to have a session where we should sit together and plan together because to me when I saw it (the programme)”

[Educator Y]

The educators placed emphasis on *joint planning*, a strategy they considered to play an important role in the implementation of classroom programmes no matter what the nature or intended outcome is. They expressed that to ensure consistency across the grade, working together as a team and supporting each other was essential. The quotes below describe how they usually work together to ensure that everyone involved in that grade understands what should be done and that content is taught in the same manner.

“It is because we sit together and if I don't understand something, they will say you see like this because we plan together”

[Educator Z]

“Yes, it can go a long way if we plan well together. It can go a long way this thing we are talking about, the activities that we are talking about. It can work the whole year if we plan together...”

[Educator X]

The educators were open to working together but when offering suggestions as to how the partnership could have been fostered more effectively, they adopted a *prescriptive stance*. They described how the occupational therapy students should have adapted to their programme,

as opposed to engaging in dialogue with them to create ways of working together to support each other, and the learners.

“... they must come to see us and know our program already so that their activities fit in our activities so that we can go with that easy”

[Educator Y]

The group of students in block 1 – 2018 had worked in the classroom and with individual learners. Given the educators prior interactions with these students, they believed the on-going role of the students would be to identify a child with a problem, work with him or her outside of the classroom, and provide feedback timeously to the educator. This was not the case as the next set of students implemented the training (Block 2-2018) and did not work with individual learners. The quote below shows how *the different approaches* led to confusion, with the educators showing a *possible preference* for the former approach.

“If they come to your class, they have to explain to you what they are going to do and after that, if they finish with whatever they do, they can come again, talk of what is happening what’s the problem and what they see.”

[Educator Z]

A *persistent lack of collaboration and consultation* about the programme led to a problematic and dysfunctional relationship between the educators and the occupational therapy team. The non-collaborative manner in which the programme had been introduced led to the educators feeling that the programme had just been *dumped on them*. This in turn brought about feelings of resentment and being side lined, but expected to do extra work.

“... because we have our own load of work sometimes you feel like they just dumping work and then they finish and you are expected to do your work and then you do other things”

[Educator X]

The category, *'left out and side lined but expected to do'* shows how the lack of consultation and teamwork had a negative influence on the development of a relationship between the educators and the occupational therapy team. This led to the educators not being motivated to take part in the training and implement the programme. This flawed process of initiating a relationship was further disrupted by insufficient investment in understanding their different roles and contributions in an effort to combine their approaches to have maximal benefit for the learners.

4.2.2 Category 2: Pedagogical conflict

"May I ask? What is the main thing the students do here in our school?"

[Educator Z]

The above quote highlights how from the onset and then subsequently, various steps in the process of the programme training and implementation, described in category one, contributed to flaws in the collaboration between the educators and the occupational therapy team. Category two foregrounds the unclear and conflicting understandings of each group's contribution to the development of handwriting, which were fuelled by limited opportunity to share and learn about each other's pedagogically informed approaches.

The CAPS curriculum consists of various activities to build on prewriting skills in Grade R learners, but these are not presented in a structured annual lesson plan. The Monkey Tricks© programme has a stipulated day-to-day plan of activities focussing on pre-writing fine motor skills. The educators could not gauge how these activities could be *integrated into their existing teaching schedules* preferring to remain with their own existing activities.

"...those activities it didn't fit into my program sometimes I don't have your activities [expressing the difference between CAPS and the fine motor programme] but whatever is being used you can see we have our own activities"

[Educator X]

The educators' *poor understanding of how the programme could be integrated* as part of the CAPS curriculum and implemented to the benefit of all the learners within the class could be due to the students not making direct reference to the CAPS in the training sessions when introducing the activities.

The CAPS curriculum has the activities related to numeracy and literacy presented in weekly themes. Educators use the activities given and the assessments are specific to these activities.

The activities presented in the programme are not explicitly documented in the same way within the CAPS curriculum and given the structured nature of the CAPS curriculum, the educators were reluctant to deviate from their daily plan. This meant that they were resistant to the potential benefits of the programme and how this could be an asset to them in the classroom. This resistance is represented in their *poor recall of the training* as they only vaguely remembered ways in which the activities could be integrated into the class programme.

"... those activities, if I could remember, could be those activities that maybe you, it's with the story, the story time with the monkey or something ... or which you could use it to colour in or you complete some of those activities."

[Educator X]

The programme was not experienced as a good fit by the educators for their method of teaching. They stated that they would have liked to have seen a more *definite connection* between CAPS curriculum and the fine motor programme and recommended that the same concept be utilized on a day-to-day basis as stipulated by CAPS.

"... they can ask us what we are going to do for the day if they are coming tomorrow they must ask us what we are doing tomorrow so they can make their program fit into our program so that if I teach my kids the shapes they must also have the pictures of shapes so that when those children that finish first they must go there and feel that there is a shape and they also know that when they are starting with the shape and in that corner of the mat they are going to curl the shape or cut the shape."

[Educator X]

The issue of conflict was also evident in the data collection phase of the research when the Grade R educators hesitated to come to the focus group sessions and always had an excuse of work that needed to be done at that particular time. This happened on both occasions when the facilitator had to wait up to 30 minutes to start even though the dates and times were negotiated timeously with the Grade R Head of Department and Grade R educators.

What a day this has been! After cancelling the previous focus group session to accommodate the educators, today the educators once again dragged their feet incoming to the library. Thembi⁶ makes a concerted effort to come as early as possible to make sure that everything is set up and that she is prepared. I feel embarrassed that we are wasting her time each and every time. Today also allowed me the opportunity to speak to Mrs Deputy Principal and question why the educators were so reluctant. The one thing that stood out was that she expressed that the educators were not formally trained at a college, and it seemed that they were not confident in being questioned. They also took the questioning very personally, not understanding that the programme was not about them but rather the viability of using a programme in the classroom. It is always refreshing to speak to someone that understands the value of OT and is in our corner.

[Researcher personal reflective journal April 2019]

The students used explanation, demonstration and encouraged engagement together with the programme resources during the training sessions, to impart skills and knowledge pertaining to the programme. The educators acknowledged engaging in the various activities with the students, but also expressed feeling confused and not understanding the process. They viewed the training merely as meetings with a series of different activities. Although they *did not have a clear understanding of the training or why it was being done*, the Grade R educators also did not question this at any time either with the students or the SII coordinator. This therefore impacted on how they received the information.

“....The problem is the training, I don't understand the training ... but when they in the

⁶Thembi - pseudonym

class, we did activities because they did not clearly explain to us, so we didn't know training but yes we did receive it "

[Educator Y]

"I definitely walked in and saw them looking completely confused as to what the module was and what I was talking about."

[SII coordinator]

The educators' confusion could have originated from their *inability to distinguish* the work carried out by first group of occupational therapy students (described above) and the second group of students (block 2 – 2018), who were mandated with training the educators to implement the classroom-based programme. This misunderstanding could also be due to the *students not clearly explaining* that they were using the sessions after school for training.

"I remember also having difficulty meeting with the teachers and I think I was only able to meet with them twice or something like that and it was a constant thing of me setting up meetings and them forgetting that they had a previous meeting or coming for the set meeting then actually not having enough time so us having to reschedule "

[SII Coordinator]

The educators did not have a *clear and sound understanding of the value of the programme activities*. The educators placed emphasis on the worksheets. This limited their understanding of the possibilities of the other activities within the programme, and the pre handwriting skills that these activities could build on. This *fuelled their reluctance* to incorporate the programme activities into their existing curriculum.

"Our biggest challenge are those monkeys and other pictures, they are not fitting into our [existing curriculum] programme, so we have a clash on that"

[Educator Y]

The educators indicated that *they have the knowledge*, for example they shared that they could for example position the learners for optimal engagement in tabletop activities in the classroom, although they do not necessarily label what precisely they are doing. They were upset that this *knowledge was not sought*.

“I think that some of these things, we don’t label them as to why we doing this but when I get to class and the child is not in the right position I help the child to sit up straight. I don’t say that now I’m doing a certain skill, even though I’m applying it but I don’t note it down, do you get it? We do a lot of these things but informally”

[Educator X]

The educators also professed *experiencing feeling under-valued* as they did not receive sufficient feedback from the students to clarify what they expected them to do in the classroom.

“I don’t want to lie, on my side they were just, even doing the activity, they didn't tell me about the sitting, they didn't tell me about anything why am I there even during the activity.”

[Educator Y]

“When they come there, they don’t clearly explain to us for example, I have 30 children in class, the OT students immediately pick out the learner with a problem as soon as they entered the class but they do not tell us these things, but it would be much better if they tell”

[Educator Y]

A *lack of concerted effort to build an understanding of each other’s roles*, led to conflict as to who would do what and how. Educator Z describes how this process could have been built upon.

“So, if they can be here so we can all plan, they will see that we are doing the same things. It fit in perfectly although we will not do it separately but if they wanted the children to do their programme then no problem, but time will be the biggest challenge, the thing is we do things differently, but the programme is still the same.”

[Educator Z]

Due to the lack of understanding of the benefits of the programme or how it could be integrated optimally within their daily classroom routine, the educators simply handed out the worksheets that were part of the programme to the learners, as an *additional task*, and not as part of the implementation of this specific programme. The educators would use the CAPS colouring in activity and could not see the potential or possibility of substituting this with one of the fine motor programme activities, as an alternative means to build on fine motor skills. Their non-use of resources suggests that they did not know why they were using colouring in as a strategy within the CAPS curriculum and that this activity was merely being used as a classroom activity as set out by the Department of Basic Education.

“We integrate them after our activities then we give the learners those monkey activities of those OT, because we didn’t have time to do only these activities with them”

[Educator Z]

By doing the fine motor worksheets as stipulated by CAPS, the educators did not feel the necessity for these to be substituted as they were following the curriculum. The *links and potential use of the programme activities within the CAPS were not made explicit* during the training, and as such, the Grade R educators could not visualise that using the daily 15 minute free choice activity slot within CAPS would have been an optimal way of utilising the programme on fine motor skills.

“...we have our own activities, we adding their activities to our activities. We didn’t have special activities from them ... we just add, when we finish our activities, we just give the children the paper of activities from the students ... to our daily program”

[Educator Y]

Being quite accustomed to having occupational therapists “pull out” learners from the classroom for intervention meant that they also struggled to accept that they would lead the programme, with only supervision by the students.

“Their [the students’] programme does not fit, and another thing, the most important

thing that confuses us, they came in our class, and we thought that they will always come and do the programme in class....”

[Educator Z]

The educators were also expecting that the students would *support them more extensively* to integrate the activities into the already existing CAPS curriculum. The process to be followed after the training was not adequately communicated by the students and as a result, the educators did not feel supported.

“they did explain to us, then we, in our own understanding they will come and they will try to slot in our daily program, so we thinking, maybe they will come again to implement because they were showing us the activities and we understood”

[Educator X]

The category, *‘pedagogical conflict’* shows how the misunderstanding of roles and inability to partner to integrate different learning and teaching styles, and approaches led to a disinterest by the educators in the programme. This in turn led to the educators lacking the enthusiasm to participate and acquire new knowledge and skills.

4.3 Integration of findings

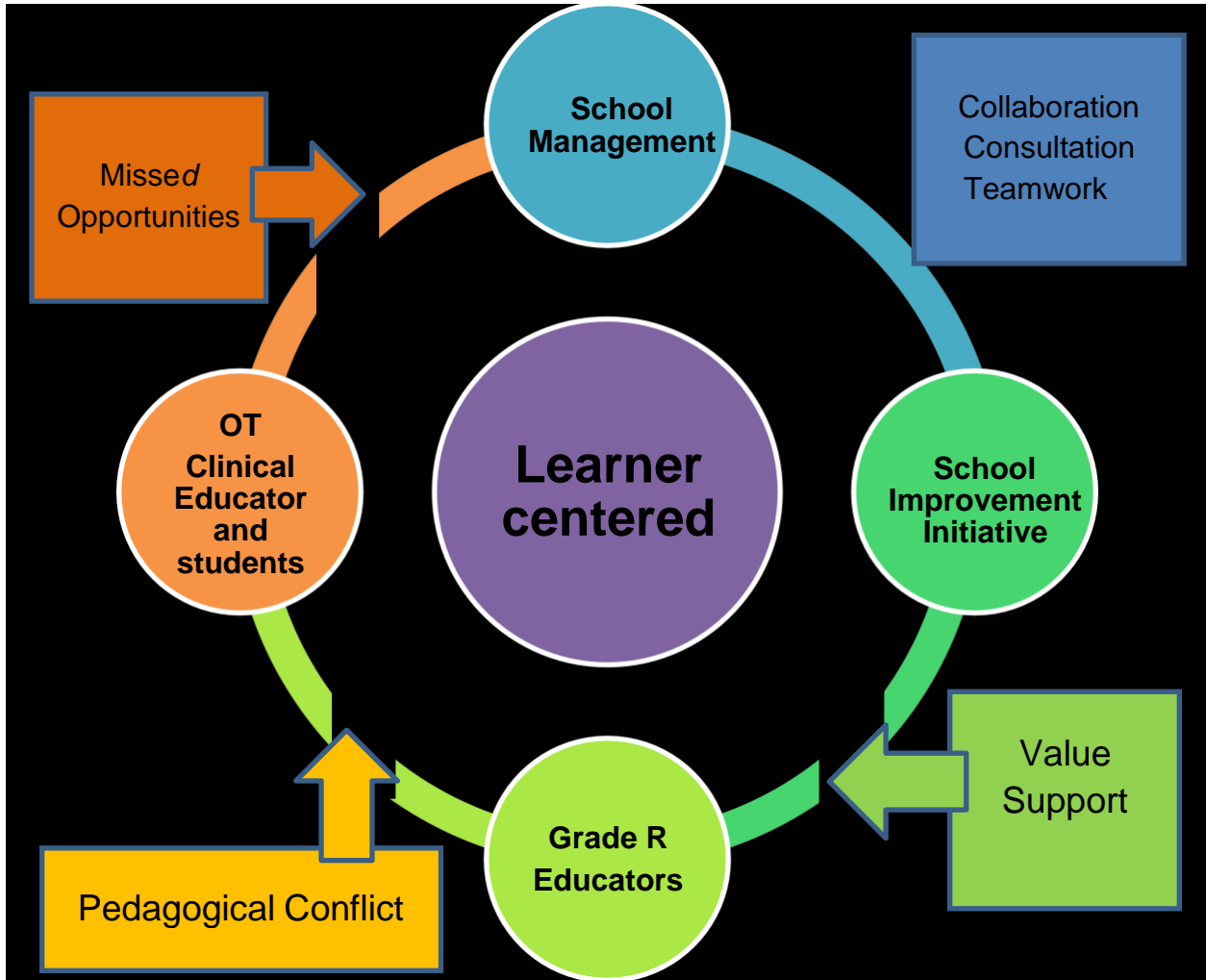


Figure 3. THE BROKEN CYCLE – A fragmented flow of engagement between the stakeholders

The diagram above depicts the flow of engagement between the different stakeholders, which was disrupted by poor communication and resultant misunderstandings between the stakeholders (school management, Grade R educators and UCT clinical educator). The disrupted cyclic flow of engagement between the different stakeholders was not optimal in building mutual understanding. The disruptions also depict a lack of freedom in joining forces to empower each other. This scenario gave rise to the divide between the educators and the occupational therapists and brought about the sense of hierarchy in terms of who is more valuable in teaching and learning within the classroom. The fragmented interchange between the stakeholders did not positively impact the learners. This compromised the potential benefit to learners who are

placed centrally in the figure to depict that they should be the key focus. A learner-centred curriculum has the needs and interests of these children at heart (Langford, 2010). When applying a learner-centred approach the emphasis is on making sure that the learner understands the work and in contrast a teacher centred approach emphasizes the delivery of the content. Being learner-centred is not just about teaching differently but also about developing an in-depth understanding of the learners' needs (Blackie, Case & Jawitz, 2010). Challenges in the process of collaboration highlighted the need to equip all stakeholders in education to be empowered with the knowledge and skill to implement learner-centred pedagogy (Manqele, 2017).

Referring back to Figure 3. Cycle of interaction between the stakeholders, it is evident that despite a well intended plan to partner to implement a programme aiming to assist learners develop their fine motor skills, the partnership was fraught with challenges. These challenges arose due to disparities in the skills of the various individuals, the different roles and confusion about skill sets, and the level of commitment of each of the stakeholders. The partnerships were further challenged by the lack of consultation, collaboration and teamwork, which led to the creation of expectations, without the necessary initial joint planning and on-going consultation to continually strengthen the partnership.

4.4 Conclusion to the findings

The fragmented nature of the partnership meant that the pedagogical intent of the contributions of the educators and the occupational therapy programme could not be duly considered and merged into a common vision. The educators' preconceptions of how the occupational therapy students should be facilitating sessions to support was not aligned with the intent of the programme. They struggled to understand how the training was aimed at integrating the fine motor programme within the CAPS curriculum and the different methods that could be used to achieve this. The educators' perceptions about how the training sessions should have unfolded and their level of involvement in the planning thereof hampered their participation within the programme implementation. We all learn differently and subsequently transfer skills differently. Each stakeholder's contribution must be acknowledged and invited. Flaws in this process led to an unhealthy and incompatible partnership lacking value and support.

CHAPTER 5 DISCUSSION

5.1 Introduction

The research study aimed to describe the educators' experiences of implementing a Grade R classroom-based fine motor programme in a low quintile school in Cape Town. Specific objectives included describing their perspectives of both the supporting and hindering factors impacting on their implementation of the programme and their views on the suitability and sustainability of the programme as well as the extent to which the intervention supported the achievement of the curriculum outcomes. The findings were presented within the theme "Them and us" in Chapter Four. Drawing on the metaphors of 'throwing out a lifeline' and 'tug of war' this chapter will discuss how an intervention intending to support the educators in their role of developing the handwriting of their learners, was met with resistance and apathy. These feelings and actions arose as a result of various factors impacting on the ways in which the partnership was initiated to introduce and support the implementation of the intervention. Hence, developing into a 'tug of war' between the educators and other stakeholders which illustrates a power dynamic.

5.2 An intended lifeline becomes a tug of war

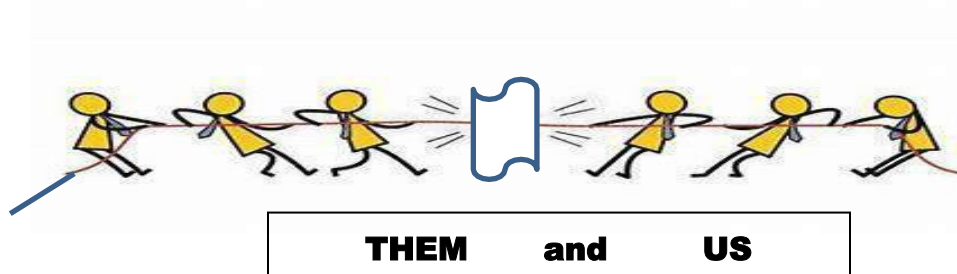


Figure 4. 'Tug of war'

5.2.1. Non-inclusive approach creates a divide

Over the many years of working in schools, the occupational therapy team at TLC Primary became increasingly more aware of the challenges the foundation phase learners were experiencing with their handwriting. They drew on evidence and theory to determine the best way to address the observed handwriting problems. In this *planning phase*, classroom-based

interventions emerged as the potentially best-suited approach to use to address the fine motor concerns of a larger group of learners in their immediate context of learning (Sayers, 2008). In these interventions, occupational therapists enter into the classroom and draw on their many skills to observe and assess the learners. They then collaborate with the educator to support the handwriting performance of the learners (Nye & Sood, 2018).

The specific fine motor skills programme used was an adapted version of a programme developed by a South African occupational therapist. The programme had been trialled with success, in both low and high quintile schools in Cape Town (McDougall, 2018). The training in the use of this programme was provided to the educators as an intended lifeline of support, a tool that they could use to improve the fine motor skills of their grade R learners. For this *lifeline of support* (the programme) to be effective, the educators needed to be willing to grasp the *lifeline* with both hands and consider it as a means to support their role and further their professional development (Bush et al., 2010).

The consultative process and final decision to implement the programme involved the clinical educator, the deputy principal and SII coordinator, who all agreed that the programme could be an essential part of the occupational therapy service at the school. Given her prior engagements with these team members, the clinical educator assumed that leading up to and following this engagement, all the additional foundational work to support the training and implementation of the training, would have taken place. This was not the case. The Grade R Head of Department (HOD) and the Grade R educators had not been adequately consulted by the school management team and were unaware of the specifics of the classroom-based programme. This contributed to their resistance to accept the lifeline offered (programme) by the students. There was limited communication between the stakeholders which was a barrier to collaborate due to divergent opinions, prospects and perspectives towards interventions used by the occupational therapy students (Bose & Hinojosa, 2008). This was further impacted by the utilization of that which was familiar to the educators and their unwillingness to attempt a new strategy (Du Plessis).

5.2.2 Poor clarification of roles and responsibilities

Success is prevalent when roles are clearly explained and understood by all stakeholders (Hutton, 2009). The limited involvement of the educators in the planning phase meant that roles and responsibilities of all were not clearly defined. The educators were not fully informed by any stakeholder about the occupational therapy students' new role with respect to training. If the roles had been distinctly outlined and all parties had been involved in the beginning phases of planning and preparation, a more successful partnership would have been fostered (Quinn & Mullally, 2008). As a result, educators entered the training space with an unclear idea of what was going to transpire and what was expected of them.

A referee or umpire is required to supervise and adjudicate clashes when they occur. The referee should encourage the teams to communicate effectively with each other and clarify any misconceptions of roles and responsibilities. The ability to relay information correctly is reliant on effective communication i.e., a two-way process of listening and sharing information by using various mediums (Oxford English Dictionary, 2020). Effective communication, however, is more than just exchanging information, it is relationship based and emphasis must be placed on understanding what is being said, paying attention to non-verbal gestures and making the person feel heard and understood (Tay, Ang & Hegney, 2012). While a referee (SII coordinator) was appointed, the findings revealed that this referee role was challenging for her to fulfil. The SII coordinator was younger than the educators and had much less experience in the education system. The SII coordinator struggled to build a relationship with the educators, and this in turn limited her ability to establish grounds for clear communication about the training and implementation of the programme, between the educators and the occupational therapy students. The educators' territorial and experiential advantage led to them not being open to accepting new knowledge and implementing this. The intended rope of support was not warmly received, creating a scenario of a *'tug of war'*. Instead of pulling towards each other, the educators, on the one side, and the occupational therapy team on the other side pulled away from each other, not recognising that by coming together as one team, they could

potentially reach the beacon in the centre, that is, improvements in the handwriting of the learners.

5.2.3 Persistent tugging and pulling away from each other

The rocky start to the introduction of the training continued into the execution phase and cracks continued to emerge in the relationships between the educators, the students and the SII coordinator. This incited a persistent stance of *'Them and Us'* which was fuelled by *differing professional training backgrounds, a lack of agency* in openly sharing feedback about the training, and *resistance to change associated with power play*.

Differing professional training backgrounds ignite disparate approach to common goals

Working together with various stakeholders is not an easy task and does not happen spontaneously. It is the responsibility of all involved to acquire the relevant knowledge, skills and attitude to work collaboratively for the benefit of the learners (Thousand, Villa & Nevin, 2006). Educators and therapists engage in divergent training to foster their professional development. These different pedagogical foundations inform how each discipline promotes the development of specific skills in the classroom (Bose & Hinojosa, 2008). Insufficient investment in understanding of the foundations or each other's professional pedagogies, impacted on the development of a collaborative relationship between the educators and occupational therapy team.

The occupational therapy curriculum includes a variety of courses aiming to develop an in-depth understanding of humans as occupational beings. Occupation is understood to be an integral part of occupational therapy as occupational therapists work with children to enable them to engage optimally in their occupations (activities of daily living, learning and play). They do this by addressing the underlying skills i.e., performance components impacting on their engagement (American Occupational Therapy Association, 2008). The training included specific content to develop the educators' knowledge about these skills i.e., hand function and fine motor development, and to guide them to use activities in the classroom to build on the learners' handwriting. These aspects are not explicit requirements of educators' certification.

To successfully relay this information to the educators, students were guided to draw on the adult education strategies they were taught in their third year of studies. The students' weekly reflective logs revealed that they struggled to convey this information and the benefits of the programme to the educators effectively for them to fully comprehend the potential thereof to help them support their learners. The educators' lack of engagement and non-verbal responses during the training added further to this challenge. Challenges linked to the introduction of the training meant that the educators did not embrace the opportunity to further develop their knowledge base in this regard. The training was experienced as a burden by the educators at the school and not considered as a serious attempt by the students to empower and enhance their self and professional development.

As described earlier, poor handwriting may be related to intrinsic factors, i.e., the skills within the child, however extrinsic environmental factors, or a combination of both can also contribute negatively (Feder & Majnemer, 2007). In South Africa, many challenges in the child's environment i.e., poor parental supervision and inappropriate or a lack of resources, affect their handwriting (Grissmer et al, 2010) and add further to the role of the educator in addressing handwriting issues (McNamee & Patton, 2018). The intention of the training was for the occupational therapy students to provide the educators with a manageable and sustainable manner in which to address these concerns. Collaborative partnerships with educators in low quintile schools have improved the excellence of their teaching and reduced mental health issues (Zhai, Raver & Li-Grining, 2011). In TLC Primary however, the collaborative process did not materialise as planned and the 'tug of war' pursued. The inclusion of the training, without adequate initial preparation, acknowledgement and engagement of the educators, meant that the programme became an added element to their already loaded schedule. This fuelled the educators' apathy and disinterest in the training.

"Teachers are the product of the education systems they teach in. Where these systems are of low quality it is even more important for teachers to receive effective training and support throughout their careers. Teachers need to understand the content of the curriculum and be

able to communicate it to students of varying ability. In many countries, initial training is not good enough to develop these skills” (UNESCO Global Monitoring Report, 2010a, p. 118).

The three educators have a range of experience from six to eighteen years and have been teaching at TLC Primary for 6, 16 and 17 years respectively. While the educators had over the years acquired immense practical knowledge and regularly attend Western Cape Education Department workshops and short courses, they had not had the opportunity to complete their formal Grade R teaching certification. Attending teaching college allows individuals to engage with the theory of child development and pedagogy, which informs how they teach. Du Plessis (2016) expresses that the experiences of educators, when they were at the receiving end of how they were taught, becomes their own blueprint. This blueprint influences the way they are as actors in the classroom, as well as how they engage and communicate with colleagues. Fernandez (2014) states that practical experience gained over years of teaching is imperative as one draws on these experiences to teach effectively. The educators drew extensively on their practical and experiential knowledge to assist the learners with their handwriting challenges. They were consistent in using methods that had worked for them in the past. Due to numerous factors described prior, many South African learners are vulnerable and often need varied support for their handwriting difficulties. Educators can benefit from gaining additional knowledge to assist their learners. In the training the educators would have received further information relating to pre-handwriting skills such as correct pencil grip, letter formation and visual perceptual skills, required for handwriting (Annandale, 2019). This information would have built on their practice-informed pedagogy and helped them to incorporate different ways in which to support the learners and prepare them for the writing expectations of Grade 1. However, the educators' resistance to engage in the training prevented them from being open to learning about these different approaches and activities. For example, when referring to the colouring activity, they fixated on the picture, stating that they had their own pictures. They were not open to learning about the ways in which the colouring in activity used in the programme promoted the development of colouring in, via attention to proximal stability, grip and in-hand manipulation. Sharp and Titus (2016) describe how educators favour the use of a structured fine motor programme to develop specific guidelines, techniques, and competence in teaching

handwriting. Furthermore, Reeder et al. (2011) states that programmes can be used to effectively facilitate the remediation of handwriting problems in the classroom. This, however, could not be determined in the current research, due to the educators' lack of receptiveness to this additional theoretical knowledge. *Tugging to and fro* aimlessly, continued, and led to the educators losing out on learning to use a potentially valuable resource.

To address the many diverse barriers to learning, which learners' experience, all persons working in education need to not only rely on their practical experiences and experiential knowledge base, but also draw on knowledge from different sources to advance their professional development.

Lack of agency

Galvaan et al. (2015a) state that educators tend to remain silent, whether or not they agree with suggestions made or instructions given to them. This causes them to be "trapped in cycles of interaction" which can be to the detriment of the learners' performance (p. 285). In this study, the poor application of principles to establish a partnership had made it hard for educators to see the potential value of collaborating to implement the programme. In the focusgroups the educators voiced their frustrations about not having had the opportunity to give their permission and/or suggestions about the training. They felt that their input and expertise was not valued. Exclusion can lead to and acceptance threat and therefore hostility within the partnership, refusing access and not being open to participating (Schaafsma and Williams, 2012). The educators did not act on their unhappiness relating to the process, and accustomed to following instructions from the management team, they attended the sessions. The educators could have also felt reluctant to refuse participation, as they had recognised the positive impact of the school's relationship with the SII. Their frustrations manifested in a passive and disengaged stance in the training. This was difficult for students to adapt to due to the emerging nature of their professional development.

As guided by Hinds and Mortensen (2005), the clinical educator/researcher went to extralengths to ensure that the facilitator was of the same culture, same age bracket and home language as the participants to facilitate openness to conversing and sharing their experiences.

Despite these measures, the educators' passive and disengaged attitude persisted into the focus

groups. The educators would wait for the clinical educator and the focus group facilitator to be on site, before alerting them to the fact that they had another meeting to attend. These actions, discussed further in the next section, led to further cracks in the relationships.

Resistance to change and power play

“Change is a constant in both our professional and private lives. The idea that human beings naturally resist change is deeply embedded in our thinking about change” (Lorenzi 2000).

Bartholomew and Sandholtz (2009) describe one of the positive benefits of the school- university partnership as the creation of opportunities to facilitate change. Change is crucial and should not be regarded as a threat but rather as an opportunity. Human beings do not essentially resist change spontaneously, however many people resist having changes imposed on them (Lorenzi, 2000). The change of intervention approach and handing over of responsibility of the intervention to the educators led them to feel that the students were offloading their responsibility and adding to their workload by “*dumping*” their work onto them. They did not understand that the training was intended to share knowledge, partner with, and empower each other, important roles of occupational therapists working in an inclusive education system (Sunday et al., 2012).

Benson et al. (2016) describes how contrasting views between the educators and occupational therapists are fuelled by lack of insight into each other’s roles. Historically, occupational therapists working in schools see learners on an individual basis outside of the classroom environment with occasional engagement with the specific educator. Policy directives within Basic Education have called for a revision of this role which has changed to occupational therapists extending beyond the traditional ‘one-on-one’ treatment session with children with disabilities (Department of Education, 2001). They are therefore encouraged to incorporate educator support and empowerment, advocacy and policy development, multidisciplinary team collaboration and a more extended role into parent support and community development” (Sunday et al., 2012 p.5). The adoption of this new approach by the occupational therapy team should have been more systematically and inclusively introduced to the educators. It was difficult

for the educators at TLC Primary to transition to new ways of teaching due to being at the school for a long period of time as highlighted by Armstrong, 2009.

The students' prior interventions had led the educators to believe that occupational therapy was, and could only be a pull-out service, where learners were taken to a separate space for therapy sessions. The new approach presented within the training, represented co-teaching, during which educators and occupational therapy students collaborate and work in proximity towards a set goal and vision (Mills & Shaparro, 2018). The co-teaching approach was new to the educators and allowed for the integration of pre-handwriting skills which is prescribed for Grade R learners (Department of Basic Education, 2012). However, the educators preferred the traditional pull-out service, which they were more accustomed to. In learning institutions, staff members may think that the implementation of a programme will result in them losing their power or position within the class. The challenge of change can lead to educators reacting negatively with feelings of resistance on the one hand and powerlessness, frustration and indecisiveness on the other (Yılmaz & Kılıçoğlu, 2013). The proposed new ways of 'doing', introduced by the students appeared to evoke feelings of losing control of the classroom, on the part of the educators.

The offering of the rope in the form of the training was intended to share new ideas and skills for the opportunity of collaborative classroom-based interactions to transpire within the partnership. Mills and Shaparro (2018) assert that the implementation of shared interventions in classrooms assist educators in gaining new ideas of how to enable progress in school performance. Pizza (2014) suggests that, to use an integrated approach in the classroom requires all stakeholders to have a good knowledge of the curriculum, content, and pedagogy. Contextual and organizational barriers in school and health systems pose challenges to collaboration (McNamee & Patton, 2018). These barriers were present in the study and meant that the educators and occupational therapy students did not have sufficient opportunities to learn about how they could work together to complement their roles, causing further divide between the two teams.

“Power is often embedded within our backgrounds. While there might be an initial point of ownership or delegation of responsibility within the relationship, over time, as the relationship moves through thought, production and action the space becomes muddied.”

(Kohe & Collison, 2020, p.5)

The Grade R educators were unwavering in their stance that they considered themselves the trained experts in their classrooms. Due to them wanting to be respected for their expertise, they dug in their heels even further, and offered resistance, making numerous requests to change dates and times for both the training and focus groups as well as them insisting to use isiXhosa within the communication, even though they were fluent in English. The educators viewed UCT, and the role players connected to UCT as part of the previous political dispensation. English is seen as a colonial language and this was not considered by either the students, the clinical educator, or the researcher. Hence, English was utilised as the medium of communication when the programme was introduced, during the training of the educators and manual itself as a resource. The educators portrayed their power in resisting and being uncooperative throughout the process as they felt that the use of the colonial language was inappropriate, and their autonomy was compromised. In taking this powerful stance, they participated minimally within the training sessions and did not ask questions, even though one of the student facilitators was fluent in isiXhosa but she was still a student from UCT. Although, the researcher intuitively appointed an isiXhosa occupational therapist as the facilitator to carry out the focus groups on her behalf as she felt that it would aid the facilitation of open discussion and sharing of perspectives. The facilitator was fluent in both English and isiXhosa and she, herself an occupational therapist and researcher, who understood occupational therapy including fine motor develop, training and implementation of programmes as well as the research process. Notwithstanding that the facilitator was qualified in all aspects and was culturally on their level, the educators still dominated the space. To encourage openness and sharing, the focus group facilitator accommodated the participants' requests to speak isiXhosa intermittently. This giving of a little 'rope' enabled momentum in the focus groups and educators were more open to expressing their feelings about the training process, the fine motor programme, and the role of the students. The educators did not fully understand the

functions of the rope and they reacted by pulling tight to maintain power. The excess rope, which depicts the educators' years of experience, age, language, and permanency at the school, was used as leverage to pull away from the students. The educators resisted integrating their previously gained knowledge with that of the content presented in the training sessions. The educator who had possession of the programme files did not encourage or remind the other educators about the availability of this resource. The files could also often not be located. The non-optimal use of this resource fuelled further conflict (Barnett, 2015), manifesting as frustration, anger, and lack of trust between the educators and the occupational therapy students (Hinds & Mortensen, 2005). When the educators described the ways in which they could partner with the students, the recommendations were always about collaborating on their terms with the educators wanting the students to work according to their guidelines. Martin et al. (2011) portrays that power underlies all aspects of relationships, but to build quality relationships in an effective collaboration, fairness, and impartiality on the part of all the stakeholders needs to be present. In the next section, the various aspects discussed in the section above are integrated to reflect the flawed process of collaboration, which limited the training in, and implementation of the programme.

5.2.4 A flawed process of collaboration

"Coming together is a beginning. Keeping together is progress. Working together is success"

Henry Ford (Retrieved from www.peoriomagazines.com, 2020).

Teamwork and collaboration is key, especially when problems arise within a context, and all stakeholders must be able to work together amicably to address these problems (Nkhata, Breen, & Freimund, 2008). It was envisioned that the rope i.e., programme would be a possible solution to the handwriting challenges observed in the low quintile school, but the process by which relationships were formed to initiate, and extend on this collaboration was flawed, leading to tugging away from, instead of towards each other.

Each team met in their own demarcated area, where they strategized their game plan extensively regarding which weekly activities must be used and incorporated in their respective programmes.

The educators used their planning meetings to discuss their classroom activities. The occupational therapy students discussed the required on-site assessment and intervention plans inclusive of the training with the clinical educator and SII coordinator. This intensive discipline specific planning is so important but its value increases when all stakeholders come together to share how their inputs can contribute to the overall curriculum (Asher & Estes, 2016).

Hart, Bennett and O'Shaughnessy (2015) expresses that collective planning between all the stakeholders, although rewarding, is challenging as all involved need to share ideas and expertise to focus on achieving collective goals. The researcher's intention was to support the learners and the educators through the implementation of the fine motor programme, and she had drawn on evidence supporting the use of classroom-based programmes as a means of intervention to achieve positive academic outcomes for learners (Randall, 2018). However, throughout the process, the occupational therapy team neglected to consult extensively with the Grade R educators about the benefits of the programme and to establish a collective goal to implement the programme to explore its relevance and sustainability. The lack of investment in this collective planning was a downfall in the programme training and implementation process and contributed to the instability in the partnership.

Prior to the commencement of the implementation of the training, the clinical educator/researcher engaged with the students extensively to ensure that they included adult learning principles such as being practical, relevant, and allowing the educators to draw on their past experiences in the sessions. These principles motivate them to increase their knowledge base to become empowered and confident (Lieb & Goodlad, 2005). The students found benefit in these sessions as it was practical and relevant to the situation, and they felt motivated to present the training. However, the application of these principles in the training was not as effective as intended. In addition, they were not applied from the onset, as educators were not involved in the decision to implement the training.

Occupational therapists may not always view the educators as equals within the partnership and portray themselves as the experts bringing in programmes and new initiatives and innovations, often leading to a lack of communication (Orentlicher et al., 2014). Unfortunately, this may have been the perception that was created as the educators were not fully regarded

as adult learners and as collaborators as they were not called on to share their knowledge and experiences when making the decision to implement the training and programme. As a result, they viewed it to be something that was imposed on them, which caused them to be nonchalant with respect to their attendance and participation in the training, the implementation of the programme and focus group discussions. This flawed process meant that an inestimable opportunity to gain new knowledge and skills was missed by both the educators and the students.

The collaboration with the educators was thwarted by poor communication and insufficient attention given to developing and maintaining relationships and gaining the trust of the educators (Bazyk & Case-Smith, 2010). The educators responded by wanting the students to fit in with what they were doing, with minimal interest in what the students were presenting in the training.

To implement programmes successfully in schools, leadership, inclusive of encouragement and motivation, plays an essential role (Crooks et al., 2018). This allows the team to move with momentum and rhythm. If this is not present, the team becomes frustrated and may have difficulties with the implementation of their work. Various aspects of the leadership were absent which dismantled an intended process of collaboration.

The School Management Team did not sufficiently engage with all the educators following the decision to implement the programme. This meant that while the occupational therapy team wanted to reach the beacon in the centre, the educators resisted and then caved in, due to their lack of agency in response to their leaders.

The Grade R HOD had communicated that she would assume the position of driver on the educators' team and thus ensure that the implementation takes place as well as their attendance in the focus group sessions. This did not take place.

The SII coordinator was responsible for all the consultations with the students regarding the programme. As the person responsible for coordinating the practice of all DHRS students on site, the SII coordinator encouraged the students to reflect and ask questions. Her fulfilment of this role was challenged.

In hindsight, the process was not sustainable as there too many different role players were involved, which then meant that there was a lack of consistency, and information got lost in translation. A consistent person, such as the clinical educator, would have held all the information as a whole and kept everyone abreast of what was happening to ensure that critical issues could be attended to (Doyle & Cruickshank, 2012).

The impact of a team lies in assisting each other, communicating consistently, while contributing equally. Consistent and fair leadership and equal ownership in decision-making must thrive (Crooks et al., 2018). This was lacking in the collaborative processes of the current research. Throughout the process of the educator training and programme implementation, communication and role clarification were problems, which resulted in both teams pulling in different directions on the rope. Poor communication from the onset of this process persisted and this exacerbated the educators' reluctance to participate.

“Teamwork begins by building trust. And the only way to do that is to overcome our need for invulnerability”

Patrick Lencioni 2020

5.3 Conclusion to discussion

In this chapter the aim and objectives of the research were reflected on to discuss the findings, and highlight the specific factors, which impacted on the educators' experiences of the training and implementation of the classroom-based fine motor programme. The anchoring elements of partnership and collaboration were compromised and as a result the process was fraught with challenges. The theme *'Them and Us'* was discussed using the metaphors of *'Lifeline of support'* and *'Tug of war'*. The receipt of the rope and using it as a tool to promote the progress of the learners was missed due to fragmentations in; not initiating relationships to establish mutual trust and respect, continual investment in developing an understanding of each other's roles, and ineffective and inconsistent communication regarding the programme benefits and processes.

The programme did not stand a chance of being successful and sustainable due to the educators' resistance to and dominance within the process which is a consequence of the relational, personal,

and political struggles of the previous South African dispensation.

“Children are the priority. Change is the reality. Collaboration is the strategy”.

Anonymous

CHAPTER SIX CONCLUSION

In this chapter, I present the strengths and limitations as well as recommendations for practice, policy, and further research.

6.1 Strengths and Limitations

6.1.1 Strengths

- As far as the researcher is aware, this study is unique as it explores the experiences of South African educators, when implementing a classroom-based, fine motor programme.
- This study contributes to a paucity of research relating to educator and occupational therapy partnerships in the South African context. The use of a descriptive qualitative research design was thus appropriate to develop an emerging understanding of this concept.
- This research study has the potential to influence how the occupational therapists approach collaborative partnerships as the findings highlighted specific factors that occupational therapists need to attend to, to develop and sustain partnerships with educators.
- The culturally congruent focus group facilitator, who had a sound command of the home language of the participants, was able to navigate the educators' initial reluctance to engage in the focus groups and encourage their openness and sharing of perspectives.
- The study is relevant and adds value when new sites need to be acquired for practice learning as well as how to approach academic staff to gain buy in when implementing programmes.

6.1.2 Limitations

- The scope and time frame for data collection aligned with the conventions of a mini dissertation and as such multiple sources of data collection were not used. The researcher however acknowledges that in-depth interviews with the educators could have added further depth to the findings. In addition, prolonged engagement between the participants and the facilitator/researcher could have provided further insight into their perspectives.

- The research was only based at one school and as such the findings cannot be generalised to the greater educator population in the Cape Metropole.
- The use of other study designs, such as a qualitative case study, would have provided more insight, via the use of multiple data sources, about the contextual factors impacting the process of training and implementation.
- Due to situational factors, the time frame between the educator training and the implementation phase was too long. Ideally the two phases should have rather been executed in closer succession i.e., across two consecutive terms.
- The research process did not intend to be but was experienced as burdensome for the educators and this led to a lack of motivation to participate optimally in the training sessions and focus groups. This lack of motivation was a barrier to their understanding of the programme and their willingness to integrate and implement it as part of the classroom routine/programme. Hence the research question could not be answered.
- Although the facilitator reviewed the transcripts and the translation of the transcripts from isiXhosa into English, some of the meaning carried across from the participants could have been lost, as the researcher was not directly involved in collecting the data.
- The clinical educator/researcher's limited involvement in the educator training led to some inconsistencies in how the training was introduced to the educators and intended to be implemented, by the students. Reflections in hindsight indicated that she could have been further involved, given that she was not collecting the data. Despite this, the findings provided a realistic portrayal of what took place in context, when responsibilities for these tasks were shifted to other persons. This resulted in the fine motor classroom-based programme not being implemented or sustained by the educators at the low quintile primary school.
- Some of the objectives, specifically the supporting factors of the implementation as well as the factors supporting the curriculum outcomes and sustainability were not met as the educators did not implement the programme as was desired.

6.2 Recommendations

6.2.1 Recommendations for Practice

- Occupational therapists need to recognise that building relationships with all stakeholders are a key element of all collaborative processes. Mutual understanding and respect need to be the foundation of these relationships. Consultation needs to happen on entry at the school site to ensure that all stakeholders are aware of the roles and responsibilities to minimise role confusion and conflict.
- Buy in of all the various stakeholders is essential and the outcomes and programme needs to be discussed before commencing any training process. The educators should have been made aware of the benefits of the fine motor programme for the learners pre-handwriting skills, the impact on the activity planning time as well as the integration into the CAPS daily programme to ensure sustainability.
- The findings of this research uncovered that educator often feel undervalued and unsupported by various stakeholders. It is recommended that undergraduate programmes focus more extensively on developing the competence of occupational therapy students to engage with educators and to support them more effectively. Students should be more extensively supported to work with educators in ways that recognise their expertise, whilst also feeling confident to share their own knowledge and experiences. This will be very important during the initial phases of establishing the partnership.
- The current occupational therapy curriculum needs to focus more optimally on how to equip and empower students to interact respectfully with other professionals.
- The findings also revealed that the university based clinical educator must remain involved in all processes pertaining to the occupational therapy students at the school to support their

implementation of classroom-based, educator led interventions. In this study the clinical educator/researcher should have followed up more with the SII coordinator as well as the Grade R HOD to ensure that the programme was being implemented and sustained.

- There must be a continual investment in communication when aiming to develop collaborative partnerships and to implement programmes. Efforts should be made to ensure the relay of communicated decisions to all stakeholders i.e., in this case to the educators regarding the decision to implement the programme and to the clinical educator by the SII coordinator, regarding the challenges the students were experiencing during the educator training.

6.2.2 Policy Implications

- Clearly formulated agreements with school management must take place, assuring that there is an appointed liaison person, based at the school, who is experienced in and accountable for supporting students to develop partnerships with the educators during their practice learning placements.
- Further assistance must be given to educators to help them cope with their immense workload, and to support them to engage in professional development activities and complete their educational qualifications. This is important to ensure quality education for all as prescribed within the various education policies and the Constitution of South Africa.
- The Department of Basic Education should consider the creation of additional posts for school-based occupational therapists in low quintile public schools and/or increase the presence of occupational therapists on school-based support teams providing services to public schools.
- Further consideration should be given to integration of content as advised by the contributions of occupational therapists into the existing curriculum, to advance pre-handwriting skills programme in all Grade R classrooms.

6.2.3 Research

- The findings of this research have prompted the need for further research relating to the barriers and facilitators of collaborative partnerships between occupational therapists and educators within the South African context.
- The replication of this study in other low quintile schools, across diverse contexts in South Africa would allow for comparisons and uncover other factors impacting on the development of collaborative partnerships with educators. This would also build on the generalizability of the findings.
- A future study could employ an experimental research design to generate quantitative data comparing the impact of the programme on the handwriting performance of learners, to the traditional approach used by educators.

6.3. Concluding statement, reflection, and insights

The experiences conveyed by the educators at TLC Primary, revealed a lack of understanding of roles and responsibilities, which impacted on the overall acceptance of support from the occupational therapy students. These misunderstandings, further exacerbated by the lack of communication, consultation, and collaboration amongst the various stakeholders, created missed opportunities to work together in ways that could have advanced the occupational performance of the learners in handwriting. These hindrances compromised the 'buy in' from the educators and ultimately affected the implementation and sustainability of the classroom-based programme. Additionally, due to the various barriers to learning faced by the learners and other stakeholders, more support is required to overcome these challenges. Furthermore, the study highlighted the importance of pedagogical knowledge and professional development in the pursuit of making the academic journey for learners more meaningful and purposeful. The universities need to incorporate training and adult learning opportunities so that the students are more confident and efficient in facilitating sessions or consulting effectively with professionals or stakeholders who are more experienced in their field of work.

The study highlighted for me the investment required to initiate and sustain collaborative partnerships with all stakeholders if the intent is to achieve collective goals related to improving the academic progress of the learners. The study engagement gave me insight into the challenges in forming partnerships founded on trust, which allow for autonomy and spontaneous and consistent communication. It was clear that the participants in the low quintile school experienced powerlessness, workload pressure and lack of insight into the benefits of executing a structured pre-handwriting programme. An investment into establishing relationships is important as all stakeholders and partners in the learning environment should not be overlooked.

6.4 Dissemination of findings

The findings of this study will be disseminated in the following ways:

- The thesis will be made available through UCT open content e-theses repository.
- A meeting will be scheduled with the SII to share a summary of the findings with them and facilitate a discussion relating to the proposed recommendations. A hard copy of the thesis will also be provided to the SII.
- The student will endeavour to publish the findings in an accredited profession based or education journal and present the findings at relevant national and international conferences.
- The findings will be drawn on to inform advocacy campaigns for:
 - Educational and developmental opportunities for educators in low quintile schools
 - Extended representation of occupational therapy within all aspects in the Department of Basic Education at national, provincial and district level; with a specific focus on advocacy to increase posts for occupational therapists in mainstream public schools.
- Looking back at my roots of being a first-generation tertiary education graduate, my dream has always been to give back to the community I came from. To fulfil this dream, my vision is to open an inclusive centre specifically for Grade R learners for the vulnerable and disadvantaged society. My love, passion and dedication for child learning, development and play has influenced my desire to work within the foundation phase school system so that early identification and intervention can be timeously followed through. The opportunity will then be available to all divisions at DHRS for student practice and service-learning placements and research. Here the findings of this study will be sustained through the implementation of various programmes by students while on practice learning placement opportunities.

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APPENDICES

Appendix A: Draft WCED Letter for Permission to conduct study at TLC Primary



UNIVERSITY OF CAPE TOWN

Faculty of Health Sciences

Department of Health and Rehabilitation Sciences



Divisions of Communication Sciences and Disorders;
Nursing and Midwifery; Occupational Therapy;
Physiotherapy; Disability Studies

F45 Old Main Building, Groote Schuur
Hospital

Observatory, Cape Town, W Cape, 7925

Tel: +27 (0) 21 406 6401/ 6428/ 6628/ 6534

Fax: +27 (0) 21 406 6323

Addressed to: The Western Cape Department of Education

To Whom It May Concern:

This is a formal request for permission to conduct a study with the grade R educators at a low-income school in the Western Cape

The proposed main study aims to investigate the feasibility of educators being trained to facilitate a fine motor intervention to promote handwriting in grade R in a low-income school. There is well-documented evidence of fine motor difficulties in low-income learner groups and these difficulties place learners at great risk of handwriting difficulties and future academic failure. There are limited studies detailing what may be appropriate and possibly effective responses to these difficulties in a South African context. Internationally occupational therapy interventions have proven to be successful in addressing these concerns. This kind of group,

classroom-based intervention led by educators may relieve the cost burden on the South African state for educational and rehabilitation services.

The study will adhere strictly to ethical principles as outlined in the Declaration of Helsinki (Seoul version, 2008). Ethics approval has been obtained from the Faculty of Health Sciences Human Research Ethics Committee of the University of Cape Town (HREC Reference number 435/2018).

Informed consent sought before participation in the study. There will be no coercion of any form in order to gain participation from the study population and educators may withdraw from the study at any point in time, free of prejudice should they so wish. All personal information will be kept strictly confidential. The relevant school management personnel will be approached to seek consent to conduct this study following a positive response from the Western Cape Department of Education.

Please forward any question or concern you may have regarding this research to contact details furnished below.

Principal Investigator:

Shireen Damonse

Dmnshi001@myuct.ac.za

0733681119

Chairperson of the UCT faculty of Health Sciences Human Research Ethics Committee:

Professor Marc Blockman

021- 406 6496

Appendix B: Participant Information sheet

My name is Shireen Damonse and I would like to invite you to participate in a research project that aims to explore the educators' experiences when implementing a classroom based programme. Please take some time to read the information presented here, which will explain the details of this project and contact me if you require further explanation or clarification of any aspect of the study. The purpose of this study is to provide feedback on the feasibility for educators to implement a classroom based occupational therapy fine motor programme to promote handwriting within the CAPS curriculum.

Why is this study being done?

There are limited opportunities for children to access occupational therapy services in schools and services offered outside of the school to promote handwriting skills are costly. By training educators to implement a classroom based fine motor programme, there is the potential for a larger population of learners to receive early intervention to promote their fine motor skills.

Why are you being asked to take part?

You have been identified as an educator who is involved in teaching grade R learners, who has to use fine motor activities daily as part of the CAPS curriculum.

How many people will take part in the study?

All the grade R educators teaching at the school. It is therefore required that all participants maintain confidentiality as you are known to each other

What will be required of you?

Your participation will require that you participate in 4 x 2 hour training sessions over a two week period as well as participate in 2 x 45 minute focus group discussions in relation to the training received and the implementation of the programme.

How long will the study last?

This study will take place over a period of one school term.

What are the risks and discomforts of this study?

You may feel pressured to participate in this research since you are Grade R at the school. However, all educators will be treated fairly regardless of your decision to participate. A risk of this study is that as you identify challenges within the CAPS curriculum or context you may not be in a position where you are able to immediately act on those areas. However, the identification of the challenges will be documented in the study and used for further recommendations with the district-based support team to include as part of their servicedelivery to public schools.

Are there any benefits to you for being in the study?

Although no specific personal benefits will be gained, your participation will have an impact on your professional development in that you may acquire new information regarding elements in the programme and facilitation thereof which will be beneficial throughout your teaching career. The educators will receive a certificate of participation which could be included in their CV.

What other choices do you have?

You have the right to decline this invitation to participate in this study. Your decision to participate will be treated confidentially and your contribution will be anonymous.

What will happen when the study is over?

The information gained from this research will add to the overall body of knowledge on the educator's ability to facilitate a classroom-based programme. The findings of this study will also be published in academic texts and will be made available to your institution.

Will the results of the research be shared with you?

Yes, you will have full access to the final research study on completion.

Will you receive any reward for taking part in this study?

No monetary reward will be given.

Refreshments will be served at the focus group sessions

Contact Details

The research will be supervised by Dr. Pamela Gretschel and she can be contacted on 021 406 6739 or pam.gretschel@uct.ac.za. You are welcome to contact her if you have any queries.

If you have any complaint or query regarding your rights, welfare or any other aspect of this study, you may contact Professor Marc Blockman from the University of Cape Town Human Research Ethics Committee (HREC) on 021 406 6338.

If you have additional queries please call or email me.

Researcher	Phone Number	Email Address
Shireen Damonse	021 931 0444 0733681119	Shireen.damonse@uct.ac.za

This research has been approved by the HREC and its reference number is HREC 435/2018

Please indicate that you understand what is required of you and that you are willing to participate by signing the consent form on the following page.

UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences



Department of Health and Rehabilitation Sciences



Divisions of Communication Sciences and Disorders;
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Fax: +27 (0) 21 406 6323

Declaration by interviewee

I hereby agree to participate in the research: “Educators’ perspectives of the implementation of a classroom based, educator-led occupational therapy intervention for fine motor skills”

The purpose of the study has been explained to me and I have had all my questions answered. I understand what is expected of me and know that this is a research project whose purpose is not to be of personal benefit to me. I do not feel that I am forced to take part in this training and interview and I am doing so of my own free will. I have been informed that refusal to participate will not influence my practice and that my confidentiality will be always maintained.

I have received the telephone numbers of people to contact should I need to speak to someone about issues which may arise from my participation. In addition to the above I hereby agree to the audio recording of these interviews as well as the notes taken for the purpose of data capture. I understand that no personal identifying information will be released in any form. I understand that these recordings will be kept in a secure, locked environment and will be destroyed five years after data capture and analysis is complete.

Signed:

Participant

Date and place

APPENDIX D: Proposed timelines of the project

Table 4. Time schedule for research process

Phases of Research	Time Frame
Planning: Protocol and ethics submitted for clearance	4 months
Data collection	3 months
Analysis of Data: Compile and analyse data	3 months
Thesis write up	3 - 6 months October 2018 – February 2019 -

Table 5. Time schedule for data collection

Date	Event
May-June 2018	Training of educators
July 2018 (dependent on HREC UCT ethical review response)	Implementation of the intervention
Mid way through term 3 2018 (4 weeks after implementation of the intervention)	Focus group 1
End of term 3 2018 (8 weeks after implementation of the intervention)	Focus group 2

APPENDIX E: Provisional Focus Group Questions

Please allow me to thank you once again for agreeing to participate in this study. I will be recording the focus group so that I can have a record of what was said. My assistant will take notes during the group to assist in capturing verbatim responses. This focus group will then be transcribed into a word document, and I will bring it along to our follow up interview to ensure that I have captured what was said correctly. All the information you share with the facilitator is confidential, and my supervisor and I will be the only people accessing this recording. I will be posing the following questions to you in relation to the training educators received and implementation of the intervention:

The questions generated below have been based on the four elements of clinical utility, that is appropriateness, accessibility, acceptability and practicality, which may affect their perspectives of the intervention (Smart, 2006)

Question: Please tell me what were the challenges experienced during the implementation of the programme thus far? Prompt them to be specific

Question: Were these challenges foreseen during the training and is there anyway that this could have been overcome?

Question: Were the resources required for the implementation accessible or did it have unforeseen cost implications?

Question: How were you supported during the implementation process regarding assistance from other staff or the school and do you think it was adequate?

Question: Are the components of fine motor skills in the programme in line with what is required within the Grade R CAPS outcomes?

Question: Are the requirements of the programme practical to implement within your current classroom?

Question: Do you think it is necessary to put specific support structures in place?

Question: Do you think that there is a possibility of sustaining this programme throughout the year? Prompt for further input as required

Question: Is such a programme suitable to present as part of or in conjunction with the CAPS curriculum?

Question: Do you see this programme as an asset within your classroom?

In conclusion, do you have any questions you would like to ask me?

APPENDIX F: WCED CONSENT FOR RESEARCH LETTER

Audrey.wyngaard@westerncape.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20181121–8973

ENQUIRIES: Dr A T Wyngaard

Mrs Shireen Damonse
Faculty of Health Sciences UCT
F45 Old Main Building, Groote Schuur Hospital
Observatory
7925

Dear Mrs Shireen Damonse

RESEARCH PROPOSAL: EDUCATORS' PERSPECTIVES OF THE IMPLEMENTATION OF A CLASSROOM BASED EDUCATOR LED OCCUPATIONAL THERAPY INTERVENTION FOR FINE MOTOR SKILLS

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. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **14 January 2019 till 26 April 2019**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. 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?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.

10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. 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

Directorate: Research

DATE: 22 November 2018

APPENDIX G: Fine Motor Training Programme

WEEK 1

Thursday

What is the programme?

A fine motor and pre-handwriting skills development programme, which aims to prepare Grade R students for Grade 1. It is an interactive programme, not just a collection of worksheets for the students to do.

Goals of training?

To equip the teachers with the necessary skills needed to implement the programme in their classrooms.

The programme structures?

1. Brief story telling session (related to the Monkey and the Activity)
 - a. Teacher to plan story beforehand
2. Main Activity
3. Skill Building Activity (time-dependent)

Example of a lesson plan & explaining each section

Print 4x copies of Lesson 1: Muggle & the Ladybird

Why tell stories in a fine motor group?

- Using the stories to engage the children is critical
- Suggestion 5-7minutes
- Your skills as a story teller will determine how much the children participate and engage in the activity
- It is important that the Story links to the Main Activity
- We'll practice this in the training (each will get at least one turn to for story telling)

Name the Monkey

Brainstorm ideas for the name of the Monkey (main character) used in all the stories

Create a “personality” mind map

The Just-Right Challenge

Activities that are not too easy (easy activities become boring);

BUT not too difficult (difficult activities are frustrating and disengaging)

Activity: Origami

- Teachers should create a plane with step-by-step help (easy)
- Teachers should create a boat without help (difficult)
- What was your experience creating a plane?
- What was your experience creating a boat?

Just-Right Challenge aims to develop the child’s skills, but not discourage them/make them give up

Reflect on the activity

Did some find it easier/more difficult than others?

- Just-right challenge doesn’t “look” the same for each learner
- Different groups 7 different skills
- Some children will complete the activity quickly and easily, while others will struggle and fall behind
- “How” the task is done is more important than the end product

Important to remember

Mastering the skills takes time (often 2-3 sessions)

If all the students are easily mastering the skill on their first try: the “just-right challenge” has been missed

Allow time for students to practice the skills BEFORE deciding that it is too difficult

WEEK 2

Energiser: Hand clapping

How to sit at a desk/chair?



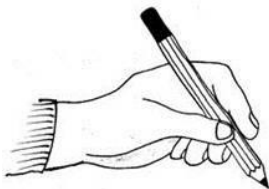
- Facing forward; back against the backrest
- Hips, knees, ankles at 90°
- Feet flat on the floor
- Elbows resting on the table

Activity: Analyse writing positions

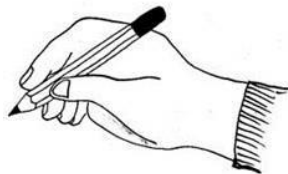
Teachers should copy a sentence off the board & analyse positions of their own bodies in relation to the desk

- Forearm
- Wrist
- Paper (“crocodile mouth”)
 - RH: right corner at the top/children “pull” upwards
 - LH: left corner at the top/ children “push” downwards
- Pencil grip
 - Tripod grip

*Visual of Pencil Grip
Left-Handed*



*Visual of Pencil Grip
Right-Handed*



Activity: Finger Puppets

Prepare material for puppets – bring paper, glue, colour paper & scissors

Introduce “The-Three-Friends”

- Can be used as a tool in class to teach children about “The-Three-Friends”

Hand Preference

Choosing to do activities/tasks with one hand rather than the other

- Working hand is the preferred hand (dominant hand)
- Helping hand is the assist hand (non-dominant hand), which is also the stabilising hand

What happens when we don't have hand preference?

- Swopping hands during an activity/task
- Not crossing the midline (“centre of body”)

Managing undecided hand preference in groups

- Placing activities/tasks in the child's midline
- Allowing the child time to choose a hand to use
- Encouraging consist use of the preferred hand
 - Not swopping hands during an activity/task)

Thursday

Energiser: Zip, Zap, Boing

Activity: Finger Puppets

Make finger puppets

Introduce “The-Three-Friends”

- Can be used as a tool in class to teach children about “The-Three-Friends”

Refined Finger Movements

Small finger movements (not the whole-hand movement), which is important for developing handwriting skills

Print 4x p.82

Activity: Story telling Zee & the tree

Activity: Spirals

- Start with “Crocodile Mouth”
- Rest hand on page
- *Create spirals by starting in the middle and working outwards*
- Concentrate on only using finger movements (bend-stretch fingers); do not use wrist/hand/arm
- Complete clockwise & anti-clockwise
- Allowed to reposition hand between different spirals
- Notice pencil grip

Activity: Block Colouring

- Start with “Crocodile Mouth”
- Rest hand on page
- *Colour in small blocks by starting at the top of the block (use up/down motion; not right/left)*
- Concentrate on only using finger movements (bend-stretch fingers); do not use wrist/hand/arm
- Allowed to reposition hand between different blocks
- Notice pencil grip

Note: encourage colouring-in in one direction

Letter Formation

The goal for letter formation (& handwriting) is for it to become automatic. Frequency (repetition) and method (see below) of teaching is critical.

- Build a letter (e.g. playdough, glue/sand, buttons etc.)
- Sand pit
- Air letters
- Rainbow letters
- Finger trace
- Dotted lines/letter tracing with pencil
- More?

Introduce the doughnut

- Where to “start” the letter
- Consider directionality

Week 3

Tuesday and Thursday

Energiser: Zip, Zap, Boing

Recap: the three friends

Refined Finger Movements

Small finger movements (not the whole-hand movement), which is important for developing handwriting skills

Print 4x p.82

Activity: Spirals

- Start with “Crocodile Mouth”
- Rest hand on page
- *Create spirals by starting in the middle and working outwards*
- Concentrate on only using finger movements (bend-stretch fingers); do not use wrist/hand/arm
- Complete clockwise & anti-clockwise
- Allowed to reposition hand between different spirals
- Notice pencil grip

Activity: Block Colouring

- Start with “Crocodile Mouth”
- Rest hand on page
- *Colour in small blocks by starting at the top of the block (use up/down motion; not right/left)*
- Concentrate on only using finger movements (bend-stretch fingers); do not use wrist/hand/arm
- Allowed to reposition hand between different blocks
- Notice pencil grip

Note: encourage colouring-in in one direction

Paper tearing

- Use “The-Three-Friends” to “pinch” and tear small pieces of paper

Using a ruler (tear/draw lines)

Uses both the working hand and the helping hand

- Use the “Crocodile Mouth”
- Hold the ruler with the helping hand to keep it still
- Use the working hand to tear the page against the ruler or draw a line against the ruler
- Draw horizontal, vertical and diagonal lines
- 3-4 lessons to master skill

Activity: Rolling paper strips around a pencil

Developing the use of “The-Three-Friends” working together (one hand & both hands)

- Place the paper strip 90° to the child’s body
- Place the pencil parallel to the table edge
- Using “The-Three-Friends”, roll the pencil away from the child’s body

Print p.97

Activity: Scrunchies

“The-Three-Friends” meet together

- Use both hands to crumple the newspaper/playdough into a small ball
- Only use your working hand to roll the paper further

Bowties

Make example during the group session using ‘the three friends’

Letter Formation

The goal for letter formation (& handwriting) is for it to become automatic. Frequency (repetition) and method (see below) of teaching is critical.

- Build a letter (e.g. playdough, glue/sand, buttons etc.)
- Sand pit
- Air letters
- Rainbow letters
- Finger trace
- Dotted lines/letter tracing with pencil
- More?

Introduce the doughnut

Where to “start” the letter

Consider directionality

Scissors use

Beginner – thumb through upper loop, index and middle finger through lower loop

Developing – mature grasp, thumb in the upper loop, middle finger in the lower loop, index finger place out in front of the lower loop



Avoid – index finger alone in the lower loop

Cutting (tips)

- Remember hand preference & consistency
- See to it that the child uses the correct grasp before handing out paper
- Consider left hand cutting

- Right handers always cut to the right-hand side of the object/line
- Left handers always cut to the left-hand side of the object/line

Paper Folding

- Regularly check the orientation of the child's page
- Demonstrate by folding step by step with the children
- Remember the "just right challenge"

Gluing

Uses both the working hand and the helping hand

- Hold the paper with the helping hand to keep it still
- Use the working hand to apply glue

Week 4

Tuesday and Thursday

Print 2 lesson plans (5 & 16)

Practice story-telling of lesson 5 & lesson 16

- *Teacher to be guided in thinking about how the topic, activity and story can be linked to get the children involved and excited to participate in the activity (trainers)*

Teach the lesson plan and activity to the rest of the group

- Start by telling the story related to the activity (e.g. Making a Zee friend)
- Ensure that you understand what is required of you during the session (what are we making and what is the steps)
- Go through all the activity-instructions boxes
- *Guidance given in how to understand a lesson plan (trainers)*

Week 5

Tuesday and Thursday

1. How To Implement A Lesson?
Teachers need more time to practice their skills
Including how to search for a lesson, how to search for and gather all equipment/ materials/ worksheets, story-telling & implementation
2. Classroom Management/Room Setup
E.g. not distributing materials before the children are ready to start the activity (i.e. only after story-telling) or nominating learners to help clean up/distribute resources etc. throughout the session (see page. 11 in programme)
3. Resource changes & Programme vocabulary
Making use of materials/resources on-hand, e.g. using newspaper instead of tissue paper

Some vocab/resources in programme can be ignored (e.g. octoglider, specific scissors etc.)
4. Consolidation & Questions

APPENDIX H: EXCERPT OF PERSONAL REFLECTIVE JOURNAL

DMNSHI001

2 February 2018

Corrections completed. Revised protocol handed in. Feeling so relieved. Something to tick off my list. Although everybody says that this is a cumbersome process and the wait for feedback is sometimes very long, I hope that I will be the exception to the rule. At least Elelwani and Christine's feedback was doable and their comments were more questions of clarity. So now its hand in and off to ethics for review.

6 February 2018

I feel that every time we enter the school for a practice learning block I have to reintroduce occupational therapy, what we can do, how it will benefit the learners, what strategies we are going to use and defining the students' role within the CAPS curriculum. The frustrating part is that every time is like the first time that they hear it. Consultations happen timeously before each block so why don't they communicate if they don't understand

14 March 2018

Oh no ... it's been reviewed internally again. That's odd. I don't know how this landed on Gillian's desk Now she has so many comments and it seems as if she does not understand that it's not about the programme but about the experiences of the implementation. Interesting that she could not understand the title the way I did. This really put a damper on the process and my level of motivation dropped. I realise that Gillian is the fine motor person at physio and that is why she is probably interpreting that the research or the title is speaking to programme evaluation.

April 2018

Reflecting on my meeting with xxx (deputy principal) I find that the school is more than open to having our students at the site but practically there is always a problem of gaining access into the classroom for observation and thereafter to remove learners from the class for assessment and intervention. Another obstacle is that educators are always too busy or too tired to meet with stakeholders to plan and explain what the role of the students and their site - specific objectives. This does not make sense that after all the negotiations as suddenly it feels like a door closed in our face. This frustrates me to no end as I put in so much effort and time outside of my supervision hours.

8 May 2018

After chatting with the SII coordinator she conveyed that the students were having a rough time in the sessions as the educators just sat in and participated minimally and they found it stressful and discouraging and impacted on how they felt about their ability in facilitation

July 2018

Eventually my protocol and rebuttal documents have made it to ethics. I don't know how to feel. Fearing the unknown, everything is so new to me. They said this was the hardest part, getting ethics approval, so let's see what happens now.

August 2018

Another long wait. Other students who handed proposals to ethics after I did, they have already received approval but for some reason I have not heard anything. I need to follow up on this. Feels like forever. The students have already done the training with the educators in the previous block and that didn't go too well from what I understand. Xxx (SII co-ordinator) will have to step it up when she does consolidation of these sessions later in the year.

20 September 2018

Today I chatted to my supervisor at our staff meeting and she had also not heard anything about my ethics submission yet. This is so frustrating! I then decided to go down to the research office and find out what the problem is. Apparently, they did not receive my protocol and rebuttal after the second internal review. This is now six weeks after my hand in, and 7 months after starting the process. I immediately contacted DHRS PG admin who swore high and low that it was handed in. Be that as it may I was the one left hanging and feeling depleted. The research office administration clerk, was so helpful and she supported me by allowing me to email the final version of my reviewed protocol to her so that she could get the review expedited.

8 October 2018

Today I received a birthday gift Yayyy!!!! My ethical approval has arrived. I immediately sent off the letter to WCED to request permission for the research at the school, TLC Primary to be undertaken.

Bummer ... Mrs Wyngaard from WCED has informed me that no research can take place in the last term of the school year. Well I suppose it's a fresh start in 2019 for me then!

18 November 2018

My letter has arrived from WCED granting permission for the research.

26 November 2018

I was feeling very frustrated at this stage [when explaining to the educators the purpose of the research and requiring consent from them] of the research project as the educators were constantly not aware of being trained and always looking for the manuals which contained the programme instructions and worksheets.

20 January 2019

I met with xxx today as the deputy principal advised me that she was the Grade R HOD. She was not happy that the research project was not discussed with her but nonetheless agreed to ensure that implementation of the programme in the Grade R classes would happen as of Monday. What stood out for me was how the school had chosen the Grade R and Grade 2 HOD as the same person. To me it would have made sense to have the Grade R and Grade 1 HOD as the same person for continuity from one grade to the next.

The Grade R educators once again did not know what programme or files I was talking about when I communicated to them that implementation was to happen as of the Monday. I was frustrated but had to ask for the files (which was with the one educator beneath a pile of books) and show them what was desired.

4 February 2019

Today I asked my 4th year students to be there for the Grade R educators, to assist if they had any questions about the programme or was struggling to understand terminology or aspects of the activities. I also told the Grade R educators that the OT students will be available to assist should they desire this.

April 2019

What a day this has been! After cancelling the previous focus group session to accommodate the educators, today the educators once again dragged their feet in coming to the library. XXXX makes a concerted effort to come as early as possible to make sure that everything is set up and that she is prepared. I feel embarrassed that we are wasting her time each and every time. Today also allowed me the opportunity to speak to Mrs Deputy Principal and question why the educators were so reluctant. The one thing that stood out was that she expressed that the educators were not formally trained at a college and it seemed that they were not confident in being questioned. They also took the questioning very personally, not understanding that the programme was not about them but rather the viability of using a programme in the classroom. It is always refreshing to speak to someone that understands the value of OT and is in our corner.

July 2019

Listening to what is being said angers me. To me it feels like the educators are not being honest and that they purposefully confusing the work the two different groups of students did with them and their learners. At no stage was the grade R learners taken for individual or group therapy, so I don't know where they get that from. I take my hat off to xxx (Facilitator) as from the audio and video data that she took her time and effort to explain why she was there and giving them a hearing, clarifying over and over to make sure that she got things right. Thank goodness that ethics encouraged me not to be part of the data collection process as I would never have been able to keep my cool listening what was being said.

APPENDIX I: EXCERPT OF FOCUS GROUP TRANSCRIPTION

DMNSHI001

Facilitator – We need to talk English. I am also trying to confirm if you really did receive training

Educator Z – what I know from my side, those students, they were entered in a class and they support the child how to sit and support the child. They didn't know what we are doing in xhosa but they did know when they see us making a drawing, they support the child in that drawing, that's all I know.

Educator Y – what was your question?

Facilitator – which question

Educator Y – first question

Facilitator – What do you say ? I want to know if you are aware of this so that we are on the same page it's not a question but I want to get confirmation

Educator Y- I know nothing about training but they were in the class to support us , it was not clear the activities done by them in class were regarded as the training because they did not clearly explain to

Facilitator - Yes the activities is your training and that's how I'm going to refer to them throughout

Educator Y – training, the problem is the training, I don't understand the training but when they were there in the class they did not clearly explain to us , so we didn't know training but yes we did receive it

Facilitator – We all on the same page , training is the activities

Facilitator – The things they were doing was the training

Educator Z – interrupting in the class

Facilitator – Maybe it was a miscommunication

Educator Z – It was the word

Educator X – Maybe it's the word. They called us after that we just had a small meeting which they explained the activities to us

Facilitator – **disrupting for** so those activities

Educator X – so we did not know that was a training but we knew that we had a meeting with them so they explained the roles and then the other one came ready. The other person just came to ask if they sat with us.

Facilitator – okay, okay

Educator Z – Are we clear

Facilitator - you got the training part. It was not clear because it was activities that they explained to you to be with the children and there was a follow up of somebody coming to confirm but this training activities will really happen.

Educator Z – this is a training

Facilitator – Okay, let's take it as if it was a training course activities. The training was activities that were taught by the students. Please tell me what was the challenges experienced during the implementation of this program

Educator X - okay

Educator Y – I don't want to lie, on my side they were just, even doing the activity, they didn't tell me about the sitting, they didn't tell me about anything even during the activity

Facilitator – So what activity?

Educator Z – they help those children who are doing the activity

Facilitator – Ziyanda says that There was a meeting that was called and there was activities that was explained to you, those that you can remember If I heard you correctly just say yes, tell me

Educator X – those activities, if I could remember, could be those activities that maybe you , it's with the story, the story time with the monkey or something

Facilitator – story, okay, any activity? Story telling?

Educator X - mmm, or which you could use it to colour in or you complete some of those activities.

Facilitator – colour in or complete what?

Educator X – Is that you complete it in the whole or maybe there is a picture of an animal so you complete the picture

Facilitator – complete, convert the picture?

Educator Y – You should have told us about this so that we can go to our books and check because now I have forgotten the activities but I do know them

Facilitator – So, You have a clue that these activities did happen

Educator X – they did explain to us, then we, in our own understanding they will come and they will try to slot in our daily program so we thinking maybe they will come again to implement because they were showing us the activities and we understood

Facilitator – so what stops you from doing it when you have all these things and you know them what stops you doing

Educator Y – actually we have our own activities, we did have activities, we adding their activities to our activities.

APPENDIX J: Excerpt from SII Co-ordinator Interview

I remember the students explaining that the teachers are actually interested in something like that.

But after the initial meeting the teachers interest started dwindling and the students complained as they were denied access to do a contextual assessment and felt resistance from the teachers when wanting to enter the classes, mmmm, at the same time being weary because their schedules are already full and the teachers thought it was something completely separate from the curriculum and I know that was a big part where I had to step in and you in terms of explaining it is part and parcel of the curriculum its taking everything they need to do with the children anyway and mmm putting it in a set programme.

Mmmm ... that is more OT related coz I mean it covers everything and it's run by teachers but just make sure that all fine motor development is included in the general topics of the curriculum.

I remember the initial meetings going well with teachers engaging with the learners but I remember from the third day of training teachers starting to either lose control or, I mean not lose control, lose interest because their own schedule had become busier and that time of the year where marks and things like that were needing to go in and people were coming to the school to evaluate the school. I know there a lot of difficulty around that, and scheduling and I remember that was a lot of negotiating around that by both myself and the students.

Aah and I think especially at the end of the second term I think there was a lot of things that had to be handed over aah for the third block of students to do.

I think ... I'm trying to remember there was drama around the students not coming back, I don't know if it was strikes or student protests or what happened but also, I know wasn't it thesis time as well and students aren't usually there.

And in the third term and I know I had to do There were two chapters or modules in the program that they didn't . The one was cutting; I can't remember the third one that I had to do with them. Sorry the students did do with them I just had to go over a few things.

I definitely walked in and them looking completely confused as to what the module was and what we were talking about. I remember also having difficulty meeting with the teachers and I think I was only able to meet with them twice or something like that and it was a constant thing of me setting up meetings and them forgetting that they had a previous meeting or coming for the set meeting then actually not having enough time so us having to reschedule ... mmm and I remember the first meeting I had with them they seemed to have a good understanding of what the thing was and they were able to tell me a bit about what the students had told them. So, I remember feeling positive about that, but I think the trouble came after that coz I think the next follow up meeting after that was only like the last week of the term. It was the only time I was actually able to get them being like you can speak to us, but we are busy and not paying a lot of attention to me and at that point there was something about they didn't actually know where the manual was so all I had with me was the material that you had emailed to me. But then I know one of the instructions from me afterwards was to them to please look for the manual and then next term let me know what they didn't understand.

APPENDIX J: BUDGET

Stage 1	Stage 2
Development of questionnaires	Interviews / focus groups
Printing of questionnaires	Transcription of interviews / focus groups
	Training of educators
	Printing of reproducible parts of programme
	Purchase of programme materials/resources
	Printing of questions
	Travel expenses – petrol
Stage I Total	Stage II Total
	R50000
Overall Total	