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The challenges faced by school-based role-players in the implementation of SIAS: A comparative study.

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Research Report Submitted for the Degree:

Master's in Education by Coursework

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DECLARATION

Title: The challenges faced by school-based role-players in the implementation of SIAS: A comparative study.

I declare that this research report is my independent and original research work. It is submitted to meet the submission requirements for the degree of MEd by course work in Inclusive Education at the University of the Witwatersrand, Johannesburg. The work has not been submitted elsewhere for any educational qualification at any other University.

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Date: 03/04/2024

ABSTRACT

The policy on Screening, Identification, Assessment and Support (SIAS) (DoE, 2014) is an inclusive policy enacted at school level which is designed to support inclusive education imperatives of Education White Paper 6 (DoE, 2001). The effective implementation of SIAS correlates with successful provisioning for learner support to enable access to quality education for all. However, it appears that there are multiple challenges experienced by school-based role-players to the implementation of the SIAS policy in schools, hindering it from achieving intended outcomes. Although limited research on challenges to SIAS implementation is available, a disjunct between policy and policy implementation is evident in literature regarding other inclusive education policy implementation in South Africa, setting the expectation that the SIAS policy is no different.

This qualitative research study used a comparative case study design to determine the challenges to SIAS policy implementation experienced by school-based role-players at one mainstream school and one Learners with Special Educational Needs (LSEN) school in Gauteng. Participant perceptions, collected through the use of focus group interviews and open-ended questionnaires, were analysed using thematic content analysis in order to understand common challenges, as well as to identify challenges that were unique within each school context. The theoretical framework used the medical model of disability and the social model of disability as a lens through which to view the SIAS policy.

The study findings demonstrate a complex interplay between the social and medical models of disability in how they inform teachers perceptions- and subsequent implementation- of the SIAS policy as a challenge to its enactment. Additionally, findings highlighted challenges with teacher perspectives and understandings of inclusion and the purpose of the SIAS policy, training and support of teachers and School Based Support Teams (SBSTs), communication and support amongst stakeholders, relationships and collaboration amongst stakeholders, form completion and documentation, variations in implementation procedures, class sizes and human resources, and policy incongruence with other policies.

At present, there is a gap in available literature on the implementation of the SIAS policy as current literature tends to focus on the challenges experienced by District Based Support Teams (DBSTs). This study positions itself to address this gap by focussing on challenges faced by SBSTs and teachers themselves. Furthermore, this study expands on understandings of challenges to inclusive policy implementation. In doing so, the recommendations made intend to improve aspects of SIAS policy implementation in order to better support inclusive education imperatives and to secure more efficient and effective support for learners at the school level to ensure quality and equitable education is an accessible reality.

DEDICATION

I would like to dedicate this research report to my family.

The Van der-clan and the Iturraldes.

“Families are the compass that guides us. They are the inspiration to reach great heights, and our comfort when we occasionally falter.” — Brad Henry

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LIST OF ABBREVIATIONS

Various abbreviations which are used throughout this research report are clarified in the table below.

Table 1

List of abbreviations

Abbreviations and acronyms	Definition
CAPS	Curriculum and Assessment Policy Statement
DBE	Department of Education
DBST	District Based Support Team
DHET	Department of Higher Education and Training
FSS	Full-Service School
HOD	Head of Department
HREC	Human Research Ethics Committee
ISP	Individual Support Plan
ITE	Initial Teacher Education
LSEN	Learners with Special Educational Needs
LTSM	Learning and Teaching Support Material
MRTEQ	Minimum Requirements for Teacher Qualifications
NCS	National Curriculum Statement
NCSNET	National Commission on Special Needs Education and Training
NCSS	National Committee for Support Services
NPPPPR	The National Policy Pertaining to the Programme and Promotion Requirements

SBST	School Based Support Team
SIAS	The policy in Screening, Identification, Assessment and Support
SMT	School Management Team
SNA	Support Needs Assessment
SSRC	Special School as Resource Centre

CHAPTER 1 CONTEXT AND RATIONALE FOR THE STUDY

1.1 INTRODUCTION

South African inclusive education policies have been commended for being well written and aligned with global trends, however the same cannot be stated with regards to their implementation, which is described in literature as being poor and ineffective for a number of reasons (Donohue & Bornman, 2014; Engelbrecht et al., 2015; Engelbrecht et al., 2016; Makhalamele & Nel, 2015; Makoelle, 2014).Some of the reasons identified in the literature for ineffective implementation include a lack of authoritative direction and policy ambiguity (Donohue & Bornman, 2014), teacher attitudes towards inclusion and transformation (Engelbrecht et al., 2015), and systemic barriers, lack of support, and personal policy interpretations (Engelbrecht et al., 2016), amongst others. The policy ambiguity referred to here is multifaceted, pointing firstly to Education White Paper 6 (DoE, 2001) and its lack of overtly stated goals and lack of specificity regarding the means through which they can be achieved. This acts as a factor hindering inclusive education implementation in general. Secondly, ambiguity refers to an internal lack of coherence between the Policy on Screening, Identification, Assessment and Support (SIAS) (DoE, 2014) itself and other policy documents related to inclusive education, such as Education White Paper 6 which very much positions that all learners should be educated together as far as possible, whereas the SIAS policy positions itself from more of a diagnostic and referral perspective. These two positions lead to uncertainty which may affect SIAS policy implementation at the school level. The SIAS policy one of the policies subsequent to Education White Paper 6 and the drive to enact inclusive education in South African schools, is the primary policy outlining and guiding the process for the identification of barriers to learning and the provisioning for learner support at the school level. With the knowledge that there are policy implementation challenges that have been identified in the implementation of inclusive policies such as Education White Paper 6, one can anticipate that even though there is limited research, SIAS policy implementation will be no different. This research report aims to outline the specifics of a qualitative research project which looked to investigate the

challenges experienced by teachers, foundation phase departmental heads and school-based support teams in the implementation of the SIAS policy, in order to identify strategic solutions to commonly experienced challenges, to understand SIAS policy implementation at the school level, and to make recommendations to improve learner support provisioning through appropriate SIAS policy implementation strategies, thereby contributing to the narrowing of the gap between policy and policy implementation. This first chapter aims to contextualise the research study, defining its relevance, necessity and intended purpose, as well as setting the research questions and offering a basic overview of the chapter structure of the report.

1.2 BACKGROUND TO THE STUDY

Prior to democratisation in 1994, South Africa was under the rule of an Apartheid government, with an unequal and segregated mainstream- and special- education system a reflection of the social injustices experienced by non-white citizens, and the disabled alike. Education for non-whites was grossly underfunded and under resourced (Donohue & Bornman, 2014), with these issues compounding in the education provisioning for learners with special educational needs, and worse still for non-white learners with special educational needs (Landsberg, 2011). The advent of a new democracy in 1994 and the adoption of the Constitution in 1996 brought about a need for a reformed education system which aimed to redress the historical injustices experienced by marginalised groups and resulted in the development of a legislative and policy framework aligned to the principles of the new democracy (du Plessis, 2013).

The foundation for inclusive education policy and legislature in South Africa was laid with the enactment of the National Educational Policy Act of 1996 and White Paper 1 (The White Paper on Education and Training in a Democratic South Africa) (1995) which restructured the education system through the introduction of national and provincial education departments, and The South African Schools Act of 1996 which introduced human rights and democracy into schools. These three frameworks, alongside the Integrated National Disability Strategy (1997), effected a major paradigm shift in the way disability is viewed, from a medical deficit model

of diagnosis and treatment to a social model which recognises that the diversity of learner needs could be both systemic and/or medical (Engelbrecht et al., 2016; Landsberg, 2011). A report (DoE, 1997) developed by the National Commission on Special Needs Education and Training and the National Committee for Support Services reinforced this paradigm shift, elaborating on the practical implementation of the social model, providing a better understanding of what may constitute barriers to learning in a South African context (Engelbrecht et al., 2016; Landsberg, 2011). In addition, the report (DoE, 1997) also recommended that the term *special needs* be revised to *barriers to learning and development* to account for the diverse range of educational and environmental needs of learners, and systemic factors that may contribute to learning barriers, as the term 'special needs' had a sole focus on disability (Engelbrecht et al., 2016). These shifts were aligned to international conventions at the time, with the signing of the Salamanca Statement and Framework for Action on Special Needs Education in 1994, which establishes education as a basic human right, acknowledges learner diversity and the diversity of learner needs and therefore asserts that education systems and programmes should accommodate for diversity in regular schools, contending for the combatting of discrimination and a change of societal attitudes towards difference, and the adoption of an inclusive orientation through which education for all can be achieved (du Plessis, 2013; Landsberg, 2011; UNESCO, 1994).

Informed by these national and international reports, policies, and frameworks, the South African government introduced Education White Paper 6: Special Needs Education–Building an Inclusive Education and Training System (DoE, 2001), which would serve as the guiding policy document for inclusive education in South Africa, and aimed to establish an inclusive education system that would accommodate all learners, including those with intrinsic and extrinsic barriers to learning, within mainstream schooling as far as reasonably practical (Engelbrecht et al., 2015). Education White Paper 6 stipulated varying levels of support structures within the education system and distinguished between various degrees of support required by learners, which would aid in determining the best placement for them; either in a mainstream-, full-service-, or special-school (DoE, 2001), which still aligns with the medical deficit model. According to Education White Paper 6 (DoE, 2001), these different school types serve different functions, with

mainstream schools provisioning education in a traditional manner for learners that require low levels of support, full-service schools which are equipped and resourced to expand education access, and provision within neighbourhood schools for learners experiencing barriers to learning and disabilities with moderate support needs, and special schools, which are specifically equipped to educate learners with barriers to learning and disabilities that require high levels of support.

This history and policy framework is considered and acknowledged in this study, with data collection occurring at one mainstream school situated in a lower income urban area in Pretoria, which serves the direct community. The one special school selected is situated in the same lower income urban area in Pretoria, however, serves a community of children with a specific disability, providing hostel accommodation to accommodate learners from other cities and provinces. This distinction is necessary, as there are not many special schools that cater for the specific disability of these learners, with their high support needs requiring this level of specialised schooling. However the learners are also predominantly from lower income families Both purposefully selected schools in this study are examples of different types of schools as prescribed in Education White Paper 6 and are tasked with implementing inclusive education.

Emanating from Education White Paper 6 came a host of strategies, policies, and legislative frameworks aimed at actioning the implementation of inclusive education. Despite the establishment of these well written and internationally aligned inclusive education policies, implementation thereof has been poor and ineffective for a number of reasons. Donohue and Bornman (2014) identify a lack of authoritative direction and policy ambiguity in Education White Paper 6, with Engelbrecht et al. (2015) pointing to poor resource provisioning and teacher attitudes towards inclusion and transformation. Other reasons for poor implementation identified by Engelbrecht et al. (2016) are discrepancies in the contents of inclusive policies, systemic barriers, personal policy interpretations, and a lack of collaboration between different levels of support structures. In addition, an absence of common understanding of inclusive pedagogy and the subsequent effects thereof on policy implementation (Makoelle, 2014) was also an identified challenge to implementation. Furthermore, the philosophical

assumptions of teachers, which would position them on either end of the medical model versus social model debate, and their orientation towards inclusion is also a contributing factor to policy interpretation that may result in poor and ineffective inclusive policy implementation.

Acknowledging the various inclusive policy implementation challenges, contestations and complexities highlighted in literature, the SIAS policy is no exception, and challenges to its implementation need to be identified and understood at the school-level where it is implemented by various school-based role-players, in order for better implementation strategies to be sought.

1.3 PROBLEM STATEMENT

The policy on Screening, Identification, Assessment, and Support (SIAS) (DoE, 2014) was introduced by the Department of Education in 2014 to specifically make provision for the support of learners experiencing barriers to learning. Whilst acknowledging that the success of such a policy involves varying levels of support structures beyond a school-based level, including district-based support teams (DBSTs), Provincial Education Departments, and the National Department of Basic Education, as well as collaboration with other departments such as health and social development, it is the school-based implementation of this policy that is the first level of interaction that impacts on its implementation. The success of such implementation at school level relies primarily on the understanding, observations, and strategies employed by the school-based role players, namely; learners, parents, educators, school management teams (SMTs), and school-based support teams (SBSTs). It is apparent in available research that there is a disjunct between intended policy and realised policy in the broad terrain of inclusive education in South Africa (Nel et al, 2016). Based on the researcher's own experience as a Departmental Head in a special school, it appears that there is little progress with regards to SIAS policy implementation as an inclusive education policy in schools seven years since its inception, with school-based role-players, who are integral to the implementation of the SIAS policy, not applying the policy, understanding the SIAS process or realising the purpose thereof. Donohue and Bornman (2014) identify issues regarding poor implementation of Education White Paper 6 (DoE,

2001) as impeding the enactment of inclusive education, with Makhalemele and Nel (2015) adding that inclusive policies aimed at support provisioning for teachers and learners are executed ineffectively, despite their inception over ten years prior to their 2015 study. Where these accounts indicate challenges with inclusive policy implementation on a broader level, little research has been done specifically on the challenges of SIAS policy implementation as experienced by school-based role players. The supposed lack of implementation of the SIAS policy, and apparent failure to acquire the buy-in of school-based role-players has a direct impact on the support provisioning for learners experiencing barriers to learning.

1.4 PURPOSE STATEMENT

The purpose of this study is to uncover the challenges experienced by specific school-based role-players, namely teachers, SMT, and SBSTs to implementing the SIAS policy in one mainstream school and one special school in Gauteng, selected specifically to allow representation at two contrasting ends of the inclusive education schooling provision continuum, and in doing so, to identify strategic solutions to commonly experienced challenges in order to a) investigate SIAS policy implementation at school level and b) to provide recommendations to improve on support provisioning for learners experiencing barriers to learning through appropriate SIAS policy implementation strategies, thereby attempting to narrow the gap between SIAS policy and implementation.

1.5 RESEARCH QUESTIONS

1.5.1 What are the challenges to SIAS policy implementation experienced by the various school-based role-players?

1.5.2 In what ways do these challenges contribute to the gap between policy and implementation?

1.5.3 What recommendations can be made to address identified challenges?

1.6 RATIONALE

The SIAS policy is instrumental to the enactment of inclusive education at the school-level as it defines the roles and responsibilities of school-based role-players, guides the screening, identification, and assessment of barriers to learning, the provisioning for the support of learners experiencing barriers, and determines the learner's school placement based on defined levels of learner support needs. Literature on inclusive education policies, such as Education White Paper 6, although indicating that policy documents are well written and aligned with international trends, documents a disjunct in policy versus policy enactment. This study will contribute to the understanding of how this disjunct pertains to SIAS policy implementation, where little research currently exists, through investigating the challenges of specific school-based role-players in one mainstream school and one special school in the implementation of the SIAS policy, where initial contact with this policy occurs. Understanding the challenges experienced by school-based role-players is pertinent to bettering SIAS policy implementation practices, and therefore improving learner access and participation in schooling, further supporting broader inclusive education imperatives.

1.7 OVERVIEW OF CHAPTER STRUCTURE

Chapter 1 provides the background and rationale for the study and puts forward the research questions that the study aims to answer.

Chapter 2 presents a literature review and the theoretical framework for the study.

Chapter 3 constitutes the research design and methodology that guide the collection and analysis of data for the study.

Chapter 4 gives a descriptive presentation of the collected data.

Chapter 5 presents the discussion of findings, answering the research questions, and the limitations and recommendations of the study.

1.8 Definition of Terms

In this study, various terms pertaining to the SIAS policy and implementation thereof are used. These terms are defined in the table below.

Table 2

Definition of terms

Term	Definition
Accommodation/s	Modifications made to various aspects of a learner's environment, assessment or the provisioning of resources that intend on removing barriers and affording equal opportunity to full participation in their schooling.
Barriers to learning	Any factor, whether it be systemic, environmental, or personal in nature, which impacts on one's access to learning and development.
Case manager	The person assigned to manage and drive learner support. In the SIAS policy, this is the role of the teacher.
District-based support team (DBST)	The management structure established at district level, responsible for ensuring schools are inclusive environments of support, care and learning by providing leadership and management (DoE, 2014).

Term	Definition
LSEN school	School specifically catering for learners with special educational needs.
Mainstream	Conventional schooling that traditionally caters for children without learning barriers or disabilities. Under Education White Paper 6, all children are to be reasonably accommodated within these schools.
Progression	The advancement of a learner to the next grade despite not having met the minimum requirements for promotion.
Promotion	A learner who is advanced to the next grade after meeting the minimum requirements.
Retention	A learner who is retained in a grade due to not having met the minimum requirements.
School-based role-players	Stakeholders involved in the SIAS process based at the school level, including learners, parents, teachers, departmental heads, principals, and members of the school-based support-team (SBST). In the case of this study, specific focus is on teachers, departmental heads and members of the SBST.
School based support team (SBST)	A team established at the school level, with the primary purpose of coordinating teacher and learner support (DoE, 2014).
Screening, identification, assessment and support (SIAS)	The SIAS policy is a framework designed to standardise the procedures for the

Term	Definition
	management and support of learners with barriers to learning in order to enhance their participation in schooling. (DoE, 2014).
Support needs assessment (SNA1 and SNA2 forms)	The process by which additional support needs are determined and provisioned for. The SNA1 and SNA2 forms are the documents prescribed in the SIAS policy to guide this process.

1.9 CONCLUSION

Although inclusive education policies in South Africa have been described as being well-written and well-aligned with global trends, their implementation, for various reasons, have proven to be lacklustre and ineffective with SIAS policy implementation, although currently under researched, expected to be no different. Chapter 1 contextualised the research study and defined its intended purpose and necessity by setting the background of the study, defining the problem, and setting research questions to investigate the problem, as well as defining some terms as they are understood and used throughout the report. The following chapter will present a literature review based on current available literature in order to understand existing knowledge and debates regarding inclusive education policies and their implementation, and further contextualise where the specific problems in the study are seated, before outlining the theoretical framework for the study.

CHAPTER 2 LITERATURE REVIEW

2.1 INTRODUCTION

This review of literature will highlight how the occurrence of many definitions and interpretations of inclusion, which are at the heart of inclusive policies, contribute to challenges for inclusive policy development and therefore implementation. I will then outline the policy and legislative context internationally and in South Africa in order to situate the SIAS policy, an inclusive policy emanating from Education White Paper 6 (2001) established to support inclusive education at the school-level, which is at the centre of this study. Following this, I will give a brief overview of the structure of the SIAS policy (DoE, 2014), and highlight the roles of the various role-players in the SIAS process. The final section of the literature review will delve into the theoretical framework for the study, discussing the medical model and social model of disability and how these frame the SIAS policy.

2.2 DEFINITIONS OF INCLUSION AT THE HEART OF INCLUSIVE EDUCATION AND POLICIES

Inclusive education has been widely discussed and debated in contexts globally over the last few decades. Defining inclusive education becomes challenging as the terms *inclusion*, *inclusive education*, *inclusive practice*, and *inclusive pedagogy* are often conflated (Florian & Black-Hawkins, 2011). Although these terms are all interrelated, distinguishing between them is important as they each represent different aspects and levels of implementation within the context of education. This study adopts the following meanings for these terms:

'Inclusion' refers to a set of principles, values, and philosophy which are put into action (Booth, 2011) to manage exclusionary barriers within society. Inclusion is not necessarily specific to education, but to society as a whole. This includes principles of inclusion as opposed to exclusionary practices such as discrimination and marginalisation, and values of diversity, social justice, equity, dignity, and respect. These are the principles and values on which the inclusive education system is structured.

Inclusive education refers to the way the education system is structured to realise the values and principles of inclusion (Booth et al., 2000). This includes policy and legislation that supports or opposes inclusion. Inclusive education encapsulates how the South African education system structures itself to provide inclusive education within its unique context.

Inclusive Practice refers to what is actually done in schools that gives meaning to the concept of inclusion (Florian & Black-Hawkins, 2011; Gudjonsdottir & Oskarsdottir, 2016), including a school's ethos and traditions that may or may not be inclusive, and the interpretations and implementation of policy and legislation that are either inclusive or not.

Inclusive pedagogy is specific to the teaching and learning situations and choices within classrooms and schools, constituting teachers' understanding of inclusion as a concept, and what this means for how they teach (Gudjonsdottir & Oskarsdottir, 2016).

Despite a wide global acceptance of the concept of inclusion and the pledged commitment made by various nations to ensuring the right to non-discriminatory education for all through the UN adoption of the Universal Declaration of Human Rights (UDHR) in 1948, the UN Convention on the Rights of the Child of 1989, the proposal of the Education for All movement at the Jomtien Conference in 1990, the UN Standard Rule on Equalisation of Opportunities for Persons with Disabilities of 1993, and the Salamanca Statement of 1994 (du Plessis, 2013; Landsberg, 2011; Rizvi & Lingaard, 2010), the definition of inclusion remains wide-ranging and elusive (Makoelle, 2014). However, what does unify individual perceptions of inclusive education regardless of diverse contexts are the common notions of equality, access to education for all, and curriculum responsiveness to diverse learner needs (Makoelle, 2014). Throughout the adoption of inclusive education across the globe, a multitude of meanings have been acquired (Clough & Corbett, 2000). The concept of inclusion differs from country to country in a context-bound manner guided by historical and cultural constructions of what it means to be abled or disabled (Kozleski & Yu, 2016). This leads to confusion about its meaning and function, resulting in the inability to establish a universal definition and ubiquitous

practice (Makoelle, 2014). Ainscow and Sandill (2010) argue that in addition to varying perspectives worldwide, such as inclusion as a *means* to teach the disabled in mainstream school settings and inclusion as a *reform* that supports and accommodates learner diversity (UNESCO, 2001), perspectives of inclusion within individual countries and even within schools may not even be congruent (Booth & Ainscow, 1998). Due to these differences in perspectives- and the meaning- of inclusive education, implementation thereof becomes multiplex (Ainscow & Sandill, 2010), with policies designed to guide inclusion lacking in clarity and authoritative direction (Donohue & Bornman, 2014) with their contents being marred by discrepancies (Engelbrecht et al., 2016). Donohue and Bornman (2014, p. 9) contend that Education White Paper 6 is a 'symbolic implementation' policy driven by political symbolism (Jansen, 2002) as opposed to practicability, with ambiguities potentially being an intentional action of the Department of Education to shirk their responsibility of implementation and thereby relegating it to others. The lack of explicit goals, guidelines, and strategies for policy actualisation concede various interpretations which further hinder implementation (Donohue & Bornman, 2014) and stagnate progress on inclusive education. To again initiate forward movement in the enactment of inclusive education and to address school-level implementation challenges, Donohue and Bornman (2014) suggest that the Department of Education assess teacher-preparedness for educating a diverse learner body, and then provide intensive training programmes to support them, as well as to initially reallocate funding to further inclusive education imperatives in order for schools to be better equipped to accommodate for learner diversity and learning barriers, as an investment into lower-cost education in the future, once these foundations have been established. The Department of Education needs to reassume responsibility for policies of their own design and provide clear directives on implementation to avoid an uncertain and overwhelmed body of school officials reverting back to familiar special education models (Donohue & Bornman, 2014).

"What is established as policy must be concordant with what actually happens in schools, and in the lives of pupils" (Clough & Corbett, 2000, p. 6).

Krischler et al. (2019) note that diverse definitions of inclusion result in notable outcomes for research, practice, and reform, which may hinder the identification of

successful practice, and contribute to challenges resulting in inconsistent implementation. Viennet and Pont (2017) add that the interaction between policy enactment and the interests of those who are to implement them are a determinant of their understanding and buy-in, or lack thereof. These interests are further defined as a complicated entanglement of an individual's values, orientations, and views which influence perceptions of a problem and the possible policy solution to it (Malen, 2006). Offering a view from policy adoption as the starting point, Ryan and Kossek (2008) state how adoption of policy is critical for either fostering or deterring inclusion. The education system is complex, with multiple stakeholders interacting and contributing their own ideas for education which are established within their own personal belief systems (Viennet & Pont, 2017). This will inherently affect their understandings and subsequent implementation of educational policies pertaining to inclusion. This research study argues that the relationship between role-player perceptions of inclusion, and their application to policy adoption will yield either inclusive or exclusive outcomes.

Figure 1

A version of the conventional link between policy adoption and inclusion (adapted from Ryan and Kossek (2008, p. 297)).

Figure 2

A version of policy adoption as perceived in this study.

2.3 Policy and Legislative context Internationally and in South Africa

During the years 1990 to 1994, South Africa witnessed a significant political transformation, marked by the end of the apartheid era and the establishment of a new democratic system. While apartheid had perpetuated societal exclusion and inequality, the new democracy was founded on principles of inclusion, equality, equity, social justice and human rights, as enshrined in the 1996 Constitution of the Republic of South Africa. Before 1994, the education system reflected the prevailing political climate, with racially segregated schools, compulsory education only for white children, and a severe lack of resources and funding for non-white schools (Donohue & Bornman, 2014). Disabled non-white children faced even greater marginalization, with almost non-existent schooling provisions and inadequate funding for their special education (Landsberg, 2011). With the change in political climate in 1994 and the adoption of the Constitution in 1996, a major education reform was set in motion to address historical injustices faced by marginalized groups, including those based on race, gender, sexual orientation, or disability. This reform aimed to create an education system aligned with the principles of the new democracy (du Plessis, 2013). During this time, international developments in inclusive education were also unfolding, influencing educational policies and legislation in South Africa after 1994 (Engelbrecht et al., 2016).

In order to frame the policies and legislation implemented in South Africa, it is essential to delve into the international context that influenced the country's approach to education post-1994. The international developments in the mid-20th century laid the foundation for a more inclusive and equitable education system globally.

In 1948, the United Nations (UN) adopted the Universal Declaration of Human Rights (UDHR), which emphasized the principles of equality, social justice, and the right to education for all (Rizvi, 2010). Building on this, the UN Convention on the Rights of the Child in 1989 further reinforced the right to non-discriminatory education for all children, including those with disabilities (du Plessis, 2013). As a culmination of these efforts, the Education for All (EFA) movement was proposed at the Jomtien conference in 1990, with the goal of meeting the educational needs of all individuals by 2015 (Rizvi, 2010). The EFA initiative was reiterated at the World Education Forum in Dakar in 2000, where it was endorsed and adopted

(Rizvi, 2010). In 1993 the United Nations Standard Rule on Equalisation of Opportunities for Persons with Disabilities was released, reinforcing the commitment to inclusive education for individuals with disabilities and advocating for their education in integrated and general school settings (du Plessis, 2013).

The outcome of these international efforts occurred in Salamanca, Spain, in 1994, with the World Conference on Special Needs Education. The conference aimed to determine the policy revisions necessary to promote the development of inclusive education and further the goals of EFA (Landsberg, 2011). The resulting Salamanca Statement and Framework for Action on Special Needs Education outlined several principles derived from the UDHR and the UN Standard Rule on Equalisation of Opportunities for Persons with Disabilities (du Plessis, 2013; UNESCO, 1994). These principles included recognizing education as a fundamental human right, acknowledging the unique learning needs of each child, advocating for educational systems and programmes that accommodate diversity, proposing the inclusion of learners with barriers in regular school settings, and urging the combatting of discrimination and attitudinal change in society through the adoption of an inclusive orientation by schools (UNESCO, 1994).

As previously mentioned, these international developments in inclusive education significantly influenced the subsequent education policy and legislative changes in South Africa post-1994. The country sought to align its educational system with the principles of democracy and human rights enshrined in the newly adopted Constitution. To achieve this goal, the South African government enacted the National Education Policy Act of 1996 (NEPA) and White Paper 1; The White Paper on Education and Training in a Democratic South Africa (1995) (Donohue & Bornman, 2014). These policies aimed to address and dismantle the legacy of apartheid in education by introducing National and Provincial departments of education, thus promoting a more inclusive and equitable system (Donohue & Bornman, 2014). Furthermore, the government introduced the South African Schools Act of 1996 (SASA), which created School Governing Bodies to bring democracy and human rights into schools. These organizations made it possible for parents and students to take part in decision-making at the school level, promoting inclusion and a sense of ownership within the educational system (Sayed & Soudien, 2005).

Alongside SASA and other policy documents, there was a paradigm shift in the perception of disability. The country moved away from the traditional medical deficit model, which focused on diagnosis and treatment, towards a more progressive social model, which focusses on the holistic learner. This shift was advocated for in The White Paper on an Integrated National Disability Strategy (1997) (INDS) and the report developed by the National Commission on Special Needs Education and Training (NCSNET) and the National Committee for Support Services (NCSS) (Engelbrecht et al., 2016; Landsberg, 2011). This new social model recognized and acknowledged the diverse needs of learners, whether they were systemic or organic/medical in nature (Engelbrecht et al., 2016; Landsberg, 2011). As a result, the term 'special needs' was revised to 'barriers to learning and development' to encompass a broader range of educational and environmental needs (Engelbrecht et al., 2016).

In response to these changes and drawing from international influences, the government introduced Education White Paper 6: Special Needs Education, Building an inclusive Education and Training System (DoE, 2001). This policy document became the cornerstone of inclusive education in South Africa, seeking to transform the education system into an inclusive one that accommodates all learners within mainstream schools wherever reasonably practicable, including those experiencing barriers to learning (Engelbrecht et al., 2015). Education White Paper 6 was founded on the tenets of equality, social justice, human rights, and diversity, and provisioned various levels and systems of support within the educational system (Engelbrecht et al., 2016). Numerous policies and initiatives were adopted in support of Education White Paper 6, intending to direct and structure the inclusive education movement in South Africa and to ensure that inclusive education is enacted. These include;

- Guidelines for Special Schools as resource Centres (DoE, 2007)
- Guidelines for Full-service/Inclusive Schools (DoE, 2010)
- Guidelines for Inclusive Teaching and Learning (DoE, 2010)
- Guidelines for Responding to Learner Diversity (DoE, 2011)
- Guidelines to Ensure Quality and Support in Special Schools and Special School Resource Centres (DoE, 2014)
- The Policy on Screening, Identification, Assessment and Support (DoE, 2014)

This particular study looks at the policy on Screening, Identification, Assessment and Support (SIAS) (DoE, 2014) as a policy implemented to support inclusive education imperatives at the school level. The SIAS policy will be discussed in more detail under its own heading as section 2.5.

Where this study focuses on challenges to the implementation of an inclusive education policy, and despite the intentions of the policy and legislative framework discussed above, it is imperative to acknowledge key challenges that are hindering inclusive education enactment in order to understand the environment into which inclusive policies are introduced. Many broader systemic challenges to inclusive education and inclusive policy implementation have been identified in literature, including a lack of resources in schools, overcrowding in schools and classrooms, insufficient support for educators, policy ambiguity, lack of funding, and lack of knowledge and skills amongst educators to implement inclusion and inclusive pedagogy and practice (Donohue & Bornman, 2014; Mpu & Adu, 2021).

2.4 TEACHERS IN RELATION TO INCLUSIVE EDUCATION

Alongside the aforementioned inclusive policies, teachers are expected to implement and be guided in their daily activities by general education policies, such as the Curriculum and Assessment Policy Statement (CAPS) (2011) and the National Policy Pertaining to the Programme and Promotion Requirements (NPPPPR) (2011).

The CAPS curriculum, introduced in 2011, is the current curriculum implemented in South African schools. CAPS is a revision of the previous National Curriculum Statement (NCS) which was designed to address its shortcomings (de Plessis & Marais, 2015), including a lack of clear structure and guidelines which resulted in content discrepancies between schools and undefined progression criteria, content repetition, no prescribed books, an excessive need for learning materials, a high administrative load for teachers, and no clear plan for implementation (du Plessis & Marais, 2015). In addressing these issues, CAPS created some new challenges on the opposite extreme, as it is now associated with being inflexible, overprescribed and overloaded (du Plessis & Marais, 2015), leaving a new set of challenges for teachers in its implementation. These challenges include a large workload for learners with insufficient time and flexibility to catch up on missed or

misunderstood concepts or knowledge gaps, or to lay solid foundations in basic skills; the idea that CAPS is designed to teach fast learners to the detriment of slower ones; rigid assessment practices affording no leeway for the individual learner, and a lack of training and support on teaching according to CAPS (du Plessis & Marais, 2015). These challenges appear to be retaining remnants of non-inclusive practices despite being designed to allow for differentiation and accommodation for diverse learner needs (DoE, 2011).

The NPPPPR (2011) sets out programme requirements that outline the subject load, as well as promotion, progression and retention requirements aligned with CAPS. For purposes of clarity, the term *promotion* refers to learners moving through grades after having met minimum requirements for each subject of the grade (DoE, 2011). This is the expected norm. The term *retention* refers to a learner who has not met the minimum requirements for subjects in the grade and is therefore retained in the grade for an additional year (DoE, 2011). The term *progression* refers to a learner who has not met the minimum requirements for subjects within the grade, but is progressed, or advanced, through to the following grade on grounds of age, or maximum number of years in the grade/phase (DoE, 2011). The NPPPPR (2011) stipulates that a learner may not spend more than four years in a phase, be retained in a grade more than once, or have their age exceed two years above the expected age for the grade, referred to in policy as the *age cohort*.

The practice of progression for the General Education and Training (GET) phase has attracted some scrutiny, as progressed learners have not acquired the knowledge and skills that are a prerequisite for the grade, resulting in them becoming despondent and frustrated (Juan et al., 2016). This also creates challenges for teachers though, as it becomes their responsibility to ensure effective support for these learners and that their knowledge gaps are closed. Considering the discussion on challenges teachers experience with CAPS implementation, it is questionable whether teachers will have the time, flexibility, and knowledge base to support these learners, in addition to CAPS issues identified above that may already be contributing to learning gaps and exclusion.

Insufficient data currently links the implications of implementing these general education policies alongside the SIAS policy, however considering the above discussions, one can expect some challenges to surface.

Personal experiences, understandings and beliefs related to specific approaches to inclusion are shown to affect teacher attitudes towards inclusion (Goransson & Nilholm, 2014), and therefore their pedagogical choices and teaching behaviours pertaining to inclusive education implementation (Krischler et al., 2019). Should the concept of inclusive education be understood simply as teaching learners with and without barriers to learning in the same classroom, an inclusive education policy would merely need to ensure that the inclusion of learners with barriers to learning in mainstream schools is possible through the redistribution of resources (Krischler et al., 2019). This however does not guarantee accessibility and support to ensure full participation of diverse learners within the classroom. Should the concept of inclusive education then be understood as ensuring full participation of all learners within the classroom, the goal of inclusive policy would then look very different, rather encouraging "*respectful interpersonal relationships and equality of provision*" (Felder, 2018; Krischler et al., 2019). These are just two examples of implications resulting from differing definitions and understandings of inclusion and inclusive education.

Norwich (1994) emphasises how critical the beliefs and attitudes of teachers are to ensuring successful implementation practices, as their inclusive education policy understanding and acceptance is expected to influence their dedication to its implementation. What has been found though, is that where a lot of teachers theoretically support inclusion, they do not actually entirely understand the implications of its key elements (Mousouli et al., 2009) and are unaware of how their attitude towards inclusion and preparedness to implement inclusive practices in their classrooms may indeed hold more value than broader aspects of restructuring for inclusion within schools (Krischler et al., 2019).

Teacher education is also a factor that may influence interpretation and implementation of policy, and subsequent pedagogical choices. In order to standardise the variance in Initial Teacher Education (ITE) programmes across

universities and colleges in South Africa, the Minimum Requirements for Teacher Education Qualifications policy (MRTEQ) (DHET, 2015) mandated their reconceptualization and reaccreditation (Rusznyak & Walton, 2019). MRTEQ applies as a principle of ITE programme design that "*Pedagogical learning includes knowledge of learners, learning, curriculum and general instructional and assessment strategies and specialized pedagogical content knowledge, which includes knowing how to present the concepts, methods and rules of a specific discipline in order to create appropriate learning opportunities for diverse learners, as well as how to evaluate their progress*" (DHET, 2015, p.12). MRTEQ requires "*all teacher education programmes to address the critical challenges facing education in South Africa today - especially the poor content and conceptual knowledge found amongst teachers, as well as the legacies of apartheid, by incorporating situational and contextual elements that assist teachers in developing competences that enable them to deal with diversity and transformation*" (DHET, 2015, p.10-11).

This principle and requirement are evidence of how MRTEQ emphasises inclusive education as a key proponent of pedagogical practice, positing that pre-service teachers require knowledge of- and the ability to address barriers to learning and the needs of individual learners. Where Initial Teacher Training (ITE) was found to include coursework on learner diversity and inclusive education which equipped new teachers with sound theoretical foundations, there is an apparent gap between this theoretical knowledge and pedagogical competence (Rusznyak & Walton, 2019; Moosa & Bekker, 2021).

Many new teachers are shown to model their teaching practices after those to which they were exposed to when first starting teaching (Mcintyre, 2009) This is concerning as a number of studies in South Africa have found that negative attitudes towards- and retention of medical model perceptions and beliefs of- inclusive education amongst teachers are contributing to continuous exclusionary practices within their classrooms (Moosa & Bekker, 2021). The role of ITE is therefore critical in challenging pre-service teachers' understandings and beliefs of inclusion (Moosa & Bekker, 2021) in order to adapt their thinking to align to a social

model perspective and encourage better pedagogical choices in line with inclusive principles and values.

2.5 The policy on Screening, Identification, Assessment and Support

The policy on Screening, Identification, Assessment and Support (SIAS) (2014) has a primary purpose of enhancing learners' full participation and inclusion in schools and improving their access to quality education, through providing a standardised procedure for identification and assessment of learning barriers and the provision of necessary support, therefore making it an instrumental policy in affecting inclusive education at the institutional level and further supporting the transformation of the education system into an inclusive education system in line with Education White Paper 6 (DoE, 2014). Implementation of the SIAS process is multileveled with the intervention focus of each level different and prescribes a protocol of forms to be used by the teacher, school-based support team (SBST) and district-based support team (DBST) which direct the provision of support for learners experiencing barriers to learning (DoE, 2014). The SIAS policy outlines a three-stage process for screening, identification, assessment, and support and emphasises the importance of identifying the systemic nature of barriers experienced, with the process intended to be collaborative between the teacher, parents and learner (DoE, 2014).

The SIAS policy provides for a continuum of support (Hess, 2020) by establishing levels of support and the nature of support required by learners, as well as identifying the best possible learning sites for learners based on their level of support needs, either in mainstream schools, full-service schools (FSS), or special schools as resource centres (SSRCs). The policy offers descriptors of a three-level support structure which attempts to shift focus from individualised learner deficit to accommodations that can be made and support that can be provisioned at different levels to enhance learner participation in schooling (DoE, 2014).

Figure 3

Outline of the three-phase process for Screening, Identification, Assessment and Support (adapted from DOE, 2014, pp.28-29)

Table 3

SIAS levels of support (adapted from DoE, 2014; pp. 20-22)

	Level of support		
Support Organisers	Low	Medium	High
Specialist support	• Specialist intervention from other	• Transversal teams monitor support and	• Access to various support specialists

	Level of support		
Support Organisers	Low	Medium	High
	teachers/specialists within school or surrounding schools, SBST to DBST or network of school's stakeholders (DoE, 2014). • Accommodated for in Schools budget and regular classroom (DoE, 2014). • Intervention frequency at least once or twice per term (DoE, 2014).	implementation of inclusive education, engaging with teachers on support provided to individual learners a minimum of three times per year (DoE, 2014). • Outsourcing of therapeutic or specialist services required at minimum once a month for a year (DoE, 2014). • Require funding as part of the school's inclusive education allocation (DoE, 2014).	required daily or weekly to available full-time on site (DoE, 2014). • Individual/small-group support and supervision required daily (DoE, 2014). • Reduced learner to teacher ratio (DoE, 2014). • Budgeted, planned and programmed as part of Post Provisioning Model (DoE, 2014).
Specialised LTSM and resources	• Adapted LTSM and assistive devices accommodated in the school's LTSM budget (DoE, 2014). • Once-off adjustments to school buildings for the broadening of access accommodated in school's budget (DoE, 2014).	• Access to Specialised LTSM and resources through Full-service schools, SSRCs and Assistive device resource centres or the Department of Health required	• Assistive devices that are individual and specialised that are fixed or are only accessible through Full-service schools or special schools (DoE, 2014). • Ongoing use of assistive devices requiring

	Level of support		
Support Organisers	Low	Medium	High
		daily (DoE, 2014). • Accommodated in school's allocation for inclusive education (DoE, 2014).	technical support. • Established permanent specialised facilities and programmes (DoE, 2014).
Curriculum and assessment	• Curriculum and assessment adjustments managed at school and classroom level allow for learners at multiple levels of functioning to access the curriculum and assessment best suited to them (DoE, 2014).	• Adjustments to the curriculum, assessment and LTSM with input from curriculum and assessment advisors and monitored by the SBST and DBST (DoE, 2014). • Extra provisioning for staff for the planning and support of adjustments (DoE, 2014).	• Provision for on-going and complex adjustments to regular curriculum (DoE, 2014). • Provision for differentiated curriculum implementation (DoE, 2014). • Provision for assessment accommodations and concessions implementation (DoE, 2014).
Training/orientation of staff	• Once-off short term training programmes accommodated in the school's budget on issues of support, awareness, and policy implementation (DoE, 2014).	• Short- to long-term training programmes on issues of support, awareness, and policy implementation accommodated in the school's resourcing allocation for inclusive education (DoE, 2014).	• Intensive induction programmes (DoE, 2014). • On-going specialist mentoring, support, and training of staff sourced either externally or within department structures (DoE, 2014).

In addition to the support structure outlined above, the SIAS policy further defines the roles and responsibilities of the various stakeholders involved in the educational support system. Where institutional level support teams (referred to as SBSTs in the SIAS policy) and district-based support teams were a strategy introduced in Education White Paper 6 (2001), the SIAS policy assigns new roles to them and underlines their key functions within the SIAS process.

2.5.1 The role of district-based support teams

District-based support teams (DBSTs) are the management structures which function within districts that are responsible for coordinating and promoting inclusive education through identification, assessment and addressing of learning barriers, training of educators and other stakeholders, curriculum delivery, resource allocation, and the development of infrastructure (DoE, 2014). The role of the DBST is that of leadership and management in ensuring schools are inclusive institutions of learning, support, and care (DoE, 2014). Comprised of specialists in curriculum and management, psychologists, therapists and councillors, and healthcare and welfare workers (Makhalemele & Nel, 2014), the DBST is at the helm of redefining and restructuring education support services, moving away from the more traditional consultation and referral procedure (Mfuthwana, 2016), associated with a medicalised model of disability.

2.5.2 The role of school-based support teams

The school-based support team (SBST), which is established by the principal, comprises members of the school management team (SMT), teachers who teach the learner/s experiencing barriers, teachers with specialised skills and knowledge in learning support or guidance and counselling, or expertise on certain challenges or needs, and non-educator staff (DoE, 2014). Additional members may be brought in where necessary to assist with specific challenges (DoE, 2014). The role of the SBST according to the SIAS policy (2014), is to assess reports and implemented support submitted by teachers, and to continuously evaluate further support requirements in order to develop programmes for parents and teachers. It is also the role of the SBST to develop strategies to address support needs at the school, including teacher

development and consultation with- and support of- parents, as well as facilitating the mobilisation of school-based support assets, and acquiring additional resources internal and external to the school where needed (DoE, 2014). Furthermore, the SBST should identify barriers to learning present at various levels including teacher, school, and curriculum, and mobilise assets in support (DoE, 2014).

2.5.3 The role of the teachers and practitioners

According to the SIAS policy (2014) teachers play a crucial role in the creation of an inclusive environment, emphasising the importance of their conceptual understanding of inclusion and learner diversity. Using the learner profile as a guide, the teacher must plan interventions and support, and identify barriers based on well-grounded observation, consultations, interviews and previous learner records, and formative actions and reflection (DoE, 2014). The teacher is also expected to accommodate diverse learning needs and enable learner participation through ensuring that the learning programme, resources, and assessment procedures are accessible for all (DoE, 2014), using strategies such as differentiation, adjustment of the classroom environment and teaching methodologies, and applying required accommodations during assessment opportunities (DoE, 2014). Support should be planned in consultation with the Guidelines for Responding to Diversity in the Classroom (DoE, 2011). Only once exhaustive support provided by the teacher has proven ineffective, should the SBST be consulted (DoE, 2014). The SIAS process was designed with the intention of aiding practitioners with the early identification of learning barriers and needs, and then to meet identified needs through consultation with the learner's family, other practitioners and required service providers (DoE, 2014).

Where each of these role-players play key roles in the process defined by the SIAS policy (2014) and the overall implementation of not only SIAS (2014), but of inclusive education from a broader perspective, the effectiveness of these role-players in fulfilling their functions can also act as a hinderance to inclusive education policy implementation. Makhalamele and Nel (2015) point to challenges experienced by DBSTs which hinder their functionality, such as inadequate human resources, insufficient training on inclusive policy implementation, and scant equipment and resources. Nel et al. (2016) indicate

that the roles performed by the DBST are not being successfully executed due to the insufficiency of support received from the National Department of Education, and potentially due to gaps in the responsibilities of national and provincial departments and districts. With the effectiveness and functionality of DBSTs impeded in these ways, educators are left feeling as though the DBST is not adequately skilled to support them and learners experiencing barriers to learning (Nel et al., 2014), which inadvertently impacts teacher's abilities to implement policy and create inclusive environments. In their 2016 study, Nel et al. (2016) report that teachers detail the process of referring learners to the DBST, through the SIAS process, as a time-consuming and difficult administrative task consisting of tedious paperwork, which some teachers are disinclined to complete. This raises concerns for SIAS policy (2014) implementation, potentially positioning the protocol of forms prescribed in the policy as a barrier to implementation. Where DBSTs have been identified as inadequately equipped to perform their functions (Schoeman, 2012), SBSTs have been described as functional in some institutions, and dysfunctional in others (Nel et al., 2016), with Dreyer et al. (2012) indicating that some teachers do not understand what the function of the SBST is. Where literature has indicated challenges experienced by DBSTs, literature on challenges faced by SBSTs and teachers is currently limited.

2.6 Theoretical Framework - The Medical Model versus the Social Model in framing the SIAS policy

The idea of inclusive education has taken on multiple interpretations as it has been adopted in different countries worldwide, with approaches and the formulation of policies influenced by the cultural and historical perspectives on ability and disability specific to each particular context (Kozleski & Yu, 2016). The South African context is not exempt from this, as there is a notable variation in the ways inclusive education is understood, highlighting the necessity to adjust and adopt inclusive models. This is essential not only to address inclusion as a matter of social justice (Reid & Valle, 2008) but also to establish an inclusive education system that is suitable and relevant within its context. South Africa's turbulent history marked by apartheid and the establishment of a new democracy in 1994

has played a significant role in shaping an evolving education system. Changes were made that aimed to make an education system which is more inclusive, aligning with the principles of the new democracy, and serving as a means to rectify historical injustices (du Plessis, 2013). Adding to the complexity of this effort is South Africa's unique blend of diverse and vibrant cultures, which, despite the wounds of the past, need to coexist peacefully and respectfully. This diversity intensifies the imperative for inclusion, however, it also complicates its implementation. In this context, inclusive education goes beyond being a synonym for, or an alternative to, special education; it involves the removal of barriers to education for all individuals, including, but not limited to, those with disabilities. These changes within the South African education system illustrate a shift from a medical model of disability to a social model of disability.

2.6.1 Discourses informing the medical and social models of disability

Underpinning the medical model of disability, which in turn informs the special education approach of inclusive education, are the scientific, medical, and psychological discourses. These discourses inform the way learning disability is viewed and determined to be present, and the subsequent strategies used to 'treat', or 'correct' it. Within these discourses, disability is viewed as a deviation from the norm, which can be determined through scientifically designed tests which measure 'normal' or 'abnormal' response' (Reid & Valle, 2004). This places the 'abnormal' individual at the centre of vigorous observation and processes of referral (Reid & Valle, 2004) to those with specialised knowledge, such as special education teachers, doctors, and educational psychologists. The outcome of which is intense, and often individualised, support programmes and further testing, focussed solely on individual difference, individual functioning, and individual deficit. This pathologizing of difference, the foregrounding of statistically defined normalcy and the maintained subscription to the epistemology of positivist science (Reid & Valle, 2004) perpetuates the idea of the 'problem' being centred within the individual, ignoring macro-level factors, such a social, environmental, and societal factors external to the individual, which may be of influence. This kind of perception surrounding difference subconsciously conserves the status quo- maintaining the order of

society through sorting of individuals into perceived notions of ‘right’ and ‘different’.

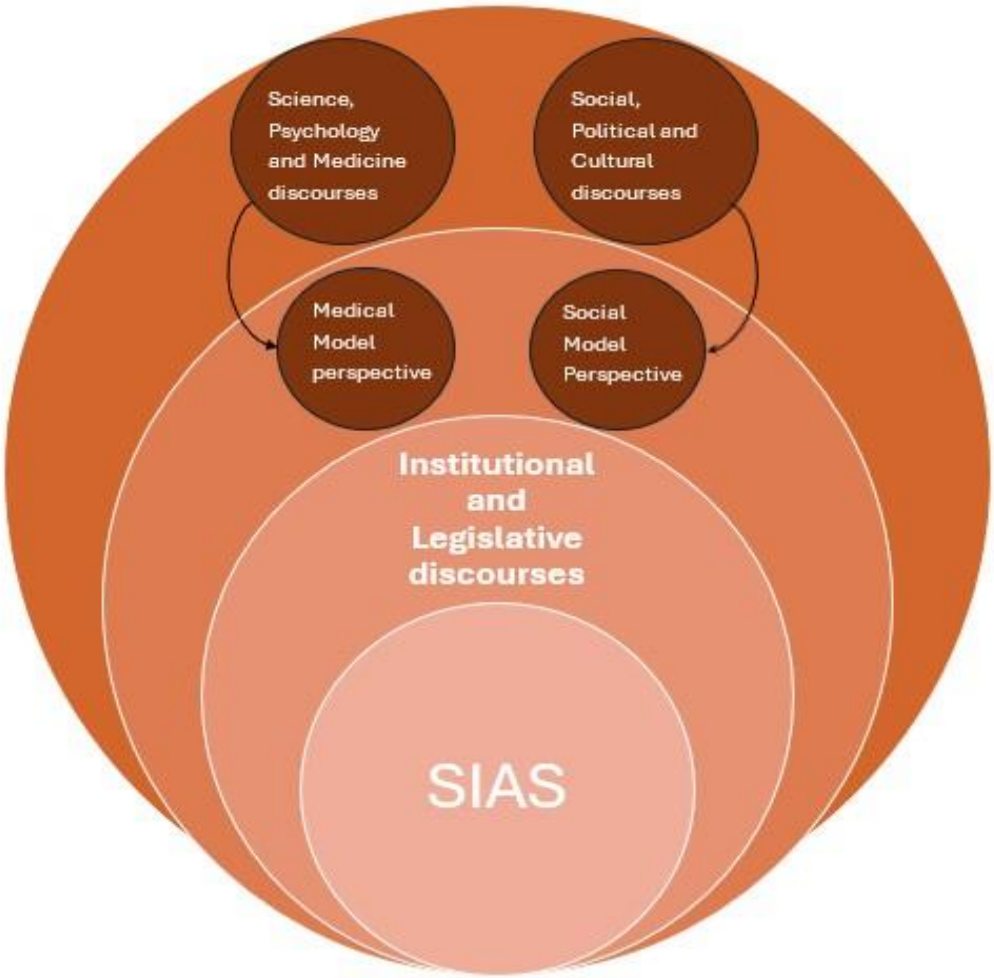
Underpinning the social model of disability, which in turn informs the social model approach to inclusive education, are the social, political, and cultural discourses. Critiquing the social norms and practices which have individualised and pathologized disability, the social discourse seeks to advocate for the inclusion of those deemed ‘different’, perceiving difference and disability as a social and societal construct, not as an individual deficit (Reid & Valle, 2004). This includes delving into the historical constructs of difference, and how these came to dominate societal perceptions and define what it means to be ‘normal’ or ‘different’, and what this means for the individual in social constructions. This is coupled with a shift in cultural discourse which illustrated a cultural change in the perception of disability, shifting towards an interdisciplinary understanding, which considers macro-level factors such as social, societal, and environmental influences on individuals, and how this influenced how society and culture define and view difference. These three discourses further consider social justice issues in relation to difference, considering aspects of representation- such as who has historically had the dominant voice on disability issues and how this caused marginalisation of minority groups, and how the exclusion of the input of these marginalised groups in research on disability issues shapes the way in which society structures and subjugates certain types of knowledge regarding disability- that representing the disabled community (Reid & Valle, 2004). This in turn influences how services, such as schooling, are established to support the disabled, with these discourses advocating for a view of disability in terms of ‘normal human variation’, which should be accommodated within the normal classroom environment- a shift from the sorting of children into specialised settings based on their pathology (Reid & Valle, 2004), consistent with the medical, psychological, and scientific discourses.

Institutional and legislative discourses are the social structures constructed as a response to perceived difference (Reid & Valle, 2004). Where Reid and Valle (2004) speak of institutional and legislative discourses from the perspective of being in support of special education and medical model imperatives (as they

draw on popular ideological assumptions held by those with decision making power), I am positing here that it is the combined perceptions of different role-players within education and policymaking generated from adherence to the scientific and medical discourses, as well as the sociopolitical and sociocultural discourses, which inform institutional and legislative discourses. It is at this juncture that the need for legislation and institutions which acknowledge both scientific and medical positions, as well as sociopolitical and sociocultural positions becomes apparent. This statement refers only to the particular instance of application in the context of this study and should not be construed as applicable elsewhere. Legislation, such as Education White Paper 6 and the SIAS policy, therefore, reflect aspects of both positions, with institutions implementing these policies reflecting this. Housed within the SIAS policy are notions and concepts which support both medical model- and social model-imperatives. One such example within SIAS that evidences a medical model perspective is the identification, assessment, referral, and diagnosis of learners, contrasting with the mobilisation of support provisioning within the learners current schooling environment, which evidences a social model perspective. In the current South African context, there is clearly a complex interplay between the scientific, medical, and psychological discourses, and the social, political, and cultural discourses, pertaining to legislative and institutional factors.

Figure 4

The foundations of the medical and social models of disability, and how they inform institutional and legislative discourses, resulting in the SIAS policy.



The medical model of disability and the social model of disability are the two most prominent models within inclusive education discourse. They contrast greatly in their constructions of disability and the meanings they ascribe to it. These two models in the disability discourse are reflected in the two main approaches to inclusive education, namely the special education approach and the social model approach. While the social model approach is in line with the social model of disability, the special education approach is connected to the medical deficit model. These two inclusive education approaches draw on various theoretical frameworks, resulting in differences in their fundamental beliefs and assumptions in terms of ontology, epistemology, and axiology.

2.6.2 The medical model

Within the medical model, disability is viewed as an individual or medical phenomenon resulting from an impairment within the individual, pushing an agenda of diagnosis and treatment in order to, as far as possible, fix and normalise the individual (Landsberg, 2011), with doctors and scientists positioned as the cognitive authority (Haegele & Hodge, 2016). Within this model, specialised and separate schooling is seen as the best solution to the problem of education for these learners as there is available specialist knowledge and curriculum flexibility to support individual learner needs (Anastasiou & Kauffman, 2011). This kind of model promotes labelling and othering of the disabled (Anastasiou & Kauffman, 2011; Reid & Valle, 2008) by limiting services and treatment to those who have a diagnosis. With positivism as its foundation, the special education approach is grounded in the ontological belief of realism (Al Riyami, 2015; Rehman & Alharthi, 2016). This means it assumes that the reality experienced by individuals with and without disabilities is fundamentally distinct, and it generalizes that all disabled individuals share the same reality across various contexts. In terms of epistemology, positivism, with its objectivist stance (Rehman & Alharthi, 2016), posits that knowledge and how it is acquired differ significantly for disabled and non-disabled individuals, suggesting that which is considered knowledge depends on one's disability status. The special education paradigm upholds the value of beneficence in terms of axiology within the positivist framework (Kivunja & Kuyini, 2017). Those who support the special education paradigm believe that people with disabilities should be treated differently and placed in facilities where they may get specialized care for both their personal benefit and the benefit of society at large.

Gallagher et al. (2014) and Haegele and Hodge (2016) critique the medical model for its failure to take into account the perspectives and desires of individuals with disabilities. They argue that the medical model continues to uphold a "diagnose, treat, and normalize" approach to disability, without regard for the unique needs and experiences of individuals. Haegele and Hodge (2016) also critique how medical professionals determine access to needs and

services based on diagnosis and labelling of the disabled. Positive aspects can also be attributed to the medical model though, in that specific diagnosis of a condition can result in effective treatment which could reduce the impairment, thereby improving access of the individual. Furthermore, establishing separate schooling institutions for those with additional needs allows for very specific support and care which may not have been accessible in the mainstream. This is more specifically referring to physical impairments that result in disability.

2.6.3 The social model

The social model of disability, which distinguishes between impairment and disability and maintains that impairment is, ontologically, an objective reality and that disability results from the restrictions and barriers placed on people with impairments, is in stark contrast to the medical model (Gallagher et al., 2014). Disability is therefore a social construct in which societal and environmental factors such as culture, economy, institutions, and educational practices, in addition to physical surroundings, disable those who have impairments (Gallagher et al., 2014). Within this model, the cognitive authority are the disabled and disability advocates (Haegele & Hodge, 2016), with individual experience, rather than medical diagnosis, determining access to services and treatment (Gallagher et al., 2014; Haegele & Hodge, 2016). Schooling, within this model, should accommodate for learner diversity and be accessible to all learners regardless of the intrinsic and extrinsic barriers they may have, which is in line with the concept of inclusive education as presented in Education White Paper 6 (2001).

The disability paradigm, the educational reform paradigm, the critical theory paradigm, and the transformative/emancipatory paradigm are all subsets of the social model paradigm (Allan & Slee, 2008). These perspectives are shaped, either individually or, by a combination of interpretivism, postmodernism, critical realism, Marxism, and critical theory.

If we adopt an interpretivist framework, the disability approach, school reform approach, and emancipatory/transformative approach share several key assumptions:

- Relativist Ontology: They all assume that perceived reality is context-dependent and shaped by the environment. This means that multiple realities exist, which are socially constructed and relative to specific contexts (Kivunja & Kuyini, 2017).
- Subjectivist Epistemology: These approaches view knowledge as socially constructed and tied to specific contexts. To acquire knowledge, individuals must immerse themselves in the real-life context (Rehman & Alharthi, 2016).
- Balanced Axiology: They value understanding various perspectives, considering all viewpoints equally valid (Kivunja & Kuyini, 2017).

The school reform approach, within the interpretivist framework, recognizes that the reality of schooling varies across contexts and seeks to remove barriers to inclusive education by addressing school-related factors, such as access to services, resources, and changing attitudes within the school community. The disability approach, within the interpretivist framework focuses on understanding disability from the perspective of disabled individuals. It asserts that there is no fundamental difference between able-bodied and disabled individuals, viewing disability as a dimension of natural human difference shaped by social constructs (Cresswell & Poth, 2016).

The emancipatory/transformative approach, also informed by interpretivism, goes beyond disability and encompasses discrimination experienced by both disabled and non-disabled individuals. This approach aims to emancipate all individuals from unequal societal structures to create an inclusive society based on democratic principles, equality, human rights, and social justice.

When informed by Marxism and critical theory, all four social model approaches assume:

- Historical Realism Ontology: They acknowledge that reality has been shaped by cultural, political, gender, race, and religious factors interacting to create a social system (Rehman & Alharthi, 2016).
- Subjectivist Epistemology: Similar to interpretivism, they see knowledge as socially constructed and context-dependent.
- Respect for Cultural Norms as an axiology.

The social model, which is the model guiding inclusive education in South Africa, is of course not without criticism and acclaim. Shakespeare (2013)

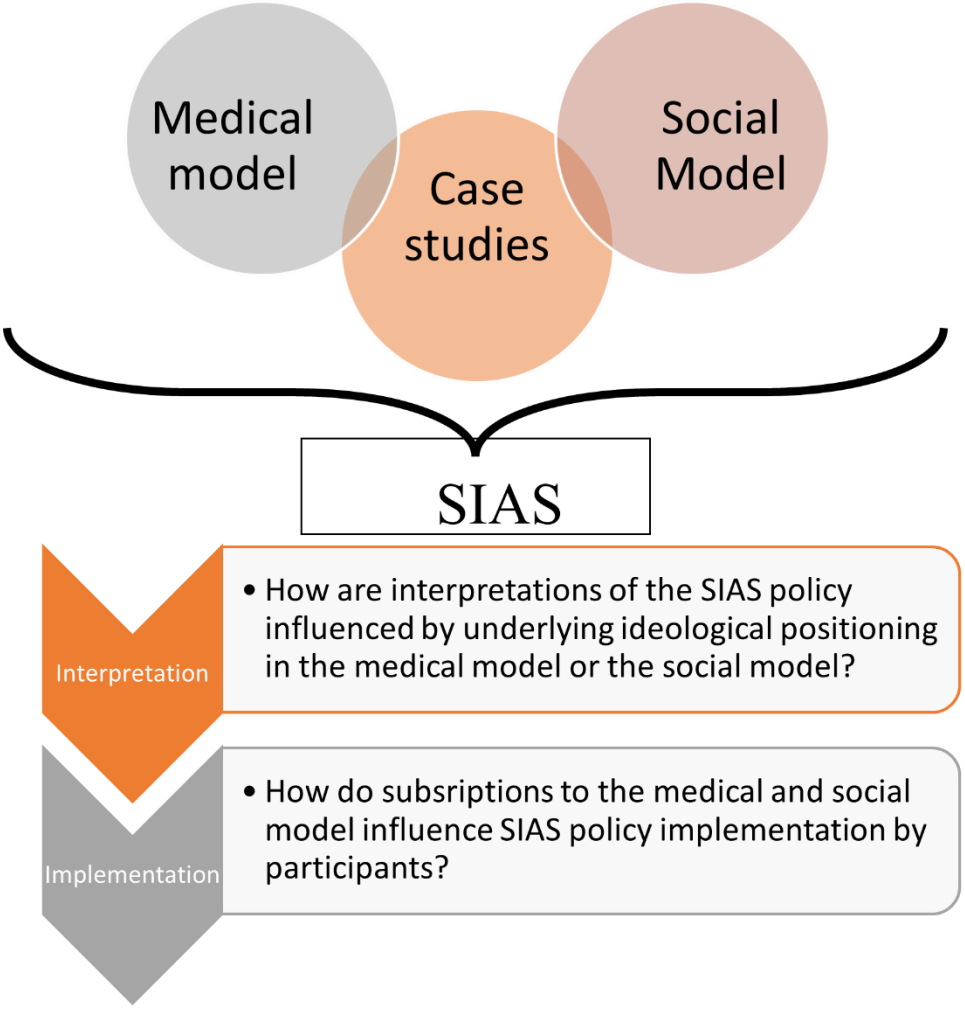
identifies three main strengths of the social model as being effective: a) politically, in establishing a clear agenda for the enactment of social change; b) instrumentally, by identifying barriers of a social nature that need to be removed; and c) psychologically, in improving disabled people's self-esteem as well as building their collective identity. Shakespeare (2013) also identified four weaknesses of the social model as: a) neglecting individual impairment; b) the social model assuming that it must prove the oppression of the disabled; c) the "*crude distinction between impairment and disability*"; (Shakespeare, 2013, p.218); and d) the idea of a utopia that is barrier-free.

2.6.4 The medical and social models as a lens on SIAS

When one considers the SIAS policy in terms of the two prominent models within inclusive education discourse, the philosophical assumptions held by the persons interpreting the policy and their subscription to a particular discourse (Wright, 2009) may result in a vastly different interpretation and understanding of the SIAS policy, and therefore differing applications and implementation thereof (Engelbrecht et al., 2015).

Figure 5

Application of the theoretical framework



This study intends to explore how the two schools selected as case studies are influenced by the medical and/or social model in terms of how they interpret and implement the SIAS policy. Considering the SIAS policy from a medical model paradigm with positivistic assumptions can result in an interpretation of it as a policy that guides the targeting and labelling of struggling learners, initiating the SIAS process in order for struggling and disabled learners to be placed out of mainstream education and into special schools, as is perceived by some educators (Hess, 2020). Advocates of special education and the medical model support separate education for the disabled and those with barriers to learning as they share the assumption that those with disabilities are fundamentally different ontologically and epistemologically and need to be

treated as such (Engelbrecht & Nel, 2015), in institutions which are able to, and equipped to, cater for them. From this perspective, external factors which may be hindering a learner's participation in school are not relevant, and learners should be referred for specialist support in order to normalise and remediate them.

One can quite easily see how this model is not aligned with the intentions of Education White Paper 6, nor the purpose and aims of the SIAS policy, however many teachers and communities still hold these perceptions of learners with barriers to learning and perpetuate them through practice regardless of the introduction of inclusive policies promoting the contrary. This may be due to a variety of reasons, such as the complicated past of South Africa which established a schooling system based on segregation and removing learners who did not fit the norm (Landsberg, 2011; Reid & Valle, 2008), attitudes and perceptions held by society regarding disability and learning barriers, and initial teacher training on special needs education that focussed on a medical deficit approach leaving teachers feeling that educating learners with barriers to learning in the mainstream classroom is beyond their scope of practice and level of expertise (Engelbrecht et al., 2015). The reality in many classrooms, although not all, is that learners experiencing barriers to learning are left on the periphery of classroom activities due to favoured group teaching models (taught in initial teacher training) which are designed to 'teach the middle' (Engelbrecht et al., 2015). Furthermore, teachers' own attitudes and beliefs towards inclusive education determines the application of inclusive practices within their classrooms, as well as their understanding and implementation of inclusive policies (Engelbrecht & Nel, 2015), such as the SIAS policy. With insufficient support, training, and resources provisioned for educators (Engelbrecht et al., 2015), it is not at all surprising that many revert back to medicalised ideas of difference, and therefore the application of non-inclusive practices and policy interpretation. The SIAS policy was never intended to be interpreted through a medical model, however more than half of the teachers in today's South African classrooms were trained in either mainstream or special education (Nel et al., 2016) perpetuating the validation of separate schooling placements for learners who struggle to cope in the mainstream.

In considering the SIAS policy from the social model paradigm through which it was designed, the interpretation will be aligned with inclusive education ideals and principles, promoting accommodating schooling environments and practices, and acknowledging the role of intrinsic and extrinsic factors in barriers to learning and development (Landsberg, 2011). Proponents of the social model paradigm hold the belief that maintaining separate schooling will perpetuate marginalisation and maintain exclusionary beliefs, values, practices, and attitudes within society. The protocol of forms prescribed within the SIAS policy in order to guide the SIAS process are well aligned with the social model paradigm, as they direct the teacher to look at the learner holistically, and conduct a thorough assessment of barriers within the individual learner, the curriculum, the family, the school, the community, and social contexts (DoE, 2014). Interpretation of this policy through social model paradigmatic assumptions will therefore enhance policy understanding, purpose, and therefore effectiveness and overall implementation. It should be a collaborative responsibility shared by the Department of Education and initial educator training programmes to ensure teacher understanding of inclusion as well as their preparedness to accommodate for learner diversity in the classroom through changing their ideas of disability as being fixed and within the learner (Engelbrecht et al., 2015). Due to the unique historical, social, economic, and cultural contexts present within South Africa, transformation to a social model paradigm is necessary in order to fully understand the barriers which affect individual learners, with the nature of the barriers indicating the level of, and strategy for, support.

The social model of inclusive education is most relevant to the aims of this research project given that the SIAS policy emphasises the importance of considering the learner holistically when identifying any barriers to learning and development that they may experience. Working with the theoretical framings of both the medical model and social model as a lens for understanding participant responses and interpreting the collected data is necessary due to the acknowledgement that participants may be proponents of either model, which is expected to have a direct impact on the way in which they have interpreted the policy and therefore the answers they may give during data

collection. Participants' subscription to either model will also influence the way they experience the SIAS policy, whether positively or negatively, as well as their understanding towards implementation and effectiveness based on the way they perceive to be the goals and aims of the policy. I will therefore need to apply sound theoretical understanding of both models in order to enable me to accurately interpret the experiences of each participant and to frame their experiences appropriately according to the two models.

2.7 CONCLUSION

In order to contextualise the research study, the literature review presented put forth current literature available. I sought to outline how a universal definition of inclusion remains elusive, and how this creates complications when one attempts to interpret and apply inclusive policies and practices. Thereafter, the policy and legislative context of inclusion and inclusive education were explained in order to situate the necessity and background of the SIAS policy, which is policy central to this research study, and which was then described in more detail. Finally, I put forward the theoretical framework I will use for the study, which considers how the different models of disability, either medical or social, will result in different framings of the SIAS policy, and therefore different implications for interpretation and implementation determined by the ideological assumptions of the policy-users,

The following chapter outlines the research design and methodology, where I will put forward my research paradigm and situate the study within the school reform approach. Following this, I will outline the research design, research site and participants, the data collection methods, data collection plan, and discuss how I will go about analysing the collected data, before looking at ethical considerations and research rigour.

CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

Throughout the course of this report thus far, the research study to uncover challenges to SIAS policy implementation has been contextualized within the broader inclusive education policy climate of South Africa, anticipating that the enactment of SIAS follows the same trends of poor implementation as other inclusive policies. The literature review further situated this research study within the current available literature, analysing aspects related to definitions of inclusion and their subsequent effects on understanding and enacting inclusive policies, framing the legislative and policy context within South Africa, and looking at a more in-depth explanation of the SIAS policy itself. The theoretical framework then considers how the framing of the SIAS policy in either a medical model or social model perspective will result in divergent understandings and applications of policy.

This chapter determines the research design and methodology, defining the research paradigm, the research site and participants, as well as the data collection methods and plan that will be used. It will then turn to look at how collected data will be analysed using thematic content analysis and lastly discuss the ethical considerations and aspects of research rigour relevant to the study.

3.2 RESEARCH PARADIGM

There are two dominant paradigms associated with inclusive education research, the special education paradigm and the social model paradigm. The special education paradigm, informed by positivism, assumes axiologically that the disabled are different and require special treatment and placement in special schools which can accommodate for their different needs. The ontological assumption is that reality for the able-bodied and the disabled are different, generalising that all disabled people share a common reality. Assuming an objectivist epistemology (Kivunja & Kuyini, 2017), people within this paradigm believe that, for the disabled, knowledge and knowledge acquisition are different, and that a person's status of disability determines what is regarded as knowledge. Focusing on researching only the disabled, researchers within this paradigm will

select methodologies guided by the axiological, epistemological, and ontological assumptions, opting for experimental and quasi-experimental research designs (Al Riyami, 2015).

The social model paradigm is influenced by the theoretical frameworks of interpretivism, postmodernism, Marxism and critical theory, and critical realism, and comprises four distinct approaches that challenge the special education paradigm through shared presuppositions. The four approaches, as defined by Allan and Slee (2008) comprise the disability approach, the school reform approach, the critical theory approach, and the transformative/emancipatory approach. Each approach is based on one framework or a mix of frameworks, revealing the variations in their underlying presumptions related to the framework from which they most frequently draw.

In order to support broader requirements for inclusive education, this study is positioned within the school reform approach as informed by an interpretivist theoretical framework that will be working with the experiences of participants. In order to take into account the various realities of each context and what is thought to be the truth within those realities, perspective from the context of each individual school is required, in considering the relativist ontology of interpretivism within the school reform approach. Each school's reality differs, ontologically, and the truth of the reality is dependent on the context in which it happens, with the validity of the many realities remaining the same. The epistemology I am adopting is subjectivist, meaning that the participants' perspectives will shape my understanding of the reality of each unique situation. I can only learn about what is occurring in schools by how the participants express it. I am also presuming a balanced axiology that recognizes the need of understanding all viewpoints without reducing them to one another, in order to obtain important insight into how changes might be effected in a more inclusive, broad-based society. Investigating policy implementation within the framework of my study, based on the assumptions I have established in accordance with the school reform approach, I will use qualitative data collection methods in order to understand individual views and perceptions, which will be further discussed in the following section.

3.3 RESEARCH DESIGN

This qualitative study used a comparative case study design where two case studies namely, one mainstream school and one special school, were collected for comparison. A case study is the in-depth investigation of a real-life phenomenon in a bounded system (Creswell, 2008; Yin, 2009), the bounded system in this study being the individual schools, both acting within the same support policy framework- the SIAS policy. An intention of case study research is to study a phenomenon in naturally occurring settings where variables are not controlled, with emphasis on the collected data giving participants a voice (Scott & Morrison, 2006). Case study research is useful in investigating the relationship between policy and practice as it allows me to position the participants' perceptions and experiences regarding challenges to SIAS policy implementation in relation to proposed implementation mandates imposed by the Department of Education. By comparing two different contexts as the case study sites, I was able to identify common experiences on what the challenges to SIAS policy implementation are, as perceived and articulated by the participants, and make applicable recommendations to improve support provisioning for learners through appropriate SIAS policy implementation strategies. Where Stake (1994) affirms that the end result of a case study represents something unique and therefore not generalisable, Yin (2011) recognises the contribution of case studies to theoretical propositions, asserting that case studies can contribute to the production of theoretical insights which may be transferrable to other cases (Bartlett & Vavrus, 2016). The inclusion of two different school types allows for the outcome of the case study research to make a valuable contribution to the understanding of SIAS policy implementation challenges and could contribute theoretical insights which may be of value beyond the context of the two schools sampled, but within the broader understanding of the barriers to learner support provisioning within the SIAS policy framework. Given that the two school types as described in Education White Paper 6 and the SIAS policy are differentiated according to the level of support provisioning provided and the functions of each school within the inclusive education system, the representation of both is important as the schools, due to function, may not be using the SIAS policy document in the same way or with the same application. Furthermore, the composition of the school-based support-teams at mainstream

schools and special schools may also differ due to the availability of on-campus specialists employed at special schools. It is within this frame of difference that these two contrasting school types have been selected to investigate the problem.

Case study research has been critiqued over concerns of lack of rigour (Merriam, 2009), where the researcher does not subscribe to a systematic procedure or allows biased views or indeterminate evidence to influence their findings and conclusions (Yin, 2009). A further critique is that case study research may be confused with case study teaching, in which a case is purposefully manipulated to illustrate a specific idea, an action which is strictly forbidden in research (Yin, 2009). It is therefore imperative for the researcher to have an awareness of these critiques in order to ensure all evidence is reported fairly, with research rigour and ethical considerations including researcher bias discussed in more detail at a later stage.

3.4 Research Site and Participants

This study was conducted in the foundation phase departments of one mainstream school and one LSEN school in Gauteng. I collected data from school-based role-players that are directly involved in the SIAS process in order to understand how they articulate their challenges, to discover the different challenges experienced by the different roles, as well as to uncover common challenges experienced by all of them, as well as across the cases.

Both the mainstream and special school are public schools situated in the same lower-income urban area in Pretoria. The community which the mainstream school serves is predominantly lower income families who live in the area surrounding the school. The community which the special school serves is also predominantly lower income, however, caters exclusively for learners with a specific disability, and has an onsite hostel to accommodate learners who stay in other cities and provinces.

The participants were intended to be seven foundation phase teachers in the LSEN school and 12 foundation phase teachers in the mainstream school, the foundation

phase Departmental heads, one per school site, as well as the 12 SBST members in the LSEN school and three to five SBST members of the mainstream school. However, the final participants who participated were four foundation phase teachers in the special school, three foundation phase teachers in the mainstream school, the foundation phase departmental heads from each school site, and five SBST members from the LSEN school and six SBST members from the mainstream school. It should be noted that SBST composition is not standardised across school sites, thus where a special school may have specialists such as psychologists and occupational therapists on the SBST, a mainstream school SBST may be entirely comprised of teachers and SMT members.

The selection of the two specific school types for this study were deliberately chosen as the challenges to SIAS policy implementation they experience are not expected to be the same, with the representation of both perceptions equally important. Comparing challenges and identifying common challenges could guide better strategies to enhance implementation. This is a purposeful sampling strategy in which the researcher intentionally selects a sample that is believed to consist of 'information-rich cases' (Patton, 1990) where participants are experienced with and knowledgeable about the phenomenon being investigated (Palinkas et al., 2013). The application of maximum variation sampling, where the sample is intentionally chosen to portray a variation in experiences and perspectives, allows the researcher a multi-faceted representation of the phenomenon being researched and enables the identification of common themes that become apparent across the sample (Patton, 1990). Using purposeful sampling allows me to ensure equal representation of the variations existing throughout both school types, whereas, due to the ratio of special schools to mainstream schools, a randomised sampling technique would be inefficient in selecting a duly representative sample. Furthermore, maintaining a small sample size of maximum variance, limited to the two school sites and the selected participants, allows for a detailed description of each case which emphasises their uniqueness, and subsequently gives significance to commonalities that arise from the heterogeneity (Patton, 1990). *Table 4* below indicates the number of research participants per school site.

Table 4

Research participants per school site and category

Role-players	1 Mainstream School	1 LSEN School
Foundation Phase teachers	3 Foundation Phase teachers	4 Foundation Phase teachers
Foundation Phase HOD	1 HOD	1 HOD
School-based Support Team	6 members	5 members

3.5 Data Collection Methods

The data collection methods selected for this qualitative study are open-ended questionnaires and focus group interviews.

Open-ended questionnaires are in-depth, exploratory questionnaires that comprise a series of open-ended questions to which the participants are requested to respond to in their own words (Tashakkori et al., 1998). Open-ended questionnaires allow the researcher to represent the individuality of a situation in context (Cohen et al., 2007). The benefits of using open-ended questionnaires for this study are that the participants are able to respond in written form, encouraging them to freely express themselves and allowing them time and space to engage with the questions (Cohen et al., 2007). McMillan and Schumacher (2014) identify potentially poor response rates as a limitation of questionnaires, as well as the inability to clarify ambiguous questions should the researcher not be present during questionnaire completion.

Focus group interviews are a type of group interview in which the researcher makes use of the interaction between participants who form a collective view of a topic of discussion initiated by the researcher (Cohen et al., 2007; Scott & Morrison, 2006). This method of data collection is particularly valuable for this study as participant group interaction allows for participant views to emerge and encourages them to voice their opinions as a group rather than as individuals, empowering them to speak (Cohen et al., 2007). This enables the researcher to uncover participant values, attitudes, and opinions (Scott & Morrison, 2006), and foreground

the participant agenda (Cohen et al., 2007). Some limitations of focus group interviews are that some members may not participate, and others may dominate, due to group dynamics and status differentials, and data analysis is not quantifiable and may be challenging to analyse (Cohen et al., 2007).

The three foundation phase teachers at the mainstream school and the four foundation phase teachers at the special school were sent open-ended questionnaires, as they are the first interaction with the SIAS policy and the learners. The two foundation Phase HODs, one at each school site were also sent open-ended questionnaires as they provide a supporting role to the teachers in implementing the SIAS policy process and play a pivotal role in the provision of support at the school level. For this study, I expected there to be 12 SBST members of the LSEN school who I intended to divide into two groups of six to minimise the group size to mitigate non-participation. However, this was unnecessary as the final group of LSEN school SBST members participating was five. These five SBST members of the LSEN school and six SBST members of the mainstream school were invited to participate in focus group interviews as they oversee the entire SIAS process and implementation, and are the link between the teacher and SMT, and the higher-level support structures outside of the direct school environment, which exposes them to far more experiences with potential policy implementation challenges both inside and outside of the school, than other school-based role-players. The SBST also make a lot of decisions regarding learner support which is an additional reason why I feel a focus group is necessary as opposed to a questionnaire. It should be noted that the onus is on individual schools to select staff who will form part of the SBST, meaning the number of SBST members may differ across schools. As previously mentioned, the member composition of an SBST is not standardised in terms of the nature of the individuals' job description and their position within the school staff body, meaning that those who make up the SBST in a mainstream school may not be the same as those who make up the SBST in a LSEN school as the schools' staffing requirements and therefore post establishments differ, making a focus group more appropriate in addressing the SBST as a group, and not separate members. The SBST may also be viewed as a community of practice, which focus group interviews are particularly useful in

investigating (Scott & Morrison, 2006). *Table 5* below indicates the date collection tools per participant group for each school site.

Table 5

Data collection tools per participant group.

Data Collection Tool	1 Mainstream School	1 Special Education School
Open-ended Questionnaires	3 foundation phase teachers	4 foundation phase teachers
Open-ended Questionnaires	1 HOD	1 HOD
Focus group interviews	6 SBST members	5 SBST members

3.6 Data Collection Plan

At the time of determining the data collection plan, the Gauteng Department of Education had restrictions regarding the conducting of research in government schools. The data collection plan therefore considered that a) in-person research was only to be conducted in a school where the researcher was employed, with no data collection by outsiders permitted, and b) virtual data collection methods were allowed to continue through the use of online conferencing and survey platforms providing that informed consent is obtained from the participants. My data collection plan did not need be aligned to these protocols in the end, as the restrictions imposed due to COVID-19 had been prior to commencing my data collection. Open-ended questionnaires for the three foundation phase teachers at the mainstream school and four foundation phase teachers at the special school, and one HOD per school site, were distributed to schools in an email with a link to the questionnaire developed through google forms. The focus group interviews with the six SBST members of the mainstream school and five SBST members of the LSEN school were conducted in person on each school premises on a set date and time suitable to the participants and the schools involved.

3.7 Data Analysis

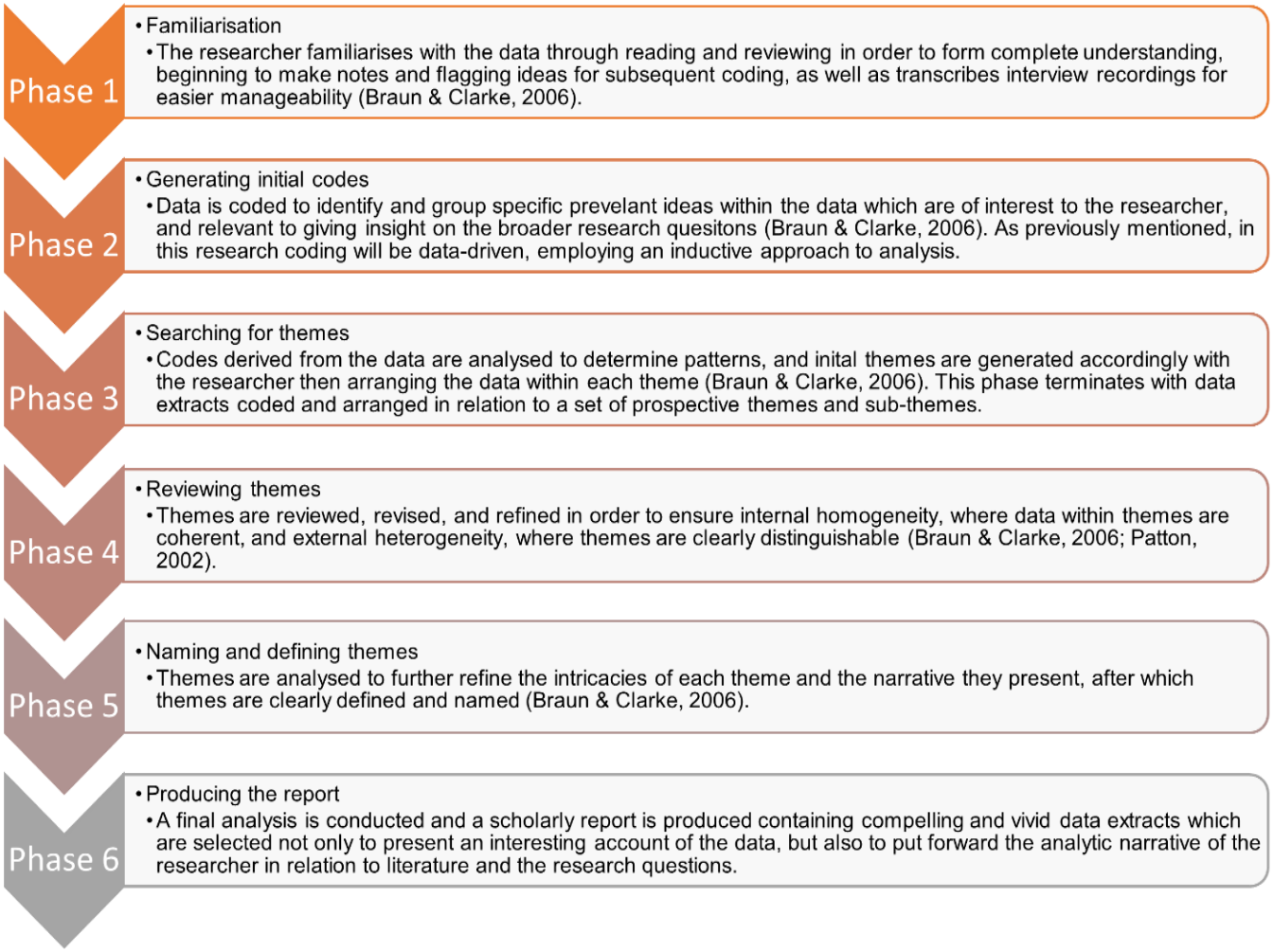
This study used Thematic Content Analysis (Braun & Clarke, 2006) to analyse the collected data. Thematic content Analysis is a method of qualitative data analysis in which themes within a dataset are identified and analysed, with identified patterns reported on (Braun & Clarke, 2006) in order to form a descriptive

presentation of the collected data (Anderson, 2007). I made use of an inductive approach to thematic analysis, where data is not coded within existing themes, but themes are rather discovered as emerging from the dataset, which are selected in order to capture important elements relevant to the overarching research questions (Braun & Clarke, 2006). It is important to note here that although I attempted to code the data without directly applying preconceptions about the research area in order to maintain a data-driven analysis, analysis does not exist within an epistemological vacuum (Braun & Clarke, 2006), and in determining a theme, a level of researcher interpretation exists in order to determine their relevance and importance, and which themes will be reported on (Taylor & Ussher, 2001) in the final research report.

In doing a thematic analysis, Braun and Clarke (2006) identify six phases which act as guidelines for the analysis process as indicated in Figure 6 below.

Figure 6

The 6 phases (Braun & Clarke, 2006) of Thematic Context Analysis.



Braun and Clarke (2006) acknowledge that this process is both recursive and flexible, with each phase a guideline, not a set rule.

3.8 Ethical Considerations

The ethical considerations for this research study that were attended to include ethical approval and access to participants (Arifin, 2018), informed consent and voluntary participation, and anonymity and confidentiality (McMillan & Schumacher, 2001).

3.8.1 Ethical approval and access to participants

Prior to data collection, ethical procedures were followed, and I applied for and obtained ethical clearance from the Human Research Ethics Committee

(HREC), as well as approval from the Gauteng Department of Education and the one LSEN school and one mainstream school where data was collected.

3.8.2 Voluntary participation and informed consent

The research project was explained to participants after which they were allowed to determine their willingness to participate and subsequently sign a form to consent. Participation in the study was voluntary and participants had the option to withdraw at any stage without penalty (McMillan & Schumacher, 2001).

3.8.3 Anonymity and confidentiality

Anonymity indicates that the participants will not be individually identifiable from the collected data (McMillan & Schumacher, 2001). Anonymity was maintained in this research study in the presentation of the written work, and pseudonyms (Wiles, 2013) were used to represent participants and their views. Confidentiality is when only the researcher knows who the participants are and what individual participants have said (McMillan & Schumacher, 2001). Confidentiality could not be assured within the focus group interviews during data collection as participants knew what each other had said, however, although participant views were shared within the group, confidentiality was maintained beyond the group, and participants were requested to agree to respect the confidentiality of what was discussed within the focus group interview.

3.9 RESEARCH RIGOUR

Quantitative and qualitative research differ methodologically, and therefore rely on different criteria to assess their quality. Where the quality of quantitative research is determined based on rigour, qualitative research quality is determined by trustworthiness (Cope, 2014). Connelly (2016) identifies trustworthiness as the level of confidence, interpretation, and methodology the researcher uses to ensure the quality of the study, with Lincoln and Guba (1985) positing that trustworthiness relates to the how the researcher persuades the audience to consider the study worthy of consideration. The trustworthiness of a qualitative research study can be established by ensuring that the findings of the study meet the criterion of

credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Shenton, 2004). For the scope of this research study, I will consider issues of enhancing credibility as a means of establishing trustworthiness.

Credibility of a qualitative research study is achieved when the descriptions interpreted by the researcher in the study are mutually recognisable by those who share the same experience (Cope, 2014). In order to enhance credibility, I implemented strategies as proposed by Lincoln and Guba (1985), such as triangulation, where two different strategies for data collection were used, namely focus group interviews and open-ended questionnaires, as well as data collection from two different sites in order to mitigate factors particular to one specific site (Shenton, 2004; Treharne & Riggs, 2014). I also provided a thick description of the contexts in which the data was collected in order to provide the reader with a sound understanding of the actual situations and the truth of the overall findings in relation (Shenton, 2004). Another strategy I employed was to ensure that informants are honest in their contributions by allowing participants the opportunity to decline participation, or withdraw from the study at any point, so as to ensure that data collection was performed with those who are willing to participate and offer information openly (Shenton, 2004). My independent status was also stressed to allow participants freedom to contribute without fear of victimisation from members of the school communities (Shenton, 2004). Member checking was also be utilised in the focus group interviews to ensure participant articulations are accurately captured and represented (Shenton, 2004). Finally, I used reflective commentary to enable “progressive subjectivity” (Lincoln & Guba, 1985), and to assist in informing the discussion of the research findings in the final research report (Shenton, 2004).

3.10 CONCLUSION

This chapter presented the research design and methodology. The research paradigm in this study was identified as the school reform approach, acknowledging how I am assuming an interpretivist theoretical framework, relativist ontology, a subjectivist epistemology, and a balanced axiology. The research design outlined a comparative case study design to investigate how SIAS policy

implementation occurs within the two natural settings of the mainstream and LSEN schools, yielding data that identifies common challenges across the schools in order to make recommendations for appropriate SIAS policy implementation. Hereafter, I identify the research sites as one LSEN school and one mainstream school, and the participants as foundation phase teachers and departmental heads, and school-based support team members at each school setting. The data collection methods, namely open-ended questionnaires and focus-group interviews are explained, and the data collection plan set. I then outline how data will be analysed using thematic content analysis, before defining some important ethical considerations relevant to the study, Lastly, I consider aspects of research rigour.

The following chapter presents the data collected from the two school types according to emergent themes, and this research study concludes with a discussion of the major findings in chapter 5.

CHAPTER 4 PRESENTATION OF DATA

4.1 INTRODUCTION

The primary purpose of this study is to gain insight into the challenges experienced by school-based role-players in the implementation of the SIAS policy, comparing data from a mainstream school and a special school in order to represent two contrasting ends of the inclusive education schooling provision continuum. Where the previous chapter outlined the research design and methodology, this chapter will give a descriptive presentation of the collected data gathered through the focus group interviews and open-ended questionnaire responses from one mainstream school and one special school which were analysed using Thematic Content Analysis (Braun & Clarke, 2006).

4.2 PRESENTATION OF DATA

Interpretation, analysis, and organisation of the data is guided by the theoretical framework used for this study, which considers the medical model versus the social model in the framing of the SIAS policy. In order to answer the research questions, a focus group interview schedule as well as a questionnaire schedule were developed with the intention of uncovering SBST, Departmental Head, and teacher understandings, perspectives, and challenges to the implementation of the SIAS policy.

Data was collected through focus-group interviews conducted with the SBST of the mainstream school and the SBST of the LSEN school, and a questionnaire that was completed by Foundation Phase teachers and Departmental Heads from both the Mainstream school and the LSEN school.

Table 6

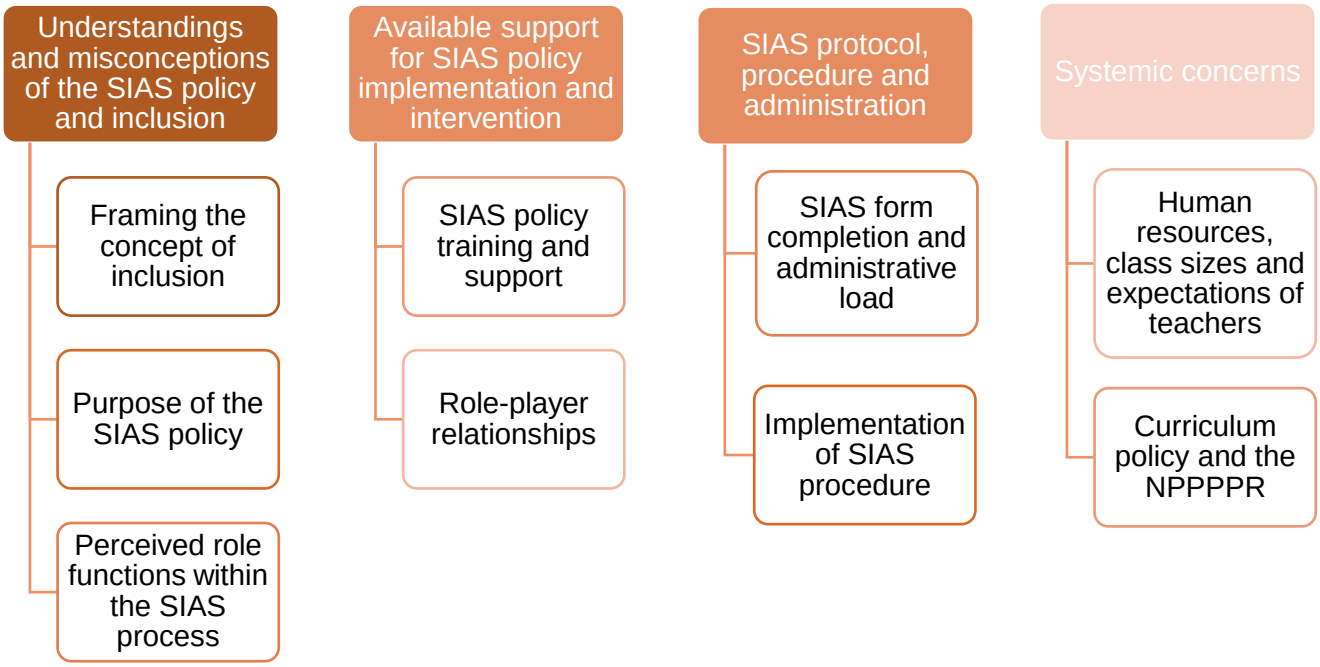
Data collection methods, participants, and participant codes.

Data collection method	Mainstream School	LSEN School
Focus-group interviews (one mainstream school focus group and one LSEN school focus group)	SBST member (MFT1a) SBST member (MFT1b) SBST member (MFT2) SBST member (MFT3)	SBST member (LFT1) SBST member (LFT2) SBST member (LFT3)
Questionnaire	Respondent 1 (MQ1) Respondent 2 (MQ2) Respondent 3 (MQ3)	Respondent 1 (LQ1) Respondent 2 (LQ2) Respondent 3 (LQ3) Respondent 4 (LQ4)

Through analysis of the data obtained from the two focus group interviews and the seven responses received for the open-ended questionnaires, four dominant themes with sub-themes emerged. Figure 7 below acts as a graphic organiser depicting the emerging themes and sub-themes through which data will be presented.

Figure 7

Themes and sub-themes emerging from the data.



4.2.1 Understandings and misconceptions of the SIAS policy and inclusion

The first theme that emerged during data analysis revealed that there are differences in participant understandings of the SIAS policy and inclusion. These understandings and misconceptions could further be categorised into the sub-themes: 4.2.1.1) Framing the concept of inclusion; 4.2.1.2) The purpose of the SIAS policy; and 4.2.1.3) Perceived role functions within the SIAS process. These differences are further complicated by the participants' own subconscious subscription to either the medical or social model of inclusion, and may be attributed to the particular school type, either a mainstream school or a special school in which the participant is employed.

4.2.1.1Framing the concept of inclusion

One's own framing of the concept of inclusion has interesting ramifications for the realisation of inclusive education in schools, as it will have a direct impact on how inclusion, and subsequently the SIAS policy, are implemented by individual teachers in the classroom. It should be noted here that where respondents were questioned on their understanding of the concept of inclusion. The data evidenced a marred understanding of the difference between the concepts of 'inclusion' and 'inclusive education'. All respondents understood the question as asking about their understanding of 'inclusive education'. Within this context, the term 'inclusion' discussed here is actually referring to 'inclusive education', which has been intentionally reported to reflect participant voices.

Data collected through the open-ended questionnaires revealed a contrast in the general view of inclusion as defined by participants representing the two different school types. Two of the three participants from the mainstream school associate the term inclusion with learner ability, whereas all four participants from the LSEN school did not mention learner ability at all in their definitions, rather being more likely to associate the term inclusion with equality in access and opportunity. This is demonstrated in Table 7 below.

Table 7

Contrasting views of the term inclusion.

Inclusion associated with ability (Mainstream school)	**Inclusion associated with equality in access and opportunity (LSEN school)**
No learners should be excluded from learning based on their specific abilities (MQ1)	*It refers to all students being able to access and gain equal opportunities to education and learning. (LQ1)*
To include learners from different abilities (MQ2)	*To include all types off learners in your class no matter race or disability (LQ2)*
	It means including all learners with barriers to learning or with SID and MID (LQ3)
	Nobody is left out- everyone must be included and involved (LQ4)

The term *barriers to learning* appeared to be understood by most of the participants from both the mainstream school and the LSEN school as a term referring to any factor that that impacts negatively on learning. A participant from the LSEN school, however, described a barrier to learning as a *'group of people that are not willing to learn. They are not interested' (LQ1)*, illustrating a misconstrued understanding of a learning barrier, and indicating again a varied understanding of the concept of inclusion, and therefore what inclusion for learners with barriers to learning may entail. These contrasting responses likely reflect each individual's personal beliefs and subscription to either the medical model or the social model of inclusive education. Interestingly, teachers in the mainstream school were those more likely to associate inclusion with learner ability and therefore a medical model of inclusion, where teachers from the special school were more likely to have a social model inclination in their association of inclusion with equality in access and opportunity.

4.2.1.2The purpose of the SIAS policy

The responses received from the participants from both schools were in support of the actual intended purpose of the SIAS policy when directly asked, with participants from the mainstream school focussing their understanding of the purpose of the SIAS policy on the provision of support.

The following were responses from the Mainstream school:

> *The purpose of the SIAS policy is to support learners who are struggling, or learners who have got barriers in teaching and learning. (MFT2)*
>
> *To provide support to all learners on their specific level. (MQ1)*
>
> *It is a programme to help learners who struggle in mainstream schools. (MQ2)*

Participants from the LSEN school, on the other hand, provided far more nuanced understandings of the purpose of the SIAS policy, including two participants foregrounding the identification of barriers to learning as the purpose, in stating *'The purpose of the SIAS policy according to my understanding is that it is there to identify and to provide services for learners with special needs.' (LFT1)*, and *'It is the policy that help us to Identify and support learners with barriers to learning.' (LQ3).* Participant LQ4 shared this understanding of the purpose of SIAS as identification, however they further pointed out that it is a mandated procedure from the department of education that needs to be followed in order to acquire support for identified learners when they noted that, *'It is the process that a learner have to go through by the department to identify him/her as child that need extra support.' (LQ4).* Another participant recognised the purpose of SIAS to prevent the exclusion of learners, saying it is *'to allow learners opportunity to not be excluded because of a barrier.' (LQ2).*

However, it did become apparent throughout the course of the focus group interviews that the understanding of the SIAS policy is not as was directly stated when probed, with participant conversations indicating a different understanding expressed by each school, with some understandings in direct contrast to the actual policy purpose as stated in the SIAS document.

Participants from the mainstream school allude to the purpose of the SIAS policy as the means to have underperforming learners placed in special schools, with statements such as *'they must go to different schools so that they can have the help that they need.' (MFT1b),* and *'you see there is a child that has a barrier and you will be able to refer them to a school that is going to assist them' (MFT1a)*. This approach was backed up by other participants with statements such as, *'Maybe if you say for the repeat failure, that they automatically get placed in a different school. (MFT3, MFT1b),* and *'We're trying to help this child to read, but it's only this much that we can do as teachers. That child needs to go to a special school. (MFT1a)'*. In support of this, another participant further indicated special

school placement as being of the only successes they have had with the policy sharing that, *'our success is in referring children to special school.' (MFT2).*

The data further indicates that participants from the mainstream school appear to not understand why the policy is in place as they are unable to refer learners to special schools at a young enough age with participant MFT1b stating, *'specially for the foundation phase, why are we filling in all these things if we can't even refer our learners? Why do we need to do it? I don't understand why the thing is set in place. (MFT1b),* and another participant adding *'In Gr 1, 2 or 3 even, if you see there is a child that has a barrier and you will be able to refer them to a school that is going to assist them, it will also go better than having them to wait until they are 12 before we can refer them.' (MFT1a).* Participant MFT1b feels learners with barriers will only get the support they need from placement in a special school, expressing, *'Why can't he go to a special school where he gets the support he needs?' (MFT1b)*. Understanding that the policy is intended to be more than a referral to a different school, but rather as a means of first securing support for learners to ensure inclusion in their current placement, according to the above presentation, appears to be less understood by participants.

Data additionally indicates that a purpose of the SIAS policy as understood by participants from the mainstream school is also limited to completion of documentation such as the SNA1 and SNA2 forms, with the perceived success of policy implementation in the school being measured by participant MFT1b as the completion of documents and not by the outcome of actual support offered to learners stating that, *'At school it's successful. In our school everyone fills it in.' (MFT1b)*. This is a sentiment shared by a participant from the LSEN school that policy implementation is effective at their school based on their understanding of SIAS documentation, minimizing the function of the policy to completing documents, and convoluting the understanding of its overall purpose arguing that '*because we understand the document, because we understand the SNAs, we understand what DB124 is for, we understand what DB120 is there for, we understand that. So it is, it's effective.' (LFT3).*

A participant from the mainstream school suggested that although there is completion of documents, there is a lack of understanding of the intended outcome of the SIAS process beyond the completion of documentation in saying, *'I think we all understand you have to fill in an SNA1, but everything that comes after is chaos. I think for most teachers to go past SNA1 to SNA2 to the further referrals, that is where I think the challenges are*

coming. That we don't all understand.' (MFT3), . A further disjunct on the understanding of the policy's purpose is exposed in the comment from participant MFT1a that successful document completion does not result in support or intervention for learners, when they said *'we are forced to fill in the papers so the paper trail is effective. Everyone has ISPs, SNA1s, SNA2s, but we are not succeeding with helping the learners that is actually having the problem.' (MFT1a)*.

Participant MFT1a additionally exposed a misunderstanding of the purpose of SIAS documentation, implying that the purpose of the SNA 2 form (which according to policy is intended for assessment and intervention by the SBST) is the acquiring of accommodations and is therefore redundant in phases where accommodations are not awarded, asserting that *'in terms of Foundation Phase, certain things aren't allowed for Foundation Phase learners, like for example, like a reader and scribe, So we are having to fill in the SNA2, but for what purpose, because they are not allowed those type of things.' (MFT1a).* These issues are complicated by much needed support from the DBST which is not forthcoming. However, this will be discussed in more detail under the themes 'Understanding and misconceptions of the SIAS policy and inclusion,' and 'Available support for SIAS policy implementation and intervention.'

The understanding of the purpose of the SIAS policy indicated in the data collected from the LSEN school offers a different perspective to that of the mainstream school. Over the course of the focus group interview with the LSEN school, it became apparent that the purpose of the SIAS policy, as understood by participants, is more a means to have learners initially placed at the school, and to assess for and implement necessary support required by learners placed at the school based on their disability with one participant noting that, *'we are identifying learners that would be suitable for our school. And then once they are here, we do the assessments, or assessments we screen to see how they would fit into our school.' (LFT1)*. In addition to this, the purpose of the SIAS policy is also perceived as a means to secure accommodations for learners for both in the classroom and during examinations, further sharing that, *'in terms of doing the accommodations, so that they get exam accommodations. We are looking at what can be implemented within the SIAS policy. Also see to the physical needs and therapeutically, also what is required for them.' (LFT1).*

Participant LFT2 from the LSEN school indicated that the SIAS policy may be more applicable to mainstream schools, saying that, *'at a mainstream school they would refer to it a lot more frequently because they have to refer them to DBST. They have to have more*

guidelines with regard to various inclusions, various accommodations, various disabilities. So I think in a mainstream school it's maybe more important… they'll need more guidance than here where we readily just accommodate, because that's what we do in an LSEN school.' (LFT2). Where participants from the LSEN school nodded in agreement with LFT2's above statement, it should be considered within the context that the SBST participants from the LSEN school comprise qualified auxiliary service professionals who are able to provide direct support services to learners at the school mostly without DBST involvement, often beyond initial placement up until the awarding of examination accommodations and concessions, unlike the SBST participants from the mainstream school.

The differing understandings of the purpose of the SIAS policy expressed by the schools impacts on policy implementation within each school but could potentially also be considered as a challenge to effective implementation in schools in general. This is because a different understanding of purpose will generate a different reaction to the policy, and therefore a different use and resultant different implementation. The schools in this particular study are implementing according to their own understanding, with each distinctive understanding and interpretation of the purpose of the policy fostering a unique outcome for implementation.

4.2.1.3 Perceived role functions within the SIAS process

Data collected from the two schools revealed contrasting ideas regarding the functions of certain school-based role-players within the SIAS process. The role of teachers appeared to be the most consistent across the schools.

The role of teachers in the SIAS process was identified by participants from both schools as completing documentation, with a mainstream schoolteacher identifying her role as *'filling in of the paperwork and providing evidence of how all of these learners with barriers have been accommodated and supported' (MQ1),* and an LSEN school teacher identifying her own role as, *' to fill in the form that have to go to the department' (LQ3)*. Participant MQ2 further defined the teacher's role *'to identify learners and to support them.' (MQ2)*. Participants from both schools agreed on this role of identification and support, however identified how the role extends beyond this to involving additional stakeholders in identifying and supporting learners in stating their roles as *'helping the SBST identify learners with barriers (LQ2)'* and *'involving all stake holders in order to support*

learners who have learning barriers.' (MQ3). A participant from the LSEN school highlighted how they *'refer learners to appropriate person for more support.' (LQ1)* as part of their role, identifying their role more as following the procedural aspect of making referrals in order to acquire support. Another participant from the LSEN school identified the role of teachers as essential to this referral process and implied that without teacher input, the SBST would not be able to effectively perform their role, in saying, *'the teachers are our referrals. Without them we wouldn't be seeing learners, because they identify within the classroom what is required.' (MFT3)*,

The nature of the perceived functions of the SBST is likely to be related to the composition if each SBST, as well as the type of school. The composition of the SBST of the mainstream school consists of grade leaders (teachers representing each grade), the departmental heads, and the members of senior management: the deputy principal and principal. The composition of the SBST of the LSEN school consists of auxiliary service professionals, namely; an educational psychologist, an occupational therapist, an audiologist, two nurses, a social worker, and a speech therapist, as well as the departmental heads, deputy principals, and principal.

Participants from the mainstream school identified the role of the SBST as a supportive one for teachers, indicating that the SBST is *'there to support the teachers if they don't know how to handle the situation.' (MFT1b).* They further identify a role of the SBST as having to inform teachers of procedural aspects, with a participant pointing out responsibilities of the SBST as *'explaining them the process that the learner will go through. (MFT1a),* and *'giving the documentation to the teachers which they need to fill in. (MFT1a)*. This further recognises that part of the supportive role identified involves the guidance of SIAS procedural and documentation requirements. An SBST participant, MFT2, spoke of how the SBST role also includes managing referrals to outsourced professionals saying that *'after they have identified those learners, they send those names to us, then we refer them to our educational psychologist or speech therapists.' (MFT2)*.

The contrast in roles of the SBST specifically pertaining to each school quickly became evident through comparing the collected data. The role of the SBST of the LSEN school appears to be a lot more detailed, complex and active learner support provision orientated, with a role of supporting teachers as identified by the

mainstream school not factoring at all. The support role mentioned by the LSEN school participants is in relation to the support the SBST provides directly to learners in terms of integration within the school through supporting their specific barriers, shared by participant LFT3 in saying *'overall integration into the school as a learner who may have some kind of barrier into accessing or being able to participate in the environment that they are in' (LFT3)*, by '*giving them assistance where communication, hearing, playing, learning' (LFT3)*. Another participant added the role of support through securing resources for learners and outsourcing where needed in stating, *'Outsourcing resources that we don't have. We have to refer to and network in that way with children's homes' (LFT1).* Participant LFT3 seconded the importance of outsourcing when support cannot be offered at the school level by the SBST themselves saying, *'if we can't do it, then we would try and source, where, within which place, based on affordability of parents, where we would be able to get the resources and who would be able to assist us with that.' (LFT3).* In addition to outsourcing, participant LFT2 also revealed how the SBST of the LSEN school at times also takes on a guardianship role of learners in order to secure support for learners and ensure that learners are actually accessing the support that is available to them, in their statement, *'also accompanying the learners because not everyone has a parent that is not working, that is able to take for their appointments. So we can take over that guardianship role as well to make sure they get to their appointment.' (LFT2).* The LSEN school further identified the role of their SBST in terms of support to include the screening and identification of learners stated by one participant as, *'the support that we give, basically the screening identification – it's what we do. And because we have a specialized team, we're very fortunate we can do that.' (LFT3)*. Participant LFT1 suggested another SBST role to be assessment for special school admission and implementation of these admission assessment outcomes from the DBST saying it is the responsibility of the SBST *'to assess and then to implement based on obviously the approval from DBST and implement it within the school.' (LFT1).* Furthermore, participants identified how they play a large administrative role, commenting, *'Admission administration, accommodation administration, reports. Report feedbacks to DBST sometimes… So it's a very big administration function. (LFT3).*

In addition to the differences in the perceived functions of the school-based role-players expressed by schools, data collected from the LSEN school also evidenced a shift in role function between the SBST of the LSEN school and the DBST. The SBST of the LSEN school indicated that, due to their professional capacity, they

tend to take on an assessment, support, and intervention role understood to be the role of the DBST, with one participant suggesting, *'we take a lot of the burden off the DBST because we have the therapists at the school already.' (LFT2),* which was supported by participant LFT1 who revealed, *'we're kind of holding their hands a lot, and doing a lot of what I think they're supposed to be doing. But because we can handle it, we're doing it.' (LFT1).* This is not possible at mainstream schools due to the lack of auxiliary professionals on campus as suggested by participant LFT2 when they said, *'at a mainstream school, the DBST would take over the role of assessing and making those kinds of recommendations, because they would have to go to District to get assessments and those kinds of things.' (LFT2).* The LSEN school, despite feeling they are taking over the role of the DBST, were able to recognise some positive aspects as a result of this role shift, identifying how their taking over of certain roles leads to more timeous learner support and placement, saying, *'So it makes it more timeous that they don't have to wait for an appointment that's outsourced, because we are already available at the school.' (LFT2)*. Participant LFT3 agreed with this, expressing how they use the role shift to ease transfer processes, voicing that, *'we're open to doing assessments etc, with them to make it easier for them to transfer learners to us.' (LFT3).* Despite the recognition of positive aspects with regards to the identified role shift, LSEN school participants stated that the DBST has a tendency to not provide requested support as it appears that the DBST feels they are able to handle cases on their own, which can be evidenced by the following statements made by LFT1 through the course of the interview;

> *Because we are here - I don't know if it's only us – they're kind of like, "Ag, you guys can handle it. You've got this." You know. (LFT1)*
>
> *I think it's just because we have the expertise here. So that's why they'll just say, ok, so you know what to do. (LFT1)*
>
> *So they just kind of leave us to swim on our own, and sometimes to drown. (LFT1)*

Participant LFT2 further elaborated on how they are supporting the DBST by acting as a resource centre for the DBST, sharing, *'I want to use the word, very loosely, of a "resource centre" almost, you sometimes do hearing tests outside school for the District actually because they can readily use us.' (LFT2),* despite not actually being assigned as a resource centre, as stated by participant LFT3, *'we do serve as a resource centre, even though we're not a resource centre as such.' (LFT*3).

The SIAS policy (2014) defines the various role-player functions, including that of learners and parents. Where this is specifically provisioned for and described within the policy, participants from the mainstream school indicated that *'parents aren't held accountable for learners' progress' (MFT1b),* exposing a need for accountability from parents in the SIAS process, feeling that *'I think it will also be easier if parents have a certain responsibility' (MFT1b)*. The same sentiment was felt to be applicable to learners, who participant MFT3 feels are aware they will be progressed and are therefore unfazed with regards to their schooling performance, in their comment, *'You, Learner, you aren't really studying. You don't care because you're going to get passed over.' (MFT3)*. This identified need of accountability indicates that parents and learners may not be performing their roles as outlined in the policy document, with participants further painting a dismal picture of parent involvement in schooling in general, evident in the statement, *'you can see whose parents are involved and whose are not. And 90 percent of them are not involved. And I think that's where the problem is coming in that that worrying needs to start moving to everybody' (MFT3).*

4.2.2 Available support for SIAS policy implementation and intervention

The second theme which emerged from the data reveals challenges in obtaining support for SIAS policy implementation and intervention for learners who have been identified through the SIAS process. This theme has further been refined and will be presented within two sub-themes, 4.2.2.1) SIAS policy training and support, and 4.2.2.2) Role-player relationships.

4.2.2.1SIAS policy training and support

Data collected from both schools revealed numerous challenges experienced in terms of training and support with regards to the SIAS policy. The challenges experienced by the schools can be categorised into two main areas; 4.2.2.1.1) SIAS training, and 4.2.2.1.2) DBST communication, intervention, and support.

4.2.2.1.1 SIAS training

Participants from both the mainstream school and the LSEN school indicated that they have received minimal formal training on the SIAS policy, with four of the seven questionnaire respondents indicating that they have received no formal SIAS training at all. Three of the seven questionnaire respondents indicated that they have received training.

Of the three questionnaire respondents who have received training on the SIAS policy, one respondent felt that the training was not sufficient in equipping them for implementation in the classroom, stating that *'it is practically impossible to implement it 100% due to large numbers of learners in classes and many different levels of barriers' (MQT2).* The second respondent felt that the training they received has equipped them for SIAS implementation in the classroom through the provision of resources, stating they *'provided us with a resource file that you can actively use in identifying barriers' (LQT2).* The last of the three respondents indicated that where they felt the training has equipped them, it is still not implemented in the classroom, suggesting the reasoning to be that *'teachers don't have time to use it' (MQT1).* This is an indication that training conducted has not been effective, and the need for training remains and is pertinent to effective SIAS policy implementation.

The focus-group interviews conducted with both schools also revealed that there is still an urgent need for SIAS training and workshops for teachers, with a mainstream school participant expressing, *'they know how to support learners, but having information on how to implement the SIAS policy itself. It's also important' (MFT2).* This corresponded with a statement from an LSEN school participant indicating that the department should, *'give regular training. Come to the school. Bring a representative who has an understanding and can explain it so that everyone understands' (LFT3).* This need for training was also expressed by questionnaire respondents who felt that training covering procedural aspects, as well as knowledgeable facilitators, will aid them in improving SIAS policy implementation, with the statement, *'Formal training on the correct procedures and in-depth explanation on how and what it entails' (LQT4)*, and the request for *'Sufficient training by people who know what is going on' (MQT1).*

Data collected from the mainstream school indicated that the need for SIAS training extended to SBST members as well, with a respondent offering that, *'in terms of workshops for maybe newly appointed people in terms of SBST… equipping the SBST themselves' (MFT1a).* SBST members from the special school indicated that there is sufficient training focus on therapists who form part of their SBST with one participant commenting that, '*The Department seems very focused that every year we must do training on SIAS' (LFT2).* The same participant identifies that this training is

lacking for non-therapists saying, *'I don't think they are globally giving training on SIAS like they should be' (LFT2)*. This is congruent with mainstream school SBST members identifying a need for SIAS training intended for SBST members.

One of the roles assigned to the SBST as indicated in the SIAS policy (2014) is to provide training to teachers where necessary. Participants from the LSEN school indicated that their SBST provided internal training on learner support and the SIAS policy, stating in the focus group interview that *'we are trying to support teachers with teacher training' (LFT3)*. This is supported by a questionnaire respondent who indicated that they *'had to learn about the policy from our HOD and SBST' (LQT4).* It however seems as though the SBST of the mainstream school does not appear to be fulfilling this role.

4.2.2.1.2 DBST communication, intervention, and support

The most prevalent and recurring theme emerging from the focus group interviews conducted at both schools is a lack of communication, intervention, and support from the DBST, and their overall delayed processing pace which, although experienced slightly differently at each school, holds divergent implications for policy implementation at school level.

Participants from the mainstream school felt that the support they receive from the DBST is severely lacking, with communication from the DBST regarding their referrals and support requests untimely and ineffective, as indicated by one participant when they said, *'we have never get response from the District' (MFT2)*. Another participant elaborated on this poor communication, explaining that it also negatively impacts on intervention that is also not forthcoming as can be seen in their statement, *'but when you need help, then it takes forever to get the response from them' (MFT1b)*. These feelings were corroborated by participant MFT1a in stating *'the help and support we need is what we need the District doesn't reach us' (MFT1a).* This lack of communication and intervention was felt in many aspects such as the Grade R and Grade 1 screening with one participant explaining, *'the Screening Tool we are sent, I can't remember any year, where we get a response, saying we are coming to check those learners (MFT2)*. It was also evident with referrals for learners for assessments with educational psychologists as indicated by participant MFT2 in sharing, *'with learners who need psychological assessment from the*

District, it is difficult' (MFT2). Placement in special schools was also affected as indicated by a participant when they expressed *'the process with the District, that is keeping us from referring your child to a better school' (MFT1a)*. Another participant shared how information to equip SBSTs to function optimally was another shortfall resulting from poor DBST support indicating that, *'in terms of equipping the SBST themselves, there isn't any sort of information or help that you can get' (MFT1a).* The composition of the SBST of the mainstream school plays a role in the determination of support requirements from the DBST, as they are not equipped to manage cases internally and independently as can be seen with the special school. The mainstream school is therefore more reliant on the DBST for intervention and support, however, indicate that the DBST is not delivering as asserted by participant MFT2 when they said, *'I have never really got a report from District to say: You have identified 1,2,3 for learners who are struggling. They don't come. They have never come back to us' (MFT2)*.

The participants from the LSEN school indicated similar challenges as the mainstream school with regards to poor communication, with a participant revealing, *'I mean recently, someone who did an application at the DBST in January and no-one got back to them, and when we followed up, no-one knows about the child' (LFT2).* The same was also experienced with regards to inadequate intervention from the DBST as indicated by participant LFT3 in their statement, *'you send in the SNA form and it takes months and you're sitting with a child that's not coping that needs assistance, but the assistance it just takes too long' (LFT3)*. The SBST of the LSEN school also spoke of their experiences of lack of support from the DBST, as is evident in LFT2's words, *'I just want to say that we don't always get the support that we need from them' (LFT2).* However, in addition to these shared challenges, due to the composition of their SBST, the LSEN school found themselves taking on support roles perceived to be DBST roles as discussed previously under the sub-theme dealing with perceived role functions. This becomes particularly interesting when it begins to appear that the SBST of the LSEN school, rather than receiving support *from* the DBST, is acting as a support *to* the DBST, almost as a reverse role function, indicated in the statements, *'I often feel like we are doing their jobs in many ways, because we're here… they rely on us a lot' (LFT1)*, and *'we're kind of holding their hands a lot, and doing a lot of what I think they're supposed to be doing (LFT1).* Available support for SIAS policy implementation and intervention

then for the LSEN school comes primarily from the SBST, as disclosed by a participant who stated, *'because we are here - I don't know if it's only us – they're kind of like, "Ag, you guys can handle it"' (LFT1)*. The LSEN school SBST therefore perform psychological, audiological, speech and language, and occupational therapy assessments internally, referrals and follow-ups with external stakeholders, and therapeutic functions for learners placed at the school, and at times on behalf of the DBST for external learners. The functioning of the SBST at the LSEN school is then largely independent of the DBST, not needing to submit referrals in most cases but rather handling cases internally and independently with LFT1 explaining, *'I don't know if it's because we're a special school. I think it's just because we have the expertise here. So that's why they'll just say, "ok, so you know what to do' (LFT1).*

Participants from the LSEN school further stated that the lack of support and intervention from the DBST results in other challenges, specifically pertaining to the awarding of accommodations, where they feel that the lack of provision to support learners initially results in accommodations being haphazardly awarded to learners as *'putting a plaster on the situation' (LFT2),* as explained by participant LFT3:

> *"I also have a concern is that, especially with the accommodations is that children or parents just feel, so okay, my child can get an accommodation and then they're not working on the problem… they just didn't have the foundation from the get go when they started school. So it's just now so going to be a society of learners that just don't write, or just get scribes. I just feel that in that way also, it's being abused." (LFT3)*

The LSEN school further indicated that the pace at which the DBST processes referrals and documentation, compounded with their lack of response hinders and significantly delays the placement of learners in required support environments, which is detrimental to the learner, and implies that the policy is not functioning as it should due to the lack of action. Two different scenarios are explained by participants below which highlight these concerns:

> *"The parents do the work, they send the information in and they just wait and wait and wait, and in the meantime, these kids are just sitting at home. Because parents think they've gone to the District Offices, they've done the paperwork, someone's going to phone them. Something's going to happen. But then, their paperwork gets missing, or they forget about the child because they're so busy with everything I think is going on with kids already in schools, that those, that the parents just get lost in the system somewhere." (LFT2)*

"It takes extremely long. It's to the detriment of the child. For example, we have a learner that started in one of the grades, 9 or something? The child wasn't in school for an entire year. The child only got approved in July, which means the child missed half the year. So how does that impact the child? The child has missed school. The child is probably going to be missing a year because they can't just jump in halfway. So he's going to repeat the grade again. So I think that's really to the detriment of the learners." (LFT3)

In addition to these challenges, participants from the LSEN school pointed to a lack of available resources, explaining that where accommodations are awarded by the DBST as a means to support learners, this does not imply the ability of the school to apply them, or the availability of and access to resources granted, as expressed by one participant, remarking, *'They were afforded whatever accommodations, but the school just says, we can't, we can't do it. So they just don't get it because it's not possible… Not just human resources, but other resources' (LFT3).*

4.2.2.2 Role-player relationships

Data revealed how various role-player relationships influence SIAS policy implementation and effectiveness at the school level. The relationships are those between the teachers and the SBST, and the SBST and the DBST.

The relationships between the teachers and the SBST were experienced by participants in both schools as good, contributing to positive outcomes for SIAS support and learner intervention.

Participants from the mainstream school expressed that the relationship between the SBST and the teachers is supportive and understanding, with a participant explaining, *'If you ask there will be help. There will be a way forward to filling in and implementing. Even for referrals. Whatever the case, whatever is needed' (MFT3), 'We are all there. That's why we all got a good relationship' (MFT2).* The LSEN school conveyed that the relationship between the SBST and the teachers is reciprocal as expressed by a participant in their statement, *'it is teamwork in a sense, but then obviously giving our inputs and them giving their inputs as well' (LFT1)*. The LSEN school further indicated that teachers play a vital role due to their constant involvement with learners as explained by participant LFT3 in saying, *'So for us the teachers are our referrals. Without them we wouldn't be seeing learners because they identify within the classroom what is required' (LFT3)*, with participant LFT2 further explaining that this is due to the SBST not being inside the classrooms

with the learners, when they elaborated *'we don't have the capacity to be with the children in the classrooms every day' (LFT2).*

Some misunderstandings in the relationship between teachers and the SBST of the LSEN school surfaced in the data, which may be contributing to poor SIAS policy implementation and learner intervention through a shifted responsibility in some support offerings, and misunderstandings of the function of the relationship. Focus-group participants identified how teachers at the LSEN school tend to over-rely on the SBST due to their professional status, through communication with parents, as pointed out by a participant when they expressed that, *'sometimes the teachers rely on us to impart some recommendation to parents… it just gives it more emphasis because it comes from a professional' (LFT1)*. It was also revealed that teachers have the expectation for the SBST to diagnose problems referred to them as shared by participant LFT2 in discussing that, *'there's that confusion sometimes that we are just going to diagnose it or label the child with an issue' (LFT2)*. Participant LFT2 further explained that this was the case even though the child may have no additional diagnoses with the teacher being able to support the learner without initial SBST intervention, elaborating, *'whereas maybe we can just look at maybe helping with extra classes or something like that' (LFT2).* Data further revealed that teachers from the LSEN school tend to refer learners without initiating remedial actions on their own first, expecting the SBST to manage the problem on their behalf, with participant LFT1 feeling that *'sometimes they kind of leave the, refer the situation, "It's being handled – they'll handle it, and I'll just get feedback"' (LFT1).* The SBST of the LSEN school also indicated how teachers have high expectations for them to fix the problems the learners have, pointing out that this makes their purpose misunderstood and causes a precarious relationship between them, with participant LFT1 saying, *'We can have a precarious relationship with them because they sometimes expect us to fix the problem. And we can't always fix it' (LFT1).* They further explained that it appears that teachers do not always seem to understand that the role of the SBST is not to take over that of the teacher, but rather to support them, adding that *'Sometimes they expect too much. Like handing the role over to us… sometimes there's a bit of confusion as to what we are here for' (LFT1).*

The relationship identified in the data as posing a significant negative impact regarding implementation, intervention, and support within both schools stemmed from the apparent dysfunctional relationships between the SBSTs and DBSTs. The SBSTs from both schools indicated throughout their focus group interviews that

they experienced poor communication and lack guidance and support from their DBSTs, which leads to relationship breakdown and subsequent poor policy implementation.

Table 8

Responses from both schools indicating poor communication and lack of guidance and support from their DBSTs.

Participant comments indicating poor communication from the DBST	**Participant insights on lack of guidance and support from the DBST**
'they're very slow in responding generally' (MFT1a)	*'it's difficult to get the support from the district' (MFT2)*
'it takes forever to get the response from them' (MFT1b)	*'there isn't any sort of information or help that you can get' (MFT1a)*
'we can never get hold of them' (LFT1)	*'the timing of getting things is delayed' (LFT2)*
'They never respond timeously' (LFT1)	*'we do feel that the time, it just takes too long' (LFT3)*
	'the assistance it just takes too long' (LFT3)

This goes hand-in-hand with the previously discussed challenges with communication, intervention and support from the DBST as discussed under the theme 'Available support for SIAS policy implementation and intervention'. In order for learners to get the necessary intervention in cases where the teacher and SBST have exhausted their knowledge and options, the relationship between the SBST and DBST becomes imperative. A poor relationship negatively impacts directly on the learner, as intervention and support are delayed, and the learner is left in the problematic circumstance indefinitely.

Data collected from the LSEN school focus group revealed frustrations that the DBST are detached from situations internal to the school as pointed out by one participant in their statement, *'I think it's sometimes difficult and a bit frustrating when we have professionals in the DBST that don't work in our setting… they don't always understand what we're working with' (LFT2)*. This results in a disjunct in understanding support requests posed by the SBST, as the DBST are, as further elaborated by participant LFT2, *'not on the ground in the schools, they don't actually understand when we ask for something else' (LFT2).*

4.2.3 SIAS protocol, procedure, and administration

The third theme emerging from the data illustrates the varying implementation of the SIAS procedure across the two schools, and participant struggles regarding administrative aspects of the SIAS policy. This theme is further sub-divided into two sub-themes; 4.2.3.1) SIAS form completion and administrative load, and 4.2.3.2) Implementation of SIAS procedure.

4.2.3.1SIAS form completion and administrative load

The completion of forms and documentation is central to the SIAS process, from initiating the process to accessing and implementing intervention and support for learners, and further referring learners with high support needs to appropriate environments. Correct and accurate form completion is therefore vital to ensuring effective SIAS policy implementation and attaining appropriate personalised support for learners with barriers to learning. The data reveals that SNA1 and SNA2 forms are not accurately, effectively or individually completed as revealed by participant MFT1b when they shared, *'we don't always complete it 100% the way it's supposed to be completed. You just do a quick, like a crash course of all the paperwork (MFT1b).*

The reasoning behind the poor form completion is multiplex according to the data. Firstly, forms may be poorly completed due to the lack of training received on the SIAS process as indicated under the theme "Available support for SIAS policy implementation and intervention", leaving teachers uninformed of the SIAS policy's purpose and process, therefore not understanding the function or purpose of completing the documentation, as well as not understanding how to complete the documentation as expressed by SBST member LFT3 stating, *'they should start teaching them how to fill out a simple SNA form, because even that, even if it has been explained, they still remain very very unsure. You still have to tell them, but this means this or that means that. Fill this in, fill that in, you know. We get very sketchy SNAs' (LFT3).*

Secondly, poor form completion may be attributed to the feeling of participants that nothing happens with the forms regardless of how they are completed expressed by one participant in their statement, *'We are filling in all these things and it is literally not going anywhere' (MFT1a).* This results in the same information being completed on all learner forms as indicated by another two participants in saying, *'they tell us you need to have a different plan for each learner that you are helping. All of ours are basically looking the same' (MFT1b),* and *'You literally copy and paste, copy and paste every year (MFT1a).*

Participants also revealed how it results in forms just being completed for the sake of completing them as stated by respondent MFT2 when they added, *'according to us we are just filling in just for formality. Nothing's done' (MFT2).* Participants exhibited little faith and understanding in the SIAS process in terms of the quantity of documentation, indicated by participant MFT1a expressing, *'I personally don't understand why I need to fill in all those paperwork' (MFT1a)*, and therefore do not put much time and effort into form completion as indicated by another participant in their statement*, 'It's become – ok, that document needs to be there let's just write one or two words around the place, because you know what, it's just too tedious to fill out' (LFT3).*

A third aspect informing inaccurate document completion identified in the data is the administrative load placed on teachers, with LFT3 pointing to this in saying, *'very often then we are just like glorified administrators just because we have to fill out this form, and we have to fill out that form. It's tedious' (LFT3).* Linked to previous discussions under the themes 'Systemic concerns' and 'Human resources, class sizes and expectations of teachers', data revealed that the curricular pressure placed on educators, compounded with large class sizes and the expectation for teachers to provide individualised support, and in addition to the regular duties and teaching load of educators, additional administration associated with the SIAS policy for both educators and SBST members, such as the SNA1, SNA2, ISPs and DBE120 form completion, is described as being cumbersome, as indicated by participant LFT3 sharing, *'It's just adding so much more work to our work. It just takes a helluva long time to fill out all these documents' (LFT3).* This is especially so as educators cannot see the benefit of it, as expressed by another participant in their statement, *'why must we fill in all those forms if it's not working?' (MFT1b).* The forms are thus not completed accurately. One participant further alluded to the high administrative load impacting on the support provided to learners, in that SIAS documentation completion appears to be taking premise over time with the learners, sharing, *'it becomes our problem to see that all these checklists and all this paperwork is in place. It takes away your time from what you can be doing with the child' (LFT3).*

Part of the SIAS process involves the screening of Grade R and Grade 1 learners using departmentally distributed screening tools at the start of each academic year in order for the early identification of learners who may be experiencing barriers to learning. Participants raised frustrations regarding this screening, as they feel it

too, alongside the SNA1 form, is merely paperwork with no feedback or outcome, as stressed by participant MFT2 in sharing, *'The Screening Tool we are sent, I can't remember any year, where we get a response, saying we are coming to check those learners. Term 2 they will tell us to screen those learners who struggled in term 1. We have never get response from the District. (MFT2).* A link emerges here again to the theme "Available support for SIAS policy implementation and intervention", where lack of DBST communication and support is seen to be hindering SIAS policy implementation.

4.2.3.2Implementation of SIAS procedure

The SIAS protocol is well written to outline how the SIAS procedure works, what role-players are involved and their specific roles, and simplistically defines the step-by-step process that needs to be followed for implementation. Data reveals that the procedures implemented by the mainstream school and the LSEN school are not the same. This can be identified as a challenge to policy implementation due to processes being applied variably and inconsistently across different schools according to the way a person, or school, interprets the policy, or simply because of the type of school in question. The two figures below outline the processes implemented in each school as they have been described by participants in the data.

Figure 8

The SIAS process followed by the mainstream school.

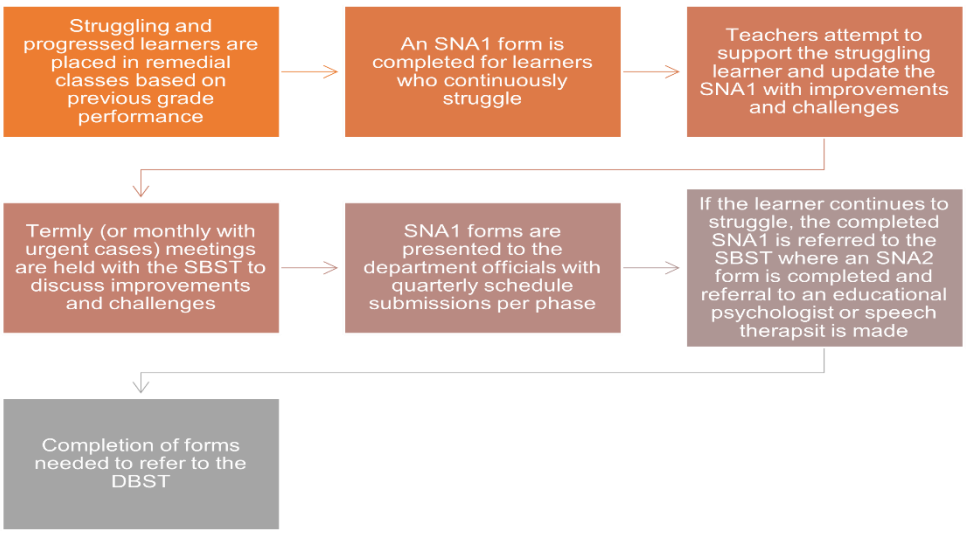
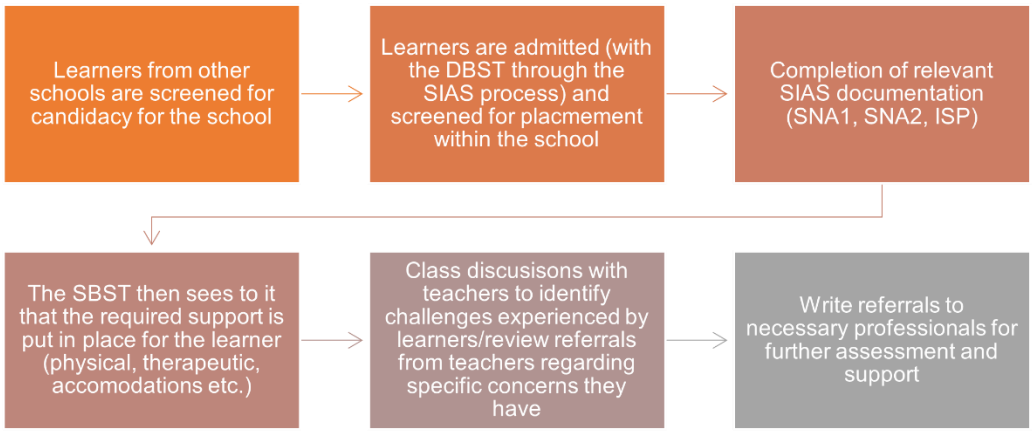


Figure 9

The SIAS process followed by the LSEN school.



Comparing figure 4 and figure 5, is becomes very clear that the processes implemented by the two different schools differ greatly. The process followed by the mainstream school is largely in line with the process laid out in the SIAS policy document, whereas the process followed by the LSEN school differs greatly. The potential reasoning behind this will be addressed in the discussion of findings as part of chapter 5.

4.2.4 Systemic concerns

The final theme which emerged from the data deals with systemic concerns, issues identified by participants that are related to the greater education system, which have an impact on SIAS policy implementation and outcomes and require larger system reform to minimise their impact. The specific issues present in the data can be categorised into two sub-themes; 4.2.3.1) Human resources, class sizes and expectations of teachers, and 4.2.3.2) Curriculum policy and the NPPPPR.

4.2.4.1Human resources, class sizes and expectations of teachers

The education system in South Africa is known to have challenges with large class sizes (Kohler, 2022), with study participants from the mainstream school expressing how these large class sizes make SIAS policy implementation incredibly challenging, indicated in statements such as; *'SIAS is a difficult thing to implement, because we are so many learners in the class' (MFT1b)* and *'the fact that they are*

having how many learners in their class that you have to support each and every one of the learners. It makes it difficult to fully implement the policy like we should' (MFT1a). Another participant expanded on this, expressing frustration that the DBST does not understand the situations inside classrooms, saying, *'the District also emphasized that we can do support during teaching and learning… It makes it really difficult' (MFT2).* One participant further suggested that there is an inherent flaw in the setting up of the SIAS policy in that they feel it was not at all designed to be implemented in large classes, stating, *'because when SIAS was set up in such a way that you can accommodate helping 40 learners in a class, then maybe it would have worked better' (MFT1a).*

The LSEN school did not experience the same challenges with class sizes as they, by design, have smaller class sizes.

This links to broader issues within the education system pertaining to human resources, where not enough teachers are employed to maintain reasonable learner-teacher ratios in most government schools, and schools do not have sufficient facilities to accommodate more classrooms, which would aid in improving the learner-teacher ratio. The issue of human resources is unfortunately appearing to not be isolated to school level, with participants from both schools pointing to there potentially being insufficient staffing within the DBST as well, with an LSEN participant stating that *'The human resources in the DBST, I feel, is just too little' (LFT3).* This was supported by a mainstream participant in saying, *'Then they must say they are always short staffed, because you wait forever for an answer on anything'(MFT1b).* This indicated staff shortage leaves the DBST with excessive workload and limits their ability to provide timeous and effective intervention and support, expressed by participant LFT3 in their statement, *'DBST don't have the capacity… they just cannot' (LFT3)*. Data analysed from the LSEN school additionally pointed to a lack of expertise amongst staff within the DBST, resulting in further challenges to delivering effective support and intervention, with participant LFT3 revealing, *'we don't have all the expertise at the District Office… So, then they are also kind of stuck' (LFT3).*

Data collected from the mainstream school also revealed that participants felt that the expectations placed on teachers and SBSTs imposed by the DBST are unrealistic and unfair with one participant offering, *'For me it personally feels like SIAS is the way for District to point fingers at teachers. Even though they are doing their best, trying their best' (MFT1b).* Participants felt that instead of giving support, the DBST tends to place

full responsibility for intervention and learner support directly on the teachers or SBSTs, referring parents back to schools as discussed by participants MFT3 and MFT1 in their exchange, *'some of our parents also go to District' (MFT3) 'They'll send the parents back to us' (MFT1), 'and act as if we haven't done anything' (MFT3)*, Participants also felt that the DBST is continuously putting pressure on teachers by seeking support evidence despite teacher requests for DBST support through the SIAS process, as they are unsure of how to support learners, as put forward by a participant when they shared, *'the District comes and asks you why the learners is not in remedial classes, but what did you do as a teacher? You as a teacher: why didn't you do this?' (MFT1b)*. Participant MFT1a supported this with her statement, *'They will ask you every time when they come and check your schedules, why this person having an absent, absent, absent on the schedule… but nothing was done about the fact that he is absent all the time' (MFT1a).* For the LSEN school, this overlaps with the themes 'Perceived role functions within the SIAS process' and 'SIAS policy training and support', where data highlighted how the SBST from the LSEN school adopts DBST roles and functions due to their professional capacity, with the DBST leaving them to manage cases on their own without support.

4.2.4.2Curriculum policy and the NPPPPR

Public schools are obligated to follow prescribed departmental policies for teaching and learning such as the Curriculum and Assessment Policy Statement (CAPS) and the National Policy Pertaining to Progression, Promotion and Retention (NPPPPR). Where these policies guide educators in their daily activities, data collected has indicated how they may not necessarily be congruent with the SIAS policy.

Participants from both the LSEN school and the mainstream school indicated that the prescription of the NPPPPR pertaining to learners being progressed due to age or maximum number of years in grade/phase hinders the effectiveness of the SIAS policy as learners are 'just pushed' into the next grade regardless of not achieving performance standards, as indicated by respondent MQT1 sharing that, *'Learners are passed on from the previous grade without the sufficient "skills" to cope in the next grade and then fall behind their peers' (MQT1)*. This practice is seen to be creating larger gaps in learning and skills which become more difficult to support the further the learner is then progressed as explained by participant MFT1b in their statement*, 'teachers are*

getting forced to push them through, even though they have not mastered the basic sounds, reading, those things… the amount of work they need to be able to do in Gr2 after they've just been pushed through, not even managed in Gr1, it's not fair to the learners. (MFT1b). A participant from the mainstream school argues that the sluggish DBST response to referrals may be to blame, expressing, *'We are sitting with learners, that is no longer the age-group they are supposed to be… and the referral process takes so long that those children are not helped' (MFT1a).* Participants further felt that the DBST is responsible for learners being progressed repeatedly without ever actually being remediated due to lack of necessary support interventions with participant MFT3 saying, *'Where is the District support should have helped us sort out the problem before the end of the year and the child's still failing' (MFT3)*. Participants also expressed frustration that the NPPPPR guidelines render the SIAS policy useless, indicated by MFT1 when they said, *'Basically now we have to push through. And then what's the use of SIAS' (MFT1).* Participant MFT3 was left feeling despondent regarding the SIAS process as a result of NPPPPR policy guidelines, sharing, *'Why go to all the trouble if the learners are just going to get passed on anyway' (MFT3).* These responses all point to a failed system as a result of a combination of policy guidelines and lack of DBST support, with participant MFT3 further stating *'the system is full of where we're failing because we don't have the gap to get to the learners or there's not support from other places to get to those learners that are going to fall through the cracks' (MFT3).* The narrative throughout segments of the focus group interviews was one of frustration with the lack of DBST understanding of the classroom situation and lack of flexibility with regards to implementation of NPPPPR guidelines as highlighted by some participant responses below:

> *'we get to the end of the year and they say he only has 20 percent for maths and that's the only thing you're failing. Please pass them on' (MFT3)*
>
> *'one of the ladies of the Department were here, and I asked her about the case and I asked her what you think I should do differently so I can help the learner? She said, "Oh, that's the learner we told your school to push through." So, what now? They're going to get pushed through' (MFT1).*
>
> *'But when we submit our schedules, they will say why didn't you promote this child, the child got 45 in English. The child has to go' (MFT2).*

Participants further discussed how the requirements of the CAPS document and the large quantity of work prescribed for completion within it left teachers feeling that the *'curriculum is too packed' (MFT1b),* specifically for the foundation phase,

overburdening learners and teachers and not allowing time for internalisation of basic foundational concepts as pointed out by a participant when they stated, *'Foundation phase has too much work and work that is useless for them. They must focus on certain stuff they must know so that the basis can be formed' (MFT1b).* This in turn was felt to inhibit teachers from ensuring learners are ready to move on to more complicated concepts as pointed out by participant MFT1b when they said, *'You don't have time to make sure that all your learners grasp the concepts you are busy with' (MFT1b)*. Data further indicated how the 'overloaded' curriculum prevents the provision of remedial support to learners who have fallen behind with a participant expressing, *'We have to do all those subjects, really doing them. It is difficult for us to cover those aspects per day. Where are we going to get support time?' (MFT2).*

Data thus indicates that participants felt that the SIAS policy is therefore not compatible to be implemented alongside the CAPS document as there is insufficient time in a regular school day for intervention and support, and the NPPPPR is widening learning and skills gaps making classroom intervention and support through the SIAS process incredibly challenging.

4.3 CONCLUSION

In chapter 4, data collected from the focus group interviews with the SBST members at one mainstream school and one special school and the open-ended questionnaires with teachers and Departmental Heads at one mainstream school and one special school were descriptively presented under four dominant themes and sub-themes which emerged during data analysis using Thematic Content Analysis (Braun & Clarke, 2006). Data revealed a number of multiplex challenges experienced by school-based role-players which influence effective SIAS policy implementation at the school-level. Where chapter 4 presented the data according to themes, chapter 5 will present the discussion of findings, answer the research questions, and provide recommendations.

CHAPTER 5 DISCUSSION OF FINDINGS, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

This study aims to understand the challenges faced by school-based role-players in the implementation of SIAS by comparing data collected from a mainstream school and an LSEN school. Chapter 4 presented the data collected during focus group interviews with each school type, and questionnaires completed by foundation phase teachers and departmental heads from each school. The analysed data revealed various challenges contributing to ineffective SIAS policy implementation at the school level, which will be discussed now in Chapter 5. I will then answer the research questions, provide recommendations, and identify the limitations of the study.

5.2 DISCUSSION OF FINDINGS

Analysis of the data, as presented in Chapter 4, yielded interesting and significant findings pertaining to the challenges experienced by school-based role-players in the implementation of the SIAS policy. The discussion of findings as presented below will follow a three-pronged approach, which includes a brief summary of significant findings, assessing the implications of the findings in relation to literature, where available, and relating the findings to the theoretical framework (the medical model versus the social model in framing the SIAS policy).

Figure 10

Significant findings that present challenges to SIAS policy implementation at the school level

5.2.1 Teacher Perspectives and Understanding of Inclusion

The data indicates that teachers' personal perspectives on inclusion shape their approaches to creating inclusive environments. There is a contrast in how participants from different school types perceive inclusion. Mainstream school participants assumed a medical model perspective, associating the term inclusion with learner ability, whereas participants from the LSEN school associate the term inclusion with equality in access and opportunity, reflecting

a social model perspective. The contrast in perceptions underscores the importance of considering teachers' perspectives when implementing inclusive education practices and policies like SIAS and illustrate a complex interplay between the medical and social models, reflecting a blending of both models within the beliefs and experiences of individuals.

These findings are congruent with prior inclusive education research which indicates there to be multiple conceptions of inclusion (Cough & Corbett, 2000) leading to confusion pertaining to its meaning and function, resulting in the inability to establish ubiquitous practice (Makoelle, 2014). Ainscow & Sandill (2010) further point out how these differing perspectives and meanings of inclusion complicate its implementation. In the context of this study, this is considered in terms of SIAS policy implementation specifically, with data indicating how one's own ideology, aligned to either the medical or social model, will determine how policy is interpreted and implemented. Teachers own attitudes and beliefs towards inclusive education determine the application of inclusive practices within their classrooms, as well as their interpretation and implementation of inclusive policies (Engelbrecht & Nel, 2015), such as the SIAS policy. This idea will become clearer throughout the discussion of findings.

Overall, these research findings suggest that participants' interpretations of inclusion are influenced by both the medical and social models of disability, with the varying perspectives highlighting the ongoing dialogue between these two models in the context of inclusive policy implementation.

5.2.2 SIAS Policy Purpose and Stakeholder Perspectives

Interpretations of the purpose of the SIAS policy varied amongst participants, leading to different approaches in its implementation. Analysed data showed how some mainstream school participants identify the purpose of the SIAS as a means to providing support to struggling learners. This was in agreement with LSEN school participants' more nuanced views of the purpose of SIAS, who stated its purpose as identifying barriers, providing support, securing accommodations, and preventing learner exclusion. These social model perspectives on SIAS policy were however not finite.

Some mainstream school participants alluded to the purpose of the SIAS policy as the process followed to have underperforming learners placed in special schools, a finding consistent with a medical model ideology. This finding is concerning for more than just ideological positioning, as it is also in direct contention with the actual purpose of SIAS as outlined in the policy document. This can be expected to have significant consequences as to how teachers holding this understanding implement the policy, where instead of using it to acquire support and initiate intervention, it may potentially be used to just have learners removed from the mainstream. This goes against the values of inclusion which underpin the SIAS policy, indicating how the education system has still not entirely transformed as envisioned in Education White paper 6, with some teacher perceptions at the helm of perpetuating exclusive practices, using inclusive policies with exclusionary applications. This is similar to the idea of reverting back to familiar special education models due to uncertainty regarding policy implementation directives as proposed by Donohue & Bornman in their 2014 study. The application of non-inclusive practices and policy implementation, and reversion to medicalized ways of thinking is not surprising considering teachers are insufficiently trained and supported, with scant resource provision (Engelbrecht et al., 2015).

Another perception of the SIAS policy's purpose among participants was centred on document completion, with a lack of understanding of its intended outcomes beyond this, suggesting a focus on administrative compliance rather than addressing the broader goal of inclusive education. This view also aligns with a more medical model approach that can reduce policy implementation to administrative and procedural compliance.

Where research on the SIAS policy regarding these aspects is not available, Donohue & Bornman (2014) indicated how policies designed to guide inclusion lack in clarity and authoritative direction, conceding various interpretations which hinder implementation. The varying interpretations of the SIAS policy purpose highlight this, and evidence challenges that can arise from differing perceptions and understandings held by school-based role-players, impacting the effectiveness of their implementation. In a broader sense, SIAS policy implementation on a provincial and national level will also be conflicting,

considering the potential for more interpretations and applications by those at the school level.

The differing understandings of the purpose of the SIAS policy and subsequent implementation outcomes in each school again highlight the complexity of the interplay between the medical and social models and underscore the importance of clear communication of and alignment with intended policy goals.

Research findings in this section illustrate the ongoing dynamic between the medical and social models in shaping participant perceptions of the SIAS policy's purpose, and their subsequent implementation strategies. The diverse interpretations and approaches within each school highlight the need for continuous training to ensure that the SIAS policy is interpreted and implemented in a way that truly supports inclusion.

5.2.3 Training and Support for Implementation

The data analysis reveals inadequate formal training received by participants, affecting their ability to effectively understand and implement the SIAS policy. Some participants found training to be insufficient and difficult to implement due to practical challenges, such as large class sizes, or time constraints imposed by the prescribed CAPS curriculum.

Donohue and Bornman (2014) suggested that in order to address school-level challenges to the implementation of inclusive education, the Department of Education need to reassess teacher-preparedness for inclusive teaching practices and provide intensive training programmes to meet identified needs. This is no different for SIAS policy implementation, with lack of effective training, compounded with inconsistent understandings of inclusion, impacting on how the policy is interpreted and implemented, and therefore the bigger-picture outcomes resulting from diverging implementation practices. This identified need for training can be seen as leaning towards a social model paradigm, recognizing the importance of creating supportive and inclusive environments through systemic changes and improvements in policy implementation.

The disparities in training between the mainstream and LSEN school SBSTs also impact the quality of implementation, due to more knowledge and ability to

implement being present in the trained group. This finding lends itself to a medical model perspective, as emphasis on- and opportunity for- training is revealed in the data as being specific to the auxiliary service professionals who make up the LSEN school SBST. This can be seen as unintentionally maintaining the availability and quality of specialized learner support only in specialized schooling environments, instead of upskilling SBST members in mainstream environments, thereby improving their ability to better support learners in their care.

The LSEN school SBST also takes on the role, as outlined in the SIAS policy document, to internally train teachers within their school. The mainstream school SBST on the other hand is not performing this function. This further creates disparity between implementation practices at the two schools, with teachers in the LSEN school expected to have a better grasp of policy aspects as a result of their access to internal training. An overlap in medical and social model can be seen here, where the LSEN school SBST takes on the responsibility of training teachers within their school, in order to address individual needs, as is consistent with the medical model, in addition to addressing the systemic need for proper policy understanding and implementation, aligned with the social model.

The data in this segment underscores the vital requirement for comprehensive and effective training to bridge the gap between policy objectives and their implementation and encapsulates the interaction between the medical and social models, demonstrating how the two paradigms contribute to the nuanced dynamics of policy execution and its impact on inclusion.

5.2.4 Communication and Support

The most prominent and recurring theme throughout the data analysis of both schools revealed challenges relating to poor communication, delayed interventions, and inadequate support from the DBST. These challenges hinder effective SIAS policy implementation at the school level in many aspects.

Untimely responses to referrals and support requests made to the DBST result in learners and teachers remaining unsupported, left in compromised situations, and without necessary intervention, in direct contrast to the intended

purpose of the SIAS policy. Teachers are left frustrated as they are unable to support learners, and learners fall further behind due to the lack of appropriate support. Grade R and Grade 1 screening tools, which form part of the SIAS process, are made redundant by lack of response and intervention from the DBST, as identified learners remain without intervention, and teachers without necessary support to address the barriers to learning exposed during screening. These challenges reflect a social model perspective, illustrating how systemic factors within the DBST are negatively impacting on the individual learner and further convoluting intended SIAS outcomes. Other implications consequent of the highlighted challenges with the DBST are delays in placement of learners in specialized settings and the awarding of accommodations, some of which cannot be applied due to resource challenges, which all negatively impact the learner. These challenges indicate a blend of the social and medical models in that while resource availability and learner placement are practical concerns seated in the medical model, they are also influenced by systemic factors such as allocation and accessibility, which is a social model concept.

The identified challenges result in a strained relationship between SBSTs and DBSTs which acts as a further barrier to effective SIAS policy implementation.

At face-value, the aforementioned challenges highlight the need for better communication and timely support from the DBST to ensure successful policy execution, which serves in the best interest of the learner. Delving deeper, there are clearly bigger systemic factors at play, such as the indicated human resource challenges faced by the DBST, as well the identified lack of knowledgeable members, which have also been discussed in previous research. Makhalamele & Nel (2015) point to inadequate human resources, insufficient training on inclusive policy implementation, and lack of resources as challenges experienced by DBSTs which impede their functioning. Nel et al. (2016) refer to poorly executed roles of the DBST as a result of them receiving insufficient support from the National Department of Education, and possible gaps in the responsibilities of national and provincial departments and districts. Nel et al. (2014) identify how educators are left feeling as though the DBST is

not equipped to support them due to the hampering of their functionality and effectiveness in these ways.

This section reveals how the medical and social paradigms intersect in shaping the dynamics of SIAS policy implementation. It is evident that addressing these challenges mandate both localized and systemic solutions, with the aim to bridge gaps in communication and facilitate the proper training and functioning of DBSTs.

5.2.5 Relationships and Collaboration

Data revealed how various role-player relationships influence SIAS policy implementation and effectiveness at the school level. The relationships are those between the teachers and the SBST, and the SBST and the DBST.

Positive relationships between teachers and SBSTs identified in the data contribute to more successful SIAS policy implementation in terms of support and intervention at the school level. Not all teacher-SBST relationships made positive contributions though.

Teachers from the LSEN school appear to misinterpret the role of the SBST, which results in an over-reliance on the SBST to diagnose problems and manage interventions, shifting support and intervention responsibilities onto them. This over-reliance extended to teachers referring learners to the SBST without attempting any form of remedial or support actions themselves, expecting the SBST to manage cases entirely. This may be indicative of a medical model viewpoint, with teachers assigning the auxiliary service professionals as the authority to manage learners with barriers. This shifted responsibility leads to confusion and uncertainty regarding role-functions within the school which impedes policy implementation. It is also an indication that teachers do not entirely understand their own roles, implying that they are not performing them effectively, meaning that the SIAS policy is not successfully being implemented. This role confusion may be consequent of unclear and unauthoritative policies guiding inclusion (Donohue & Bornman, 2014), in this case implying that the SIAS policy is not clear enough to educators, resulting in lack of understanding and variations in interpretation and implementation,

which are guided by the veiled influence of the underlying perspectives of policy-users.

Strained SBST-DBST relationships identified in the data also hinder effective policy implementation. The breakdown in communication with DBSTs delays intervention and support, causing frustration and despondency amongst teachers and SBST members, and undermines the overall implementation process.

Data uncovered how the SBST of the LSEN school tends to take on roles intended to be performed by the DBST, possibly due to the composition of the SBST being made up of auxiliary service professionals, as well as the extensive workload of DBST officials making it difficult for them to effectively respond to support requests. It is an advantage of the LSEN school SBST to be equipped and able to perform these functions, minimising their need to wait on the DBST for decision making and action with regards to learner intervention and therapeutic- and in classroom- support. In reality, this actually streamlines the SIAS process in terms of support provision for the LSEN school, unintentionally aligning to a social model paradigm that encourages empowerment and autonomy of local communities to address their needs. Unfortunately, though, the SBST is unable to make decisions on behalf of the DBST, so are still dependent on them in terms of learner admissions, accommodations and support requests which they themselves are unable to fulfil. It appears here that the LSEN school SBST, instead of being supported *by* the DBST, act as a support *for* the DBST, with the DBST leaving them to manage cases on their own as they feel they can manage without their support. Regardless of the identified positive aspects, this situation does not contribute to better policy implementation, but rather illustrates a shortcut in the SIAS process to assist learners despite poor DBST role performance, communication and support. Donohue and Bornman (2014) contended that inclusive policy ambiguity may be an intentional action of the Department of Education in order to relegate their responsibility for implementation on to others. This shift in role function between the DBST and the SBST of the LSEN school may be an example of this intentional relegation of responsibility, with the DBST shirking their duty to manage cases and provide support, expecting that the SBST will take charge.

These findings have highlighted the significance of both cooperative and problematic relationships and role interactions in shaping the SIAS policy's implementation, encapsulating elements from both the medical and social models, demonstrating how they converge to influence policy implementation.

5.2.6 Form Completion and Documentation

The data highlights challenges related to accurate SIAS form completion. Incomplete and poorly completed forms are shown to be the result of inadequate teacher training on the SIAS process resulting in teachers not understanding how to complete the documentation, and not understanding the purpose of the documentation and process. The documentation associated with the screening process for Grade R and Grade 1 learners was also shown to lack feedback and outcomes from the DBST. Participants therefore exhibited despondency towards SIAS documentation completion as they felt nothing comes of it, due to aforementioned challenges with DBST communication, intervention and support. Some participants intentionally copy and paste information across forms due to a lack of faith in the process, with others haphazardly completing the documentation for the sake of administrative and procedural compliance for the same reasons.

Another issue relating to form completion revealed in the data is the high administrative load placed on teachers. This, alongside curricular pressure, large class sizes, and regular duties and teaching loads of educators, leaves teachers feeling that the administration and documentation associated with the SIAS policy, is cumbersome and unnecessary. This finding contributes more reasoning to- and supports a study conducted by Nel et al. (2016), who reported that teachers detail the process of referring learners to the DBST through the SIAS process, as a time-consuming and difficult administrative task consisting of tedious paperwork, leaving some teachers unwilling to complete it. This contributes more to the reasoning for poor form completion and therefore ineffective policy implementation.

The inaccurate and haphazard form completion is greatly concerning for SIAS policy implementation, as the completion of forms and documentation is central to the SIAS process, from initiating the process to accessing and implementing

intervention and support for learners, and further referring learners with high support needs to appropriate environments. Without individualised and precise information being completed on forms, support and intervention is unlikely to be matched to the individual learner, resulting in inappropriate or insufficient support being provisioned. More concerning though, is that it appears that the prescribed protocol of forms of the SIAS policy may actually be hindering effective SIAS policy implementation.

Where the protocol of forms prescribed in the SIAS policy are well aligned with the social model paradigm, it can be said that teacher's lack of understanding of the forms and protocol may be maintaining a medical model perspective, in that the individual learner is actually not being considered, but documentation completion is just being ascribed to administrative compliance, rather than actualization of inclusion.

These challenges indicate a need for improved teacher and SBST training and streamlined administrative processes, and perhaps even a relook at the prescribed forms to assess how they could be simplified to bring about more accurate completion by teachers.

5.2.7 Variations in Implementation Processes

The SIAS policy specifically outlines the step-by-step process that needs to be followed for implementation. Data reveals that the processes followed by the mainstream and LSEN schools vary significantly. Data also underscores how these variations pose implementation challenges due to differing interpretations of the policy and the resulting divergence from policy guidelines.

The mainstream school mostly followed the procedure as presented in the SIAS document, with the exception of the initial placement of struggling and progressed learners in remedial classes based on their performance in the prior grade. As the first step in their process, some concern can be raised, as they begin their process by already separating learners based on ability, an action consistent with a medical model perspective, and contradictory to the inclusive ideologies underscoring the SIAS policy. This points back to the data showing that mainstream teachers view of inclusion is rooted in a medical model perspective, here showing a way in which policy implementation is effected.

The LSEN school on the other hand, follows an entirely different procedure to that of both the mainstream school and the SIAS policy document. This may be due to being a special school, where all learners, due to the nature of their special school placement, are identified as ‘at risk’ in accordance with the SIAS policy, meaning the SIAS process is initiated for all learners on placement. This further explains why all learners receive SNA1s, SNA2s and ISPs on placement, with SBST intervention and support already featuring from admission, which is done only on necessity at mainstream schools. The SNA1 and SNA2 forms feature in this case mostly as record keeping documents, as the special school does not at all mention referrals to the SBST or DBST in their outlined procedure. Due to the LSEN school SBST being made up of auxiliary service professionals, much of what is done within their school in terms of the SIAS document is managed internally, including therapeutic support for learners that would generally require DBST assistance and outsourcing by the mainstream school. The SBST here acts as the case manager in place of the teacher. In addition, the SIAS procedure highlights outplacement of learners as the last resort to support. The special school placement of a learner can therefore be seen as the last action of the SIAS policy when considering the specified procedure, with placement giving specialized support access to the learner, minimizing the necessity of SIAS procedural aspects within the LSEN school.

Despite the above reasoning for differing procedures within the two schools, inconsistent implementation processes are still acknowledged to hinder policy execution and effectiveness on a larger scale. With such inconsistent implementation practices across schools, the policy cannot be considered as effective, as the intentions of implementing the process, and expected outcomes thereof, are not the same for the different schools.

The recognition of differing SIAS process implementation practices across the schools and the acknowledgement of their contribution to poor implementation resonate with the social model, highlighting how differences in implementation arise from varying interpretations and applications of the SIAS policy which may be influenced by ideological- systemic- and structural factors, and the varying

needs of schools, which may be why we see this result of inconsistent applications across schools.

5.2.8 Class Sizes and Human Resources

Even outside of inclusive education research, large class sizes are a well-documented problem impacting learner outcomes in South African public schools (Kohler, 2022). Research additionally indicates that the actualization of inclusive mainstream education is currently not realistic in South Africa, partly due to these large class sizes (Makhlamele & Nel, 2015). Data in this study identified how challenges arise from large class sizes in the mainstream school which appear to be disabling teachers from performing their support roles as defined in the SIAS document. Data additionally revealed that DBSTs lack understanding of daily classroom realities, suggesting that the expectation of implementation considering large class sizes is an inherent flaw in the design of the SIAS policy. While the challenges related to large class sizes can be viewed from a medical model perspective, by acknowledging the practical constraints, the broader education system issues, such as human resources, expectations, and support limitations, blend with a social model perspective. The interplay between individual classroom challenges and systemic factors further emphasizes the complex nature of policy implementation. Class sizes were not seen to be an issue resulting in SIAS implementation challenges in the LSEN school as they, by nature, have a smaller learner-to-teacher ratio.

Furthermore, Schoeman (2012) identified that DBSTs are inadequately equipped to perform their functions, an assertion consistent with findings in this research. Data indicates that members of the DBST lack the expertise to be able to support SBSTs and teachers, rendering them unable to assist as required, thus creating further challenges for support and therefore policy implementation. Staffing shortages within the DBST are also identified in the data as hindering timely and effective support. This is a systemic problem in which a high level of support is ineffective, leaving flaws in the SIAS policy support system as a whole. This links back to the previously discussed need for adequate training, extending it to include the DBST in order to better equip them for more effective support provisioning and improved policy implementation.

The data suggests that these challenges are indicative of broader issues within the education system, affecting policy implementation at multiple levels, which can be seen as leaning towards a social model perspective necessitating systemic change.

5.2.9 Policy Incongruence with Other Policies

Public schools are obligated to follow prescribed departmental policies for teaching and learning such as the Curriculum and Assessment Policy Statement (CAPS) and the National Policy Pertaining to Progression, Promotion and Retention (NPPPPR). Where these policies guide educators in their daily activities, data collected has indicated how they may not necessarily be congruent with the SIAS policy.

The NPPPPR's guidelines for learner progression conflict with the SIAS policy's aim to provide support and intervention to struggling learners. The practice of promoting learners based on age or maximum years in grade/phase undermines the school's ability to provide appropriate interventions and support through SIAS, and further restricts learners' ability to catch-up, relegating them to struggle indefinitely and further complicating their support requirements over time. Sluggish DBST response to referrals and lack of communication from the DBST leave learners repeatedly being pushed through grades without ever being remediated, pointing to failed SIAS implementation and effectiveness due to a combination of contrasting policy guidelines outlined in the NPPPPR, compounded with lack of DBST support. The challenges posed by the NPPPPR align with a medical model perspective, recognising the impact of policy constraints on individual learners' educational journeys.

Additionally, the overloaded and overprescribed CAPS curriculum limits the time available for teachers to apply interventions, further hindering the effectiveness and purpose of the SIAS policy. This indicates that the CAPS curriculum may also be incongruent with SIAS policy. Where CAPS does cater for flexibility to allow teachers to adapt and differentiate to accommodate for the needs of individual learners (DoE, 2011), the overloading of content impedes teachers' ability to realistically do so, acknowledging that they already struggle to get through the content in the allocated time (du Plessis & Marais, 2015)

without the addition of SIAS requirements. CAPS has also been cited as being overprescribed, leaving no room for teachers to ensure concepts are well understood by learners before needing to move on (du Plessis & Marais, 2015), making supporting struggling learners according to SIAS all the more unrealistic. The burden of these curricular challenges on both learners and teachers can be seen from a medical model perspective, acknowledging the practical challenges that arise from excessive curriculum demands.

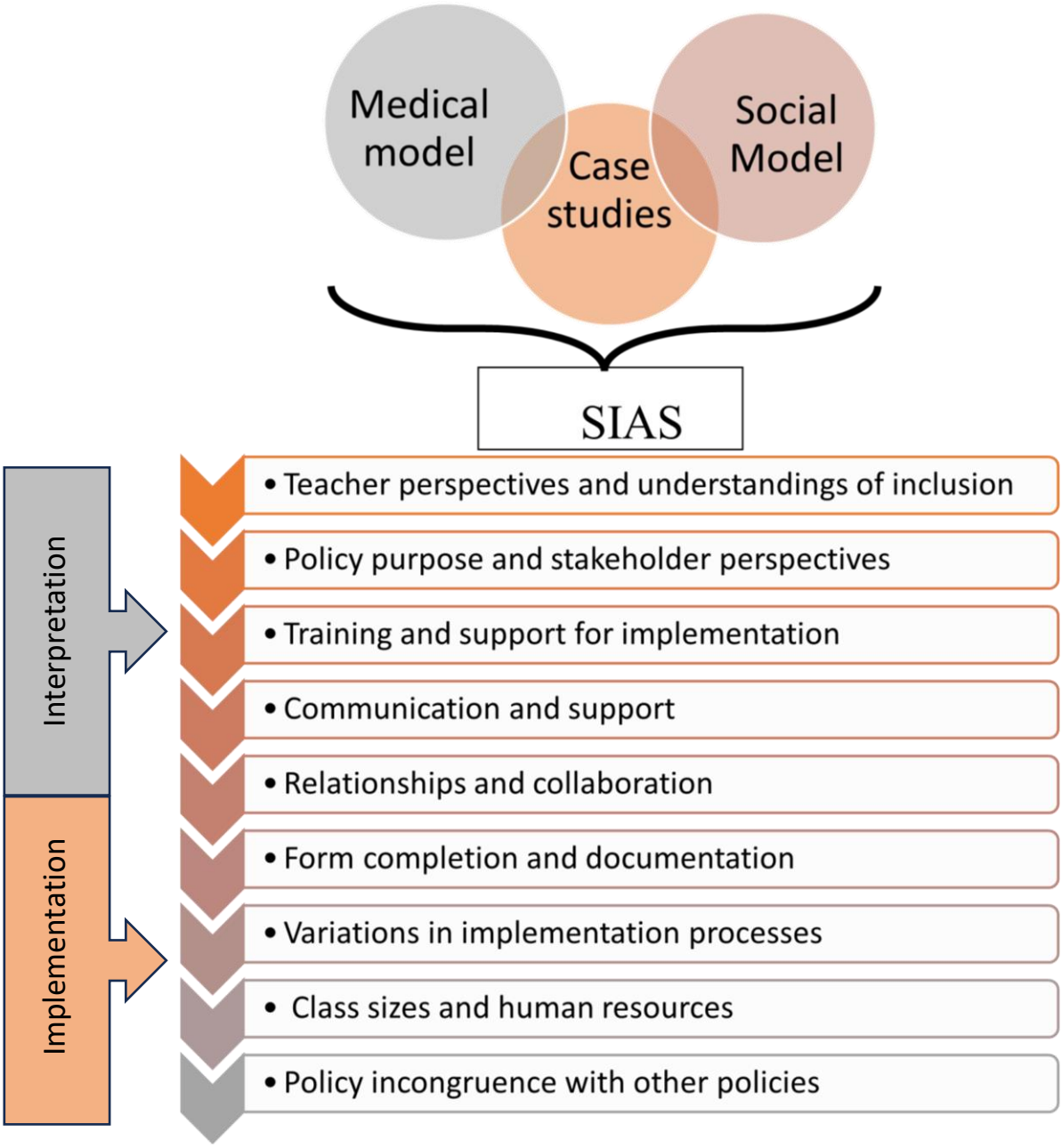
These findings emphasise the intricate relationship between policy frameworks, curriculum demands, learner progression, and the capacity of teachers and support teams within the SIAS process.

5.2.10 Challenges to SIAS in terms of the theoretical framework defined

Figure 10 outlines how the case studies at each school are informed by both the medical model of disability and the social model of disability, and then considers how these underlying perceptions inform the interpretation and implementation of the SIAS policy within specific areas of concern as they emerged from the data. In essence, research findings indicate how the two models influence teacher understandings, perceptions and beliefs regarding inclusion and inclusive education, and how these subsequently impact on how teachers interpret the SIAS policy and the choices they make in applying it. This further extends to how certain issues are perceived to be aligned to either model, but illustrate a bigger picture consideration of how South Africa is yet to completely shake medicalised ways of thinking in order to align the implementation of the SIAS policy with the imperatives of Education White Paper 6 and the more inclusive social model paradigm.

Figure 11

The application of the theoretical framework considering significant data findings.



5.3 ANSWERING THE RESEARCH QUESTIONS

5.3.1 What are the challenges to SIAS policy implementation experienced by the various school-based role-players?

Varying challenges to SIAS policy implementation were experienced by school-based role-players in this study.

Differing understandings of the concept of inclusion and the SIAS policy purpose was found to be contributing to varying implementation of policy. This issue was compounded by insufficient and ineffective training on the SIAS process, leaving larger gaps in teacher understanding, and leaving them unequipped to effectively implement the SIAS procedure.

Poor communication, delayed intervention, and inadequate support from DBSTs was identified by participants as a significant challenge which affects many levels of SIAS policy implementation, including at the level of the learner, teacher, and SBST. Another challenge to implementation prevalent in the data was an apparent misunderstanding of the role functions of the various role players.

Poor understanding of SIAS process and documentation was also an identified in the study, resulting in ineffective documentation completion which directly impacts on support provisioning for the learner. A high administrative load on teachers was expressed by participants, which hindered teachers' abilities to provide individual support to learners in class, as well as creating despondency amongst teachers with regards to the documentation and administrative expectations of the SIAS process.

Misunderstandings surrounding implementation processes also emerged in the data, resulting in divergence from policy guidelines. Furthermore, different needs from the SIAS policy based on school type were uncovered in the data, a finding which illustrates a unique challenge for implementation on a scale beyond an individual school level. Large class sizes and inadequate human resources at schools and within DBSTs were also challenges that were found in this study, a finding which is consistent with many instances of education research.

Lastly, policy incongruence with the CAPS document and the NPPPPR policy was evident in the data, which further complicates teachers' abilities to implement the SIAS policy at the school level.

5.3.2 In what ways do these challenges contribute to the gap between policy and implementation?

The differing understandings of inclusion, linked to either the medical model or social model, directly impact on the way in which an individual interprets and applies the SIAS policy. Those with a medical model perspective will understand the purpose of the policy, and apply it, through a medicalized lens, as can be seen with participants using SIAS to have struggling learners removed from the mainstream and placed in special schools. Those with a social model perspective will apply accordingly, using the policy to promote accommodating schooling environments and practices. This contributes to the gap between policy and implementation in that the context of the individual interpreting the policy will have a direct impact on their interpretation, which is then exacerbated by the ambiguous nature of inclusive policies (Donohue & Bornman, 2014).

Insufficient and inadequate training on SIAS further alienates policy-users from the intended purpose, contributing to a large gap in policy and implementation by leaving them to interpret from their own perspectives and through their own ideological lenses, resulting in misuse and ineffective application. Furthermore, insufficient and inadequate training leaves policy-users uninformed on implementation practices specific to the SIAS policy and procedure, causing role-confusion, lack of understanding of documentation and procedural aspects, and divergence from policy guidelines.

Poor communication, delayed intervention and inadequate support from the DBST widens the gap between policy and implementation in different ways. Firstly, it is the learner that suffers as a result of challenges with the DBST which undermines the very purpose for which the policy was created: *"to identify, assess and provide support programmes for all learners who require additional support to enhance their participation and inclusion in school"* (DoE, 2014, p. 11). Secondly, the policy is designed in a hierarchical manner, situating teachers at the bottom, above them SBSTs, and above SBSTs the DBST, each level relying on the level above for guidance and support. Challenges relating to involvement of the DBST cripple policy implementation through the lack of

fulfilment of their role, which creates ripples of inefficacy down the structure, ultimately negatively impacting on the learner for whom the policy was designed. Without effective DBST involvement, all levels of structure struggle with implementation, and the policy becomes more idealized than practicable.

Misunderstandings in the role functions of various role players results in roles not being performed correctly, or even at all. In the case of this study, misunderstandings of roles resulted in the expectation that specific role functions are actually the responsibility of the next support structure, resulting in frustrations due to people not being accountable for their own roles, and taking away valuable time that could be spent on actual learner support for which the policy was designed.

Poor understanding of the SIAS process and documentation led to poor application of procedure, and a lack of understanding of the purpose of the procedure. This links back to initiating the procedure for the wrong reasons, such as to have learners removed from the mainstream, as well as initiating the procedure for the sake of compliance. Neither initiation true to the intended purpose of the SIAS policy, thus separating the policy from its intended implementation. Poor understanding of SIAS documentation results in inaccurate, unindividualized, and haphazard document completion. With these documents as the cornerstone of the SIAS procedure, support acquisition for learners is dependent on them, with deficient completion resulting in a lack of support acquired, inaccurate, unindividualized and ineffective support being offered, and delays in processing due to misunderstandings and incomplete information. This again undermines SIAS implementation, with the SIAS policy's prescribed forms proving to be unrealistic and impractical for the reality within schools.

The high administrative load on teachers is another symptom of where the SIAS policy is idealized with actual implementation not pragmatic. With teachers already feeling they are overloaded with work, the addition of a policy requiring that they plan for individual intervention and offer individual support, and complete pages of documentation for individual children, is not something that is welcomed with open arms. Data indicated how teachers feel they just do not

have the time for the SIAS policy, resulting in it not being implemented effectively.

The misunderstandings surrounding implementation processes identified in the data exposes the SIAS policy to divergent implementation practices amongst schools, and therefore a wide gap in what the policy states and what is realistically occurring within schools. Where misunderstandings do not appear to necessarily stem from a lack of clarity in the procedural outline, implementation practices in schools are not entirely in line with it regardless. For the mainstream school, the deviation stems from their medicalized view on the SIAS policy, initiating the process by placing learners in remedial classes, and expecting special school placement to be the outcome of the procedure. Both aspects in contention with the policy purpose. For the LSEN school, the deviation from policy resulting in divergence from the outlined procedure is a result of their school type which determines different needs from the policy, and employment of auxiliary staff who are able to take on the bulk of the support and intervention practices that would normally go through the DBST. For the LSEN school, this is directly linked to their unique requirements from the SIAS policy linked to the school type, compared to the requirements of the mainstream school. This further indicates how the policy, as written, is not necessarily practical for all school types due to nuances in their functions and realities.

Large class sizes and inadequate human resources at schools and within DBSTs Large class sizes also contribute to ineffective policy implementation through teachers not having the time, both physically and within the curriculum, to provide individual support to learners. This also links to the teachers' administrative load which, compounding with large class sizes, makes time for document completion and support implementation scant. This contributes to the gap between policy and implementation thereof, as the practicality of the policy in the context of large class sizes is not compatible.

Policy incongruence, within this study, points to the discordance between the SIAS policy and the CAPS document and the NPPPPR, where the overloaded and over prescriptive nature of CAPS does not give leeway for teachers to

support and remediate, and the progression aspects of the NPPPPR are discordant with the intended outcomes of the SIAS policy in terms of reducing learning barriers, instead creating larger gaps the further the child progresses. The gap between policy and implementation is therefore broadened through incompatibility for implementation with current general education policies.

5.3.3 What recommendations can be made to address identified challenges?

The recommendations made below seek to address challenges specifically at the two schools in the research study only. Where some of the recommendations can be considered applicable in a broader sense, more general recommendations will be made in the recommendations section to follow.

It is recommended that the mainstream school in the research study takes ownership of their culture and overarching perspectives on inclusion. Fostering an inclusive culture underscored by principles of diversity, accessibility, and individuality will inadvertently impact on the lens through which teachers view the SIAS policy. This will encourage more effective policy implementation through alignment with the social model by which the policy was designed.

Addressing staffing shortages in the mainstream school would allow for smaller class sizes, and therefore better individual learner support in the classroom. Should it not be possible for the school to appoint more teachers, trained teaching assistants should be employed to assist teachers in providing support to learners in the classroom during teaching and learning. The appointment of trained teaching assistants in both schools would also contribute to reducing the high administrative load placed on teachers, by aiding them in preparing resources for lessons, classroom management, and supporting the teacher with filing and other administrative tasks, thus freeing teachers to put more time and focus into learner support.

Training at both schools conducted by the DBST and SBSTs is needed to address the concept of inclusion, purpose of the SIAS process, and procedural and documentation aspects of the SIAS policy. Training on inclusion will enhance teachers' understandings of why the SIAS policy has been put in place and will give them a more complex understanding of why the SIAS policy is

necessary and valuable. Training on the schedule of forms will eliminate uncertainty regarding document completion resulting in poor and haphazard form completion. It will also stress the importance of accurate and correct information on the forms. Training to define the roles of the various role-players will ensure that everyone knows what is expected of them, and what they are to do, and will also eliminate the role-confusion between the different role-players as identified in the study. Training on procedural aspects of the SIAS policy will enhance stakeholder understanding of the SIAS procedure through which their learners will go and why, thus creating more buy-in. Training identified should also not be a once off occurrence but should fall within continuous professional development in order to keep stakeholders abreast of changes and developments, and ensure thorough and practical understanding amongst them.

As will be recommended and expanded upon under the general recommendation section, on-site DBST official placement would minimize issues relating to poor communication, delayed intervention and inadequate support from the DBST, through creating regular and simplified accessibility to DBST members for the SBSTs, whilst exposing DBST officials to the realities impacting teachers and schools on a day-to-day basis.

Issues of policy incongruence and differing needs from the SIAS policy based on the school type are not within the control of the two individual schools, with recommendations to support these challenges discussed under the general recommendations section to follow. In summary though, policy incongruence can be managed through the reassessing of general education policies to align them more with inclusive principles in order to ensure compatibility with the SIAS policy. Differing needs from the SIAS policy based on the school type requires amendments to be made to the SIAS process to account for the unique needs based on the realities of the different schooling environments.

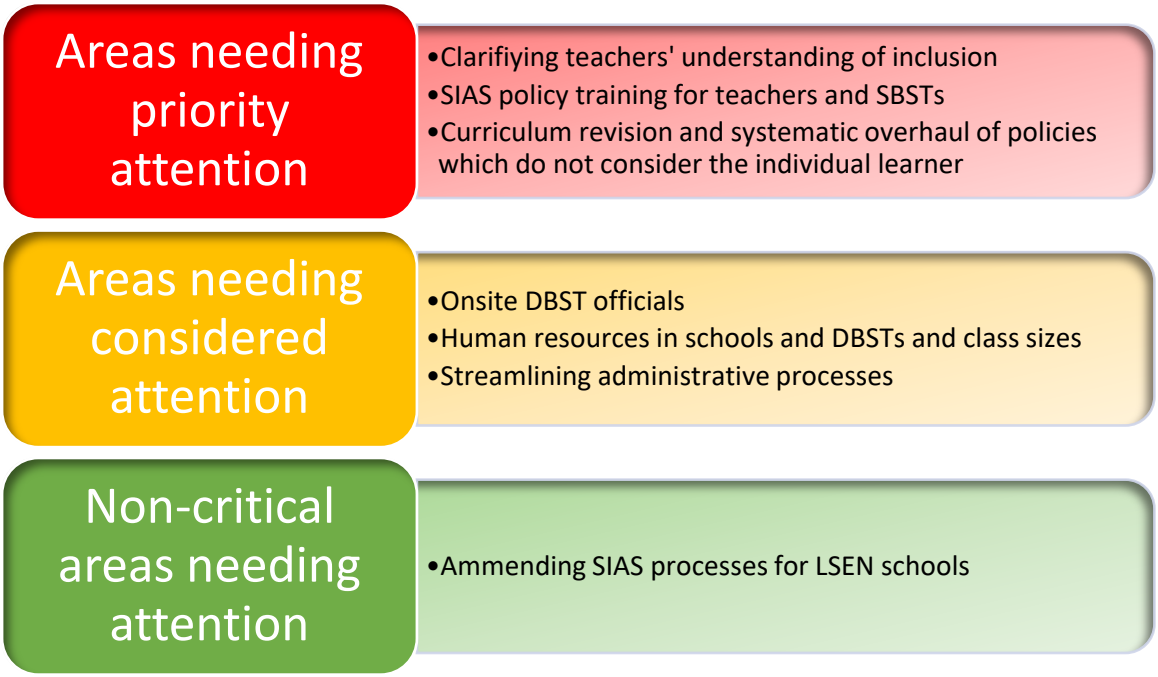
5.4 RECOMMENDATIONS

These recommendations seek to address challenges identified in the research study in terms of broader inclusive education and policy implementation aspects. I have attempted to categorise challenges in the data according to a ‘robot system’,

distinguishing between high-, medium-, and low- priority areas which, when addressed, may improve SIAS policy implementation at the school level.

Figure 12

Challenges according to priority areas for recommendations.



5.4.1 Areas needing priority attention

Recommendations within this category look at bigger systemic issues that will have a high impact if applied.

5.4.1.1 Clarifying teachers' understanding of inclusion

Addressing teachers' understandings of inclusion is still a major necessity in order to actualise inclusive education in South Africa. Acknowledging how this systemic issue is not a 'quick fix', and has been in action for many years already, fostering inclusive mindsets rooted in the social model of disability will go a long way in correctly understanding the intentions and purpose of the SIAS policy, thereby creating value in correct implementation for working towards the mutual goal of a fully inclusive education system. This can be achieved through in-service training to address teachers who were previously trained in either mainstream or special education (Engelbrecht et al. 2015), and through initial teacher training which should be designed to foster principles of inclusion.

Where Initial Teacher Training (ITE) was found to include coursework on learner diversity and inclusive education which equipped new teachers with sound theoretical foundations, there is an apparent gap between this theoretical knowledge and pedagogical competence (Rusznyak & Walton, 2019; Moosa & Bekker, 2021). The policy on the Minimum Requirements for Teacher Education Qualifications (MRTEQ) (DHET, 2015) emphasises inclusive education as a core aspect with which all new teachers should be knowledgeable about, including their ability to identify learning barriers and implement strategies to address learner needs. New teachers are also shown to model their teaching practices after those to which they were exposed to when first starting teaching (Mcintyre, 2009), implying that the dominant understandings of inclusion prevalent in schools may be perpetuated in new teacher generations, unless there is intervention. The training to clarify teachers' understandings of inclusion suggested above should seek to address these aspects, attempting to align in-service teachers' ideas on inclusion with a social model, and to bridge the gap between theoretical knowledge and classroom practice of new and in-service teachers.

5.4.1.2 SIAS policy training for teachers and SBSTs

Continuous teacher training on the SIAS policy is recommended to address inconsistent teacher understandings and interpretations of SIAS, ensure accurate documentation completion in terms of SNA1 and SNA2 forms, and to reduce the effect of procedural challenges caused by uncertainty and role-confusion. Training should also seek to equip SBSTs to effectively support teachers in schools with these challenges, as well as for them to provide support to teachers in managing cases on a day-to-day basis.

In addition to continuous training, SBSTs can further be better supported in an on-going manner through the establishment of Professional Learning Communities (PLCs), in which they can reflect on their implementation, procedure and support strategies, and explore how these aspects can be improved on. Communities of Practice (CoPs) can be established to better support teachers, in which they can share their knowledge and experience of learner support, SIAS documentation completion, and managing the SIAS

procedure with each other, in order to foster better methods for practice and implementation.

5.4.1.3 Curriculum revision and systematic overhaul of policies which do not consider the individual learner

Where the CAPS document already allows for flexibility for teachers to differentiate and adapt content for learners, it remains over-prescriptive and overloaded with unnecessary content. Therefore, it is recommended that the CAPS curriculum be reassessed in terms of chosen content and that it prioritises learner internalisation of foundational concepts in order to decrease the number of learners struggling later in their academic careers.

It is also recommended that progression aspects of the NPPPPR be reconsidered, as they work against the purpose of the SIAS policy, resulting in the creation of larger learning gaps in struggling learners which become more difficult to remediate as their academic careers advance.

5.4.2 Areas needing considered attention

Recommendations within this category look more at attempting to solve practical challenges hindering effective SIAS policy implementation. Where these are also considerable recommendations, their effects aren't anticipated to be as powerful as the high-priority recommendations made but will still have a significant impact on decreasing the gap between policy and implementation.

5.4.2.1 On-site DBST officials

It is recommended that there is DBST involvement with schools directly, perhaps as an official situated in a school a few days a week who is assigned to support a set number of schools in the area. This will give the DBST direct exposure to classroom realities, allowing for targeted support strategies considering the context of the learner and what is realistic for the educator. This will still allow the DBST officials to convene and work together on cases, but with more knowledge and understanding of what is happening daily at the school level. This will also minimise the occurrence of poor communication and inaccessibility of DBST members, as SBSTs will be able to work more closely with them as a result of their presence.

5.4.2.2 Human resources in schools and DBSTs and class sizes

Human resource challenges are a long-standing problem in the South African education system. Correcting the issue of insufficient staffing in both schools and DBSTs will alleviate excessive workload, reduce learner-to-teacher ratios, and improve the quality of education overall. Improving on these issues will open the possibility for more effective SIAS policy implementation through; availability of teachers for more individualised support and more specialised lessons to meet diverse learner needs due to smaller class sizes; smaller classes will result in less teacher administrative load, allowing more time for learner support and intervention; and a higher number of DBST officials will allow for quicker responses to support requests.

5.4.2.3 Streamlining administrative processes

Administrative processes, from initiation of the SIAS process with the completion of SNA1 forms up until the DBE120 form submission, need to be streamlined. This may take the shape of redesigning the document schedules used to guide the SIAS process, in order to simplify them, which would make it easier for teachers to accurately complete them. The administrative aspect of the SIAS policy should also be closely monitored to prevent delays in getting support to learners, with 'checkpoints' put in place to establish when the procedure is lagging, and institute accountability for continuation of the process. This may help prevent delays caused by poor communication and slow responses from the DBST which participants experienced.

5.4.3 Non-critical areas needing attention

The recommendations under this section deal with more specific 'in-school' challenges which, although not critical to overall SIAS policy implementation improvement, would make small but impactful differences to those they concern.

5.4.3.1 Amending SIAS processes for LSEN schools

The needs of mainstream and LSEN schools in terms of the SIAS policy are not the same due to various reasons; the different compositions of staffing, where LSEN schools oftentimes employ auxiliary service professionals who serve on the SBST, and the consideration that special school placement is an

end outcome of the SIAS process. As suggested by Clough and Corbett (2000), the policy established must be in alignment with the real occurrences taking place within schools, thus requiring policymakers to align policy with considered realities of schools, which is not currently the case with the SIAS policy in terms of LSEN schooling. In order to improve SIAS policy implementation at LSEN schools, it is recommended that the SIAS process be amended to cater for their unique environments, establishing a process for LSEN schools to follow which lead to practical and reasonable outcomes for them.

5.5 LIMITATIONS

It is critical to acknowledge that this study did have several limitations.

The theoretical framework of the study could have been more refined. This study lent itself to using a systems theory theoretical framework, perhaps the use of Bronfenbrenner's ecological model centring the SIAS policy would offer a different view of how identified challenges to SIAS policy implementation are systemic in nature, and the effect each has on the broader system of policy implementation. This would also give a more clarified structure through which to discuss the findings.

Where this study intended on understanding the perspectives of school-based role-players on their experienced challenges to SIAS policy implementation, it should also be acknowledged that these unique perspectives are influenced by several inconspicuous factors. To mitigate this, additional data collection methods, such as document analysis, pertaining to SNA1 and SNA2 forms, and observation of school-based role-players enacting the SIAS policy, would give the study more substance.

Furthermore, whilst acknowledging the scope of the study and that qualitative research results are not intended to be generalisable, findings indicated that some challenges may well be more applicable on a broader scale, giving more insight into general policy implementation challenges. A larger scope of study with more schools participating would yield more widely applicable results through which policy implementation practices could be guided.

Another methodological limitation was in the form of using questionnaires as a data collection method. Because the questionnaire was open-ended, some participant responses were vague and required further explanation. A follow-up interview with questionnaire respondents would have worked well to mitigate this. In addition to this, there were fewer than expected responses to the questionnaire. Having more respondents would have yielded a more complete dataset, possibly giving better insight into the challenges experienced.

Lastly, doing this kind of research at a special school is ring-fenced to the specific type of special school in question. Again, acknowledging that qualitative research is not intended to be generalisable, special schools are designed to cater for very specific learning needs, in the case of a school for the blind, a school for the deaf, a school for epilepsy, a school for autism, and so forth. Considering this, data yielded from one of these types of schools is far more limited due to nuances very specific to the school type. The data collected from the LSEN school in this study is therefore far more specific to the school at which it was collected than the data collected from the mainstream school.

5.6 CONCLUSION

This research report outlined the specifics of a qualitative research project which investigated the challenges to SIAS policy implementation experienced by school-based role-players. Where there is currently a gap in SIAS policy research, it was expected that this study would yield results similar to what has been found with other inclusive education policies: they are acknowledged to be well-written and well-aligned with global trends, but lacklustre and ineffective in practice. Investigating SIAS policy implementation at the school level has revealed that there are indeed barriers to its implementation, with numerous challenges standing out as contributing.

Research findings highlighted how SIAS policy interpretation, and its subsequent application are guided by the ingrained ideological assumptions of school-based role-players, in this particular study leaning towards either a medical model of disability or a social model of disability. With the South African Education system post-1994 attempting to transform to a social model of disability and establish an inclusive education system through Education White paper 6, it is unfortunate to

find that teacher understandings of inclusion are still inconsistent, resulting in divergent framing of the SIAS policy. If an inclusive education system is ever to be truly actualised in South Africa, and for the SIAS policy to be understood and enacted as intended, urgent attention needs to be given to reestablishing teachers' perceptions on inclusion and diversity.

Framing the SIAS policy in the social model of disability, data revealed that many of the identified challenges were related to systemic issues within schools, the DBST, and the education system as a whole. Applying a medical model lens exposed challenges which evidenced that there are still remnants of medicalised ways of thinking within the schools, resulting in SIAS policy implementation challenges which are perpetuated by a lack of SIAS policy understanding, uncertainty on SIAS procedure, and poor communication, delayed interventions, and inadequate support from the DBST, as well as the implementation of general education policies with which SIAS is incompatible.

Challenges to SIAS policy implementation are multifaceted and numerous, however with effective training, recreation of perceptions on inclusion, and systemic overhaul of non-inclusive policies amongst other recommendations made, obstacles to SIAS policy implementation can be managed, and the policy can function as intended: to break down barriers for learners within our education system and can ensure their equal access to learning and development.

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APPENDICES

Appendix A Research approval letter from the Gauteng Department of Education

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	**16 May 2022**
Validity of Research Approval:	**08 February 2022– 30 September 2022** **2022/188**
Name of Researcher:	**Iturralde I**
Address of Researcher:	**446 Lea Street**
	Waterkloof Glen
	Pretoria
Telephone Number:	**0768501766**
Email address:	**Ingevdmerwe92@gmail.com**
Research Topic:	**The challenges faced by school-based role-players in the implemention of SIAS: A comparative study**
Type of qualification	**MED by coursework and research report**
Number and type of schools:	**LSEN schools and Primary**
District/s/HO	**Tshwane South**

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

17/05/2022.

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below are met. Approval may be withdrawn should any of the conditions listed below be flouted:

1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

1. *The letter would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*
2. *The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
3. ***Because of the relaxation of COVID 19 regulations researchers can collect data online, telephonically, physically access schools, or may make arrangements for Zoom with the school Principal. Requests for such arrangements should be submitted to the GDE Education Research and Knowledge Management directorate.***
4. ***The Researchers are advised to wear a mask at all times, Social distance at all times, Provide a vaccination certificate or negative COVID-19 test, not older than 72 hours, and Sanitise frequently.***
5. *A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s has been granted permission from the Gauteng Department of Education to conduct the research study.*
6. *A letter/document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs, and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
7. *The Researcher will make every effort to obtain the goodwill and cooperation of all the GDE officials, principals, and chairpersons of the SGBs, teachers, and learners involved. Persons who offer their cooperation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
8. *Research may only be conducted after school hours so that the normal school program is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
9. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
10. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
11. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
12. *The researcher is responsible for supplying and utilising his/her research resources, such as stationery, photocopies, transport, faxes, and telephones, and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
13. *The names of the GDE officials, schools, principals, parents, teachers, and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
14. *On completion of the study, the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.*
15. *The researcher may be expected to provide short presentations on the purpose, findings, and recommendations of his/her research to both GDE officials and the schools concerned.*
16. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a summary of the purpose, findings, and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

.....

Ntdivhi Gumani Mukatuni
Acting CES: Education Research and Knowledge Management

DATE: 17/05/2022

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

Appendix B University of Witwatersrand ethics approval certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG | WSoE Wits School of Education

SCHOOL OF EDUCATION ETHICS COMMITTEE

CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE	PROTOCOL NUMBER: 2022ECE021M
PROJECT TITLE	The challenges faced by school-based role-players in the implementation of SIAS: A comparative study
INVESTIGATOR	Iturralde Inge
SCHOOL/DEPARTMENT OF INVESTIGATOR	WSOE
DATE CONSIDERED	24 June 2022
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	No Risk
EXPIRY DATE	Date of submission of the Research Report
ISSUE DATE OF CERTIFICATE	CHAIRPERSON Dr. Batseba Mofolo-Mbokane

cc: Dr. Tanya Bekker

DECLARATION OF INVESTIGATOR

To be completed in duplicate and ONE COPY returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature _____ Date 21 / 07 / 2022

Appendix C Consent form- Focus group interview exemplar

Consent Form: Focus Group
Project title: The challenges faced by school-based role-players in the implementation of SIAS: A comparative study

Researcher: Inge Iturralde

I, [redacted], agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous	(YES)	NO
I agree to maintain confidentiality beyond the focus group	(YES)	NO
I agree that the researcher may use anonymous quotes in her research report	(YES)	NO
I agree that the focus group interview may be audio recorded	(YES)	NO

[redacted]..... (signature)

[redacted]..... (name of participant)

2022/09/07..... (date)

Appendix D Consent form- Open-ended questionnaire exemplar

Consent Form: Questionnaire
Project title: The challenges faced by school-based role-players in the implementation of SIAS: A comparative study

Researcher: Inge Iturralde

I, [redacted].., agree to participate in this research project. The research has been explained to me and I understand what my participation will involve. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous	(YES)	NO
I agree that the researcher may use anonymous quotes in her research report	(YES)	NO

[redacted]..... (signature)

.. [redacted] (name of participant)

12/09/2022..... (date)

Appendix E Information sheet- Focus group interview

Dear Sir / Madam

My name is Inge Iturralde and I am a Masters student in Inclusive Education in the School of Education at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating the challenges faced by school-based role-players in the implementation of SIAS under the supervision of Dr Tanya Bekker. The aim of this research project is to investigate what challenges are experienced by teachers and school-based support-teams in the implementation of the SIAS policy, and to make recommendations to better policy implementation in future.

As part of this project, I would like to invite you to take part in a focus group interview. This activity will involve your participation in a single group discussion guided by a set of questions and will take around 60 minutes. With your permission, I would also like to audio record the focus group discussion using a digital device. This recording will be stored in a password protected computer and only the researcher will have access to this recording. It will be deleted after 3 years.

There will be no personal costs to you if you participate in this project and you will not receive any direct benefits from participation, but there are no disadvantages or penalties if you choose not to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The information obtained from the focus group interview will be kept confidential and anonymous as I will not be using your name or any identifying information in the research report, however due to the nature of a focus group, confidentiality and anonymity cannot be maintained within the focus group, but all participants will be required to agree to maintain confidentiality beyond the focus group. The information you give to me will be held securely and not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report. If you experience any distress or discomfort at any point in this process, we will stop the interview or resume another time.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. This study will be written up as a research report. If you wish to receive a summary of this report, I will be happy to send it to you. The data collected from this research project will be stored in a password protected computer and will be kept for 3 years. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,
Inge Iturralde

Researcher:
Inge Iturralde, 2515645@students.wits.ac.za, 0768501766

Supervisor:
Dr Tanya Bekker, tanya.bekker@wits.ac.za, 0117173403

Appendix F Information sheet- Open-ended questionnaire

19 July 2022

Dear Sir / Madam

My name is Inge Iturralde and I am a Masters student in Inclusive Education in the School of Education at the University of the Witwatersrand, Johannesburg. As part of my studies, I have to undertake a research project, and I am investigating the challenges faced by school-based role-players in the implementation of SIAS under the supervision of Dr Tanya Bekker. The aim of this research project is to investigate what challenges are experienced by teachers and school-based support-teams in the implementation of the SIAS policy, and to make recommendations to better policy implementation in future.

As part of this project, I would like to invite you to take part in answering a questionnaire. This activity will involve completing an open-ended questionnaire on Google Forms and will take around 30 minutes.

There will be no personal costs to you if you participate in this project and you will not receive any direct benefits from participation, but there are no disadvantages or penalties if you choose not to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The questionnaire will be completely confidential and anonymous as I will not be asking for your name or any identifying characteristics, and the information you give to me will be held securely in a password protected computer and not disclosed to anyone else.

If you have any questions during or afterwards about this research, feel free to contact me on the details listed below. If you wish to receive a summary of this report, I will be happy to send it to you. The data collected from this research project will be retained electronically in a password protected file for secondary data analysis. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za

Yours sincerely,
Inge Iturralde

Researcher:
Inge Iturralde, 2515645@students.wits.ac.za, 0768501766

Supervisor:
Dr Tanya Bekker, tanya.bekker@wits.ac.za, 0117173403

Appendix G Request for permission to conduct research in schools- Exemplar

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

University of the Witwatersrand,
School of Education, Tel: (27) 011 717 3007

[redacted]

20 May 2022

Dear Sir,

Re: Permission to conduct research at [redacted]

My name is Inge Iturralde.

I am studying for a Master's of Education in Inclusive Education in the School of Education at the University of the Witwatersrand. I am seeking permission to do research at [redacted]

I am conducting research on the challenges experienced by school-based role-players regarding the implementation of the policy on screening, identification, assessment, and support (SIAS). Research on inclusive education policies such as Education White Paper 6 have revealed a gap between policy and policy implementation, and although the SIAS policy has not been the topic of much research, it is anticipated that this gap will be evident with it too. Understanding implementation challenges experienced by those at the school level would be valuable in developing recommendations to better understand and improve implementation and therefore support provisioning for both learners and teachers.

For this research project, I have selected to do a comparative study using one mainstream school and one special school as it is expected that the application of the SIAS policy and the challenges experienced with its implementation will not be the same within the different school types, as the function of each school as defined in Education White Paper 6 is divergent. [redacted] has therefore been selected to provide me with an insight into the experiences with the SIAS policy of an LSEN school.

I will invite individuals from your organisation to participate in this study. I would like to collect data from the foundation phase educators and departmental head, and the school-based support team. If they agree, the foundation phase teachers and departmental head will be asked to complete an online open-ended questionnaire which should take around 30 minutes and can be done anywhere in their own time. If they agree, the school-based support-team will be asked to participate in a focus group discussion which should take around 60 minutes at a time which is convenient to your institution and the participants. This focus group discussion will be audio recorded.

Participants will be asked to give their written or verbal consent before the research begins. Their responses will be treated confidentially, and identities (their names and the name of the organisation) will be anonymous unless otherwise expressly indicated. Individual privacy will be maintained in all published and written data resulting from the study.

The results will be communicated in a research report submitted to the University of the Witwatersrand.

The research participants will not be advantaged or disadvantaged in any way. They will be reassured that they can withdraw their permission at any time during this project without any penalty. There are no foreseeable risks in participating in this study. The participants will not be paid for this study.

All research data will be stored in a password protected computer for 3 years, and thereafter destroyed.

I therefore request permission in writing to conduct my research at your organisation. The permission letter should be on your organisation's headed paper, signed and dated, and specifically referring to myself by name and the title of my study.

Please let me know if you require any further information. I look forward to your response as soon as is convenient.

Yours sincerely,

Inge Iturralde

Inge Iturralde
0768501766
2515645@students.wits.ac.za

Dr Tanya Bekker
0117173403
tanya.bekker@wits.ac.za

Appendix H Permission to conduct research at school exemplar

[redacted]

Non Profit Organisation Number [redacted]

All correspondence should be forwarded to
The Principal *Tel:* [redacted] *E-mail:* [redacted]
[redacted] *Fax:* [redacted] *Website:* [redacted]

12 August 2022

RE: Permission to conduct research at [redacted]

To whom it may concern

This letter serves to indicate that permission is hereby granted to Mrs Inge Iturralde to conduct research at [redacted] for her study titled 'The challenges faced by school-based role-players in the implementation of SIAS: A comparative study'.

Arrangements have been agreed upon with Mrs Iturralde in respect to the data collection process.

Sincerely,

[redacted]
Acting Principal
[redacted]

[redacted]

Appendix I Focus group interview schedule

Focus group interview schedule

1. Please provide a brief description of what you understand to be the purpose of the SIAS policy.
2. How would you describe the role of the SBST in the SIAS process?
3. Please describe how the SIAS process implemented at your school.
4. How do you as SBST support the implementation of the SIAS policy at your school?
5. What is the relationship between the SBST and the teachers at your school?
6. What is the relationship between the SBST and DBST?
7. How would you say these relationships effect SIAS implementation?
8. How effective do you feel SIAS policy implementation is at your school? Can you share any specific challenges or successes?
9. What do you think is well understood, or less understood, by staff with regards to the SIAS policy?
10. How do you think SIAS policy understanding, and implementation can be enhanced and better supported at your school?

Appendix J Open-ended questionnaire schedule

Open-ended Questionnaire

1. General information
I. What is your role at the school (teacher or departmental head)?
II. What qualifications do you have?
III. How many years of experience do you have in education?
2. Did your qualification/s include any training on inclusive education?
3. What do you understand to be the meaning of ‘inclusive education’?
4. What do you understand by the term ‘barriers to learning’?
5. In what way did your qualification/s equip you in the identification and support of learners with barriers to learning in your classroom?
6. Please provide a brief description of what you understand to be the purpose of the SIAS policy.
7. What do you understand as your role in the SIAS process?
8. What training have you received on the SIAS policy?
9. Do you feel the training equipped you to implement the policy in your classroom? Why or why not?
10. Briefly describe how the SIAS policy is implemented at your school.
11. Do you feel that the policy is effectively implemented at your school? Why or why not?
12. Do you feel that the SIAS policy is effective in getting you and/or your learners necessary support? Why or why not?
13. What challenges to implementing the SIAS policy do you personally experience?
14. What support do you think could be provided to you to aid you in implementing the SIAS process?