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Empowering children with intellectual disabilities : strategies perceived by primary care-givers and teachers.

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CHAPTER 1

INTRODUCTION

1.1. Introduction

This chapter gives a description of the research problem statement and the rationale for conducting this research study. It also describes the purpose of the research study, key words/key concepts, and limitations of the research study. Finally, it discusses the organisation of the research report chapters.

Throughout the world children with special needs who experience difficulties in learning have traditionally been marginalized within or excluded from schools (Tomlinson, Ridley, Fletcher-Campbell & Hegarty, 2004; UNICEF International Child Protection Centre, 1998).

Children with intellectual disabilities also form part of most marginalised group of people (White paper for social welfare, 1997). They are mostly deprived of their right to quality and mainstream education. It is assumed that they cannot be taught and learn. As a result, majority of the children with intellectual disabilities do not complete secondary school education (South African federation for Mental Health, 2004).

Children with intellectual disabilities are mostly taken to protective workshops for handiworks. This deprives them of the opportunity to choose and determine their lives and future. Their self-determination is limited as they have to do whatever the protective workshops provide to them. This limits their empowerment through education that would enhance the quality of their lives and enhance their social and economic contribution to the economy of South Africa (Loebenstein, 2005). Loebenstein (2005), states that children with intellectual disabilities are deprived from

achieving high educational standards that would enhance their self-reliance. Most of the children with intellectual disabilities find themselves staying at home as soon as they turn 21 years of age because the schools for learners with special educational needs (LSEN schools) would have to release them to other institutions. However, due to insufficient institutions that could help them further their studies, these children are bound to stay at home.

1.2. Statement of the problem and the rational for conducting the study

The literature review to date reflects that although quite a lot of research has focused on the functioning of the children with intellectual disabilities within the learning environment, what the researcher noted is that not much research has been conducted from a social work perspective in this regard.

Different research studies were conducted on similar topic. Jacobs, (2008) conducted a research study on the experience of parents realizing that their child has intellectual disabilities. She also looked at the impact of realizing that their child has intellectual disability. Jacobs, (2008) discussed the different causes of intellectual disabilities which include the before birth, during birth and after birth causes. Her research study focused on the impact of intellectual disability to the whole family, parental roles, parental reactions and attitudes towards disability, effects on siblings and their coping strategies.

Loebenstein, (2005) conducted research study on the support for learners with intellectual disabilities in the transition to secondary schools. The research study explored support, labelling, classification, social and socio-cultural model of disability, effective teaching, parental and community involvement, quality and education policies in the era of a New Democracy.

Adams, (2008) conducted research study on poverty and intellectual disabilities. Adams, 2008 focused on South Africa and Africa as a continent. The research study focused on the relationship between poverty and intellectual disabilities, exclusion, poverty, resources, ill-health and policies.

However, these research studies have not covered the interaction between teachers and primary care-givers, needs, challenges faced by the teachers and their primary care-givers that have a daily contact with children with intellectual disabilities. The interaction between teacher and primary care-giver also requires further exploration, especially within the South African context.

Education is a key component of empowerment. Unfortunately, in many countries, including South Africa, children with intellectual disabilities are frequently deprived of their right to access education that would play an important role in empowering them (Regan, 2006). The education system is failing to adequately meet their educational needs and as a result they fail to develop and fulfil their potential. To enhance their development, children with intellectual disabilities require special attention and skills from the primary care givers and teachers (Regan, 2006).

Intellectual disability is a mental condition that affects people's overall functioning (South African federation for Mental Health, 2004). It affects and limits people's conceptual, social and practical skills. Intellectual disability normally originates before the age of 18 years. It ranges from mild to severe and can be measured through the use of an IQ test (Pawlyn & Carbaby, 2009, p.5).

The researcher worked as a social work student with children living with intellectual disabilities for a year at Itireleng School for the disabled in Kagiso, West Rand. Even though the government was trying to introduce inclusion programmes at schools, teachers at mainstream schools found it difficult to work with these children given their intellectual disabilities and special needs.

The social work profession renders social services to children, their families and communities by addressing their health and well-being. Social workers are frequently presented with the challenge of rendering services that would be in the best interests of the children concerned, including those children with intellectual disabilities.

The empowerment of children with intellectual disabilities through education is national problem in South Africa. The LSEN schools that are aimed at catering for individual needs of children with intellectual disabilities are very limited. For instance, in the homelands or rural areas children with intellectual disabilities have to travel long distances to access the LSEN schools. This becomes a serious challenge because majority of the families of children with intellectual disabilities live in poverty. A research study focused on two schools in Katlehong, East Rand, Gauteng province. The research study was aimed at exploring the challenges, needs and coping strategies perceived by teachers and primary care-givers of children with intellectual disabilities.

Although education is an essential tool to empower children with disabilities, attitudes towards intellectual disability held by the disabled child's primary role players serves as an obstacle to empowering the life of children with special educational needs (Govender, 2002). Primary care-givers usually find it difficult to understand intellectual disability and fulfil their parental responsibilities.

Teachers working with children with intellectual disabilities play a significant role in the lives of children through education. Teachers have the educational mandate to empower children with intellectual disabilities through education. It was significant that teachers be made part of the research study as they work with special needs children on daily basis. Teachers had significant input in the research study as they have been working with children with intellectual disabilities for years.

1.3. The Primary Aim of the Study

The primary aim of the proposed research study was thus to explore the perspectives of teachers and the primary care-givers of the children with intellectual disabilities regarding the empowering role of education.

It was anticipated that the study would broaden the knowledge and understanding of intellectual disabilities of important role players in the lives of children with intellectual disabilities (for example, parents, other primary care-givers, teachers and Social Workers) regarding the empowerment of children with intellectual disabilities through education in the South African context.

1.3.1. Specific objectives of the study

The following were the secondary objectives of the research study:

1. Explore the perceptions of teachers of children with intellectual disabilities regarding their need(s) as teachers of special needs children.

2. Explore the perceptions of teachers of children with intellectual disabilities regarding the challenges they experience as teachers of special needs children.

3. Investigate the perceptions of teachers of children with intellectual disabilities regarding the coping strategies they use as teachers of special needs children.

4. Probe the primary care-givers' views regarding empowering children with intellectual disabilities through education.

5. Explore the perceptions of primary care-givers of children with intellectual disabilities regarding their needs as primary care-givers of special needs children.

6. Explore the perceptions of primary care-givers of children of intellectual disabilities regarding the difficulties they experience as primary care-givers of special needs children.

7. Investigate the perceptions of primary care-givers of children with intellectual disabilities regarding the coping strategies they use as primary care-givers of special needs children.

1.4. Methodology

Following ethical clearance from the Human Research Ethics Committee (Non-medical) of the University of the Witwatersrand, this study was conducted. A qualitative research design and methodology was implemented, adopting a phenomenological approach. The research participants, namely teachers and primary care-givers of children with intellectual disabilities were purposively selected. In-depth, semi-structured interviews were conducted, and the results were analysed.

1.5. Definitions of key concepts

Intellectual disability can be defined as a disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour (South African Federation for mental health, 2004).

Empowerment is the process through which people gain the power and resources necessary to shape their worlds and reach their full human potentials (De Beer and Swanepoel, 2006).

Education can defined as an empowerment tool which is crucial in equipping people with essential skills and competencies for an active role in society and in the economy (Regan, 2006).

Social development can be defined as development that meets the needs of the present without comprising the ability to meet the needs of the future generations to meet their needs (De Beer and Swanepoel, 2006).

Economic development can be defined as a development that improves people's quality of life through basic secure income, social safety, access to land, fair wages, adequate housing and adequate resources (Regan, 2006).

1.6. Limitations

As with all research, this study had a variety of limitations. Qualitative method has its own limitations as the researcher may not generalize the findings of the research study because if the limited sample of the research participants. As a result, conclusions cannot be made due to the fact that the findings would only be based on the small population.

One of the limitations of this research study was related to researcher reactivity as the researcher was not part of the study population. This effect manifested in sanitised accounts being given of the relationship of the participants to the needs, challenges and coping strategies. Attempts were made to overcome this weakness through in-depth questioning and gathering rich data.

The language used when doing the face-to-face interviews was a challenge especially with the primary care-givers. They could not understand some of the terms used to describe intellectual disability because of their level illiteracy. The researcher had to explain the terms in their different languages in-order to ensure that they understand the question and respond accordingly. The semi-structured face-to-face interviews were mainly conducted in three different languages, English, Zulu and Sotho.

The illiteracy level amongst the interviewed primary care-givers prohibited them from giving more information with regard to the educational progress of their children. In order to minimise this limitation the language used in the interviews was kept simple and participants were encouraged to ask questions when they did not understand words or terms. In addition, the researcher sought clarification from participants when their accounts were unclear.

Primary care-givers' lack of understanding of what intellectual disability became a challenge as they had a common Zulu name for children with different mental illnesses. Most of the primary care-givers referred to intellectual disability as mental illness. They could not tell the different levels of intellectual disabilities. As a result, it was difficult for them to mention their children's educational needs during the face to face interviews. The researcher had to explain to them the different levels of intellectual disabilities. The researcher further encouraged the primary care-givers to visit Mental Health institutions to learn more about intellectual disabilities in order to enhance chances of meeting their children's needs.

1.7. Chapter Organisation

This report has been organised into five chapters. Chapter one provided an introduction to the study, statement of the problem, rationale for the research study, purpose, objectives and limitations of the study. Chapter two dealt with the theoretical framework of the study and covered a range of literature regarding the intellectual disabilities. Chapter three described the research methodology, providing an account of the research design, data collection methods as well as sampling procedures and the limitations of the research design and how these limitations were overcome. Chapter four presented an analysis and discussion of the findings of the research. The final chapter, Chapter five summarised the main findings as well as the conclusions and recommendations emanating from the study.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK OF THE STUDY

2.1. Introduction

Chapter two discusses the different literatures with relevance to the research topic. This chapter explored the concept of disability, defined intellectual disability, discussed the different causes of intellectual disabilities, learning disabilities, the rights of children with intellectual disabilities, poverty and financial burden of families of children with intellectual disabilities, empowerment of children with intellectual disabilities, education and development, inclusive education, family as a system and developmental social work.

Internationally much emphasis is placed on learner support for children with special educational needs (Du Toit, 2005). However, the empowerment of children with intellectual disabilities through education is a national problem in South Africa. Schools providing learner support for children with special educational needs (LSEN schools) are aimed at catering for the individual needs of children with intellectual disabilities. However, this support system is very limited in the South African context. For instance, in the homelands or rural areas, children with intellectual disabilities have to travel long distances to access the LSEN schools. This becomes a serious challenge because majority of the families of children with intellectual disabilities live in poverty (Loebenstein, 2005).

According to Loebenstein (2005), many children with intellectual disabilities in South Africa are usually placed in protective workshops so that they can develop handiwork skills. This deprives them of the opportunity to choose and determine their academic future. Their self-determination is limited as they have to develop whatever skills are

provided at the protective workshops they are placed at. This limits their empowerment through education that would enhance the quality of their lives and enhance their social and economic contribution to the economy of South Africa (Loebenstein, 2005).

This chapter reviews existing literature relevant to empowering children with intellectual disabilities through education. The literature review explores the concept of disability, and subsequently focuses on the idea of intellectual disability. The different causes of intellectual disabilities are highlighted and how this relates to learning disabilities. The rights of children with intellectual disabilities are emphasised and how poverty and financial burden impacts negatively on the family systems' ability to empower their children with intellectual disabilities through education. Lastly, the concepts of inclusive education, family as a system and developmental social work are reviewed and how they relate to the educational needs of children with intellectual disabilities.

2.2. Concept of Disability

The review literature reflects that there is no consistently used definition of disability. Siena and Jackson (2009) explain that the definition of disabled children is an open ended-term, with no clear definition. In light of the multiplicity of the definition, the researcher is of the opinion that the World Health Organisation's (WHO) international definition of disability is most relevant to this research study. According to WHO, "Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations." Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

Barnes and Mercer, (2005) point that the term disability and impairment are two different, inter-related concepts. They explain that disability is socially constructed while impairment is a biological condition and that disability is something imposed on top of impairments. Consequently, impaired people are unnecessarily isolated and excluded from full participation in society" (Barnes & Mercer, 2005, p.18).

Regan (2006) coincides with this point of view by describing 'Disability' as a social vulnerability and that disability and poverty are inter-related. Disability can lead to poverty, poverty can lead to disability. For instance, lack of access to quality of education of people with disabilities can further push towards the poverty line (Regan, 2006).

Disability is perceived and defined differently by different people and authors. Disability is a social vulnerability in the sense it leads to other vulnerabilities such as poverty, unemployment, illiteracy and many more. Disability and poverty are interrelated. Disability can lead to poverty, poverty can lead to disability. For instance, lack of access to quality of education of people with disabilities can further push towards the poverty line (Regan, 2006).

The manner in which people view and understand disability determines how far they can go in life in terms of people self-actualization (Burke, 2004). Disability can be defined as a physical or mental limitation to one's abilities. This physical or mental limitation makes one vulnerable to different forms of abuse, discrimination, marginalization and social exclusion in the community (Burke, 2008).

Barnes and Mercer (2005) argue that disability and impairment are two different and inter-related concepts. They argue that disability is socially constructed while impairment is a biological condition. "Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society" (Barnes & Mercer,2005, p.18).

Shakespeare (2006) argues that people with impairment are socially excluded, marginalized and oppressed because of their biological conditions. Society puts disabling barriers hence they have very limited participation within their communities. As a result, these disabling barriers hinder them from full participation in activities that would enhance their quality of life. Shakespeare (2006) argues that it is not people's biological conditions/limitations or impairment that deprives them of the opportunity accesses the services, it is the society that put limits to the accessibility of resources and services.

The researcher supports the perspectives with regard to the concept of impairment and disability. This is because of the manner in which different people in the community perceive that impairment can deprive them of an opportunity to access resources that will enhance their quality of life. For instance, the majority of children with intellectual disabilities hardly go far in terms of education due to the belief that they cannot get educated because of their impairment. Some of the parents even hide or lock their children in the house when going to work for fear of discrimination, stigmatization and labelling. This deprives children with intellectual disabilities of an opportunity to go to school (Regan, 2006).

Individuals, families and communities need to be assisted to begin to understand disability in a more positive way so as to enhance their treatment of people with any form of disability. This will help them to provide people with disabilities with an opportunity to access adequate resources, services and opportunities to fully and effectively participate within the community.

2.3. Intellectual disability

"Intellectual disability is a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period, which contribute to the overall level of intelligence, e.g.

cognitive, language, motor, and social abilities" (Pawlyn & Carnaby, 2009, p. 4). Intellectual disability is typified (typical feature) by both by a significantly below-average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of life, such as communication, self-care, and getting along in social situations and school activities. Intellectual disability is sometimes referred to as a cognitive disability or mental retardation (Metropolitan Antlanta Developmental Disabilities study [MADD, 2011).

Heng 2008, defines intellectual disability as a mental condition that is characterized by certain levels of cognitive functioning and the ability to behave adaptively. These mental limitations can be seen in areas such as self-care, practical activities such motor co-ordination and in learning.

Intellectual disability can be prevalent from birth or as a result of some kind of brain injury during birth or after birth as a result of illness. Intellectual disability is not managed by medication as is psychiatric illness. Psychiatric illness refers to a mental condition that disrupts the person's thinking and daily functioning (South African federation for Mental Health, 2004). Intellectual disability can range from mild to profound. This varies from the condition of one child to another.

Intellectual disability can be measured by a means of an intelligence quotient (IQ) test. When an IQ is 70% and above, it is considered normal. There are four levels of intellectual disability which are assessed by an IQ test; mild is between 50% and 70%, moderate is between 30% and 55%, severe is between 20% and 30% and profound is 20% and below. These are the levels of intellectual disabilities that affect language, writing, reading, motor co-ordination, maths, auditory and visual processing (MADD, 1996-2011).

2.4. Causes of intellectual disability

Intellectual disability can affect anyone. There are various causes of intellectual disability. These causes of intellectual disability can happen before birth, during birth and after birth. According to Pawlyn and Carnaby (2009), current thinking and research indicates that intellectual disability can be caused by biological, environmental and social factors. Mild intellectual disabilities are usually assumed to be caused by social and environmental factors and severe and profound disabilities were caused by biological factors.

Some of biological, social and environmental factors that cause intellectual disability include, brain injury, meningitis, encephalitis, AIDS, diabetes, substance and alcohol abuse, accidents, pills, chromosomal and genetic abnormalities, pre- and birth complications, malnutrition and poisoning. Some of these causes of intellectual disabilities can be prevented (MADD, 2011).

Intellectual disability can be caused by various factors as highlighted above. For instance, brain injury can happen when the mother of the child is still pregnant if she is victim of physical abuse. Brain injury can also happen after birth when the child is left unattended and something heavy falls on his/her head.

2.5. Learning disabilities

Learning and intellectual disabilities are inter-related. Intellectual disability leads to learning disability. Children with learning disabilities have special needs. Children with special needs require a special individual attention from any person working with them. Their special needs determine the amount and pace of things they should learn. Teaching methods vary according to their needs hence they are regarded as children with special needs (MADDS, 2011).

Children with special learning disabilities manifest a psychological disorder or dysfunctioning mentally. This psychological disorder affects the basic psychological processes. These psychological processes include; understanding, spoken word and written languages. Children with learning disabilities have difficulties in listening, thinking, talking, reading, writing and spelling. These psychological disorders affect children's learning (MADDS, 2011).

There are different types of learning disabilities. Common learning disabilities are Dyslexia, Central Auditory Processing Disorder (ACPD), Attention Deficit Disorder, Dyscalculia, Dysgraphia and Autism (MADDS, 2011).

2.6. The rights of children with intellectual disability

The South African Constitution of 1996 guarantees all children the right to access education irrespective of race, gender, disability, religion etc. This right to education commits all parents, teachers, other key role players in the life of the children with intellectual disabilities, and the State to ensure that this right is met (The South African Constitution, 1996).

Children with intellectual disabilities are more vulnerable to different forms of abuse which include sexual abuse, child labour, child exploitation, emotional, verbal and physical abuse (UNICEF, 2007).

Children with intellectual disabilities have rights that should be promoted and protected by different social service providers and their primary care-givers. The United Nations Children's Fund (UNICEF) an organization that works for children's rights, their survival, development and protection, guided by the Convention on the

Rights of the Child stressed in 2007 that the rights of children with disabilities should be mentioned and stated separately. These rights of children with disabilities include; a right to inclusion, intergration and mainstream facilities and services, a right to normal environment and a right to all the benefits enjoyed by their non-disabled counterparts and siblings.

Children with intellectual disabilities also have right to a family, social and community life, to sports and recreation, to an accessible environment, to develop independence and self-reliance, to special needs and attention, to be different. Their special needs should be catered for as they have a right to devices that assist them when they need them, a right to appropriate active learning that is suitable for their abilities without them being isolated. These rights should be promoted and protected (UNICEF, 2007).

The social division of disability plays a role in leading to the discrimination and stigmatization of the children with intellectual disabilities. Children with intellectual disabilities (and usually their primary care-givers as well) are socially stigmatized and excluded from social activities. “Stigmatisation is a process that can be identified within families with disabled children when social interactions promote a sense of individual disadvantage” (Burke, 2008, p.27-28). Stigmatization of children with intellectual disabilities prohibits their sense of belonging and social interactions within the community. It also affects their identity and self-esteem.

Every human being has need for self-reliance and self-actualisation. These needs play a significant role in ensuring that people thrive towards fulfilment of these needs. “Every human being should have an equal opportunity to develop his/her full potential and to achieve his/her goals in life. Without education, many avenues for advancement - including opportunities and rights - are closed to the individual. A lack of education is a sentence to a lifetime poverty” (Regan, 2006, pp.189-190).

2.7. Poverty and financial burden

Education plays a key role in releasing people from the poverty trap. Depriving people of education will leave people permanently trapped in the poverty trap. “Investment in education is investment in development” (Regan, 2006, p.192)

Families of children with intellectual disabilities often find themselves trapped in the poverty trap because disability and poverty are interconnected. For example, disability can lead to poverty and poverty can lead to disability. Poverty can be defined as a relative term and absolute term. “Poverty is a relative term because it can either describe the situation of an individual or a family, or it can describe a whole community or society” (Swanepoel & De Beer, 2006, p.1).

Families of children with disabilities find it difficult to take care of their children financially due to the various needs of their children. The primary care-givers also lack sufficient time for employment or any income generating projects as they have to take care of their disabled children. “Concern has been expressed over the degree of hope among parents with intellectually disabled children, because of the existing stress of disability on social interaction and the drain on family resources” (Padencheri & Russell, 2002, p.253).

Disability and poverty are interconnected. For instance, disability can lead to poverty and poverty can lead to disability. Families of children with intellectual disability are more vulnerable to poverty due to their children’s disabilities. Swanepoel & De Beer, 2006, argues that development efforts are aimed at breaking the poverty trap that deprives people of both social and economic freedom. Development efforts is what key service providers need to focus on when it comes to assisting primary care-givers of children with intellectual disabilities. Development sets people free from state dependency and be self-reliant. Development gives power to people to make

choices, make decisions and to do things for themselves. It enhances client self-determination.

The South African Government has introduced the Care dependency grant for children with disabilities. However, many of the children with intellectual disabilities especially those with mild intellectual disabilities find it difficult to receive the care dependency grant because they fail the means test. Children with Severe and profound intellectual disabilities do qualify and receive the care dependency grant. In most cases the care dependency grant is used to support the whole family since the primary care-givers cannot go out and seek employment as they have to care for the children with intellectual disabilities (Burke, 2004).

2.8. Empowerment

Empowerment plays a role in releasing people from the poverty trap. Empowerment provides people with decision-making power and opportunity to access the available resources. “Empowerment is to have decision-making power. It is therefore a mixture between the right to make decisions and the ability to make decisions” (Swanepoel & De Beer, 2006, p.30).

Empowerment would play a role in empowering teachers and primary care-givers of children with intellectual disabilities. Skills training, knowledge and information giving serve as some of the enabling techniques. Empowerment is a tool of enablement (Swanepoel & De Beer, 2006).

Zastrow and Kirst-Ashman, (2009) state that empowerment is a process through which people are given the power and the required resources to enhance their power to choose and enhance their quality of life. Through linking people with the necessary

resources, people are well positioned to shape their worlds and to reach their full potential in life.

Empowerment thus enhances people's need for self-actualization, self-definition and self-determination. People have a need to reach their full potential and to be self-reliant in life. Empowerment ensures that most disadvantaged groups of people receive equal share of power and their voices are well represented within the society. "The purpose of empowerment is in essence the purpose of social work: to preserve and restore human dignity, to benefit from and celebrate the diversities of humans, and to transform ourselves and our society into one that welcomes and supports the voices, the potential, the ways of knowing, the energies of us all" (Zastrow and Kirst-Ashman, 2009).

Empowerment will help children with intellectual disabilities to make friends for them to be happy and help them learn life skills. Education will help supports children with intellectual disabilities through their childhood and prepare them for adulthood. Education prepares them for work, independence and to earn money. Social Workers' role is crucial in empowering primary care-givers of children with intellectual disabilities with counselling, support groups, helping them with children's welfare such as accessing grants, coping skills that will help them come terms with their children's intellectual disabilities.

Empowerment intends to enable and enhance children with intellectual disabilities' chances of becoming self-reliant and somehow independent though their independence is limited. It further reduces the impact and the family's burden for caring for the children with intellectual disabilities. Independence is the ability to care for oneself without having to depend on others (Burke, 2008). Although complete independence is not attainable for many children with intellectual disabilities, there are many responsibilities in life that they can learn to exercise through good education.

2.9. Education and Development

Education is one of the key developmental tools. Education is one of the millennium development goals which aim at ensuring that all children have access to quality education and to ensure that they start and complete schooling. It empowers the oppressed, marginalized and the vulnerable people. Education creates and provides people with opportunities and options of bettering their quality of life. It supports children through their childhood and prepares them for adulthood (Regan, 2006).

People who have access to quality education have many opportunities in life. “Education is also crucial in equipping people with essential skills and competencies for an active role in society and in the economy. It is therefore important that individuals have equal opportunity to participate in, as well as the capacity to challenge, change and shape that society and economy” (Regan, 2006,p.189).

The student believes that education is an essential tool of empowerment and development, both social and economic development of all people irrespective of gender, religion, race, disability and ethnicity. It is therefore true that lack of education is a sentence to a lifetime of poverty. Without education people will remain permanently trapped in a poverty trap (Regan, 2006).

2.10. Inclusive education

The South African Government initiated an inclusive education that was aimed at bridging the gap between mainstream schools and schools for the disabled. This inclusive initiative started in the early 2000/2001 within the mainstream schools. As a result of this initiative, the education white paper 6 was developed in order to address

the imbalances of the past within the education system. It was aimed at addressing the special needs education and to build an inclusive education and training system (White Paper 6, 2001).

This was aimed at ensuring that children with disabilities enjoy the same benefits as children from mainstream schools. The White Paper 6 outlined the education department's commitment to providing equal educational opportunities to learners who had barriers to learning and development in the past. It was also aimed at ensuring that all children be included and benefit from the same basic education. The programme targeted children with both intellectual and physical disabilities (Lynch, 2000).

According to the White Paper 6, inclusive education is about recognizing the different learning needs, support to both learners and educators and how the education system will overcome the barriers to learning and teaching. Inclusive education aims at addressing all aspects that prohibit the accessibility of education to learners with special needs. These learners include the inclusion of learners with intellectual disabilities. According to Lynch, (2000, p.3), "Inclusive education is commonly and rightly associated with the mainstream participation of learners with impairments and those categorized as having 'special education needs'. It is often referred to as 'mainstreaming'.

Unfortunately inclusion of children with intellectual disabilities is still a challenge in South Africa taking into consideration the social exclusion, stigmatization and discrimination. Learners and teachers from the mainstream schools stigmatize children with disabilities. This makes it difficult for children with intellectual disabilities to feel that they belong in mainstream education and can freely interact with mainstream teachers and learners (Lynch, 2000).

Lack of sufficient resources to enhance the learning of children with intellectual disabilities within the educational centres is an important challenge facing teachers and intellectually disabled learners. “Inadequate professional development and training, shortage of educational resources and monetary investment, and lack of support from administrators and government are often cited by educators as major challenges to successful inclusion” (Owen & Griffiths, 2009, p.253).

Teachers need training on the intellectual disabilities so as to enhance the learning and meeting the needs of children with disabilities. Lack of educational materials, sufficient ratio of teachers, lack of special education services and assistive devices makes it difficult for the teachers to enhance inclusion of children with intellectual disabilities (Education white paper 6, 2001).

2.11. Developmental Social Work

Social Work is at the centre of development both social and economic development. Social work plays significant role in enhancing people’s development and quality of life. It is actually aimed at addressing the challenges of the most disadvantaged groups of people. Social work becomes the voice of the poor and the under-privileged (Zastrow & Kirst-Ashman, 2009).

Social workers by profession are change agents. They advocate for the rights of the poor and link them with required resources in order to enhance people’s self-determination and self-actualization in life.

Council on Social Work Education, 2008 (cited in Zastrow & Kirst-Ashman, 2009) state that the purpose of social work profession is to promote human and community

development and well-being. Social work profession promotes social and economic justice for all groups of people, eradication of poverty, enhancement of the quality of life and promotion of human rights.

Social work profession engages in advocating for the people's involvement of all citizens in formulation, analyzing and implementation of social policies that advance the social well-being of people. It also links people with the social services that will enhance the quality of life. The student's view is that Social Workers are well positioned to mobilize and encourage the marginalized groups of people to have their say in the formulation of any social service policies that affect them.

As it was highlighted that Social Workers are change agents within the communities, there are different roles that social workers play in relation to improving the people's quality of life and advocating for human rights. These roles include Social workers working as a guide. Because of the expertise that Social Workers have, they are in the best position to guide, individual clients, families and communities. Because of the greater knowledge and broader view that Social Workers have, they are in a position to work as an adviser, advocate, enabler and facilitator. Hence, Social Workers can work in any setting be it a school, Clinic and many more (Swanepoel and De Beer, 2006).

Social Work role would help a great deal at school that works with children with intellectual disabilities. It would assist teachers with Social Work services that they need such as support, trauma counselling, assessment of children and stress management workshops. It would also assist families or primary care-givers of children with disabilities with workshops, support groups, parenting skills, life skills, coping skills, counselling, linking them with the required resources such as grants and many more services that would enhance their quality of life.

The researcher strongly agrees with the above-mentioned statements about the involvement and the roles Social Workers should play in enhancing the quality of life

for children with intellectual disabilities. The Social work profession aims at promoting human and community well-being. It prevents conditions that limit human rights, elimination of poverty and the enhancement of the quality of life for all persons. For instance, Social Workers should advocate for the rights of children with intellectual disabilities and prevent every condition that limits their access to education which will enhance their quality of life and self-actualization.

2.12. Research studies

Different research studies have focused on intellectual disability. The research study conducted by Jacobs, (2008) focused on the impact of intellectual disability on the whole family system, parental roles, parental reactions and attitudes towards disability, effects on siblings and their coping strategies. Jacobs, (2008) also discussed the different causes of intellectual disabilities, which include the before birth, during birth and after birth causes.

Loebenstein, (2005) conducted a research study on the support for learners with intellectual disabilities in the transition to secondary schools. The research study explored support, labelling, classification, social and socio-cultural model of disability, effective teaching, parental and community involvement, quality and education policies in the era of a New Democracy.

Adams, (2008) conducted a research study on poverty and intellectual disabilities; focusing on South Africa and Africa as a continent. The relationship between poverty and intellectual disabilities was investigated as well as exclusion, poverty, resources, ill-health and policies related to intellectual disability.

Although many research studies - such as those cited above - have focused on the impact of intellectual disability on various levels, not much research has zoomed in

on the quality of interaction between teachers and primary care-givers of children with intellectual ability. The needs and challenges faced by the teachers and the primary care-givers that have a daily contact with children with intellectual disabilities require further exploration, especially within the South African context.

2.13. Theoretical framework

The 'systems' approach forms the basis of the theoretical framework for this study. The concept 'system' refers to "a regularly interacting or interdependent group of items forming a unified whole; a group of interacting bodies under the influence of related forces" (Compton, Galaway & Cournoyer, 2005, p. 23). When one part of the system is not working, it affects the whole system. The parts of the system are thus interdependent.

Children with intellectual disabilities live within the systems. These systems include families, education, community, government and many more. These systems have an impact on the child with intellectual disability.

Families of children with intellectual disabilities can be regarded as social systems. The disability of one family member affects the interaction and interdependence of the whole family. When a vital subsystem (a secondary or subordinate system within a system) fails to fulfil its functions – for example, a child in the family having intellectual disabilities - the entire family system is affected (Compton, Galaway & Cournoyer, 2005, p. 25).

Families provide mutual care for all members. Families of children with intellectual disabilities have the responsibility to meet the needs of their disabled family members.

However, many primary care-givers struggle to understand the nature of their children's disabilities and how best to manage them. Caring for this group of children puts enormous pressure on the whole family. It also affects the interpersonal relationships amongst other family members, family activities, marital quality and mental health of other family members (Datta, Russell & Gopalakrishna, 2002).

Primary-care givers and siblings of children with intellectual disabilities usually have to share the responsibility of caring for the children with intellectual disabilities. "It is simply the case that caring for a disabled child impacts on the family's ability to organize opportunities to do things together, such as going to the pictures, shopping or even out" (Burke, 2008, p.93).

The siblings of the child with a disability – a subsystem in the family system – often miss the opportunity of receiving more parental attention and care since the special needs child demands more care and attention. As a result, the siblings are forced to mature earlier in order to help their parents to take care of their disabled brothers and sisters, (Burke, 2004).

Families are not isolated, self-sufficient units as they are constantly interacting with the environment and other systems (Zastrow & Kirst-Ashman, 2009). The teaching environment is an important system in the external environment of the family system which provides valuable input to the individual child and the family system as a whole. Input received from the teaching environment affects the functioning of the family system and vice versa. If the best interests of the children with intellectual disabilities are to be met, it is essential that the input and output from each of these systems enhance one another in fulfilling responsibilities to meet the needs and rights of the children with intellectual disabilities.

Caring for a child with intellectual disability has an impact not only on the primary care-givers, be it the husband or wife, it affects the family's interpersonal

relationships and opportunities of the family as a whole. The family as a whole needs support to enhance their abilities of dealing with stress of caring the disabled child and their coping mechanisms.

Jacobs (2008) argues that there are three forms of support that families caring for the disabled child need. These include emotional support which is aimed at assisting primary care-givers to manage and deal with rejection, isolation and stigma attached to having a child with intellectual disability. Secondly, social support is significant in ensuring that families of the disabled have support from other people. Social support may include community support, support groups and support from social services providers. Instrumental support has something to do with the availability of information, trainings, equipment and guidance necessary for enhancing the social and economic development of children with intellectual disabilities and their families (Jacobs, 2008).

Generally, social support plays a vital role in enhancing the families' coping abilities. Family members can also provide each other with the necessary social support especially to the main primary care-givers within their families. Social support reduces the amount of stress and burden one may feel while caring for the disabled child.

2.14. Summary of the Chapter

This chapter has comprehensively reviewed relevant literature relating to the topic of this study. The theoretical framework of the study has been described and provides a backdrop for the research methodology illustrated in the following chapter.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

This chapter provides an account of the research methodology that was used in this study. At the outset, the research questions and key aim and objectives of the research study are delineated. Thereafter, the research design, sampling methods and participant inclusion and exclusion criteria are discussed. An in-depth account is provided of the research instrumentation and data collection methods. An overview is also provided of the data analysis method that was used in this study, namely Thematic Analysis. Finally, there is a discussion regarding the ethical considerations that were taken into account.

3.2. Methodology

The social phenomenon of children with intellectual disabilities was the focus of the research study. An exploratory research study was implemented adopting a qualitative research approach. An explanatory research study seeks to gain insight information about the subjects of the study (Neuman, 2000). These subjects of study can include unexplored situations, phenomenon, community or individuals. Qualitative research is a multi-research method that seeks to gain more understanding of the respondent's meaningful world (Cresswell, 2003). Qualitative research applies five main strategies of enquiry such as biography, phenomenology, grounded theory, ethnography and case study (Cresswell, 2003). This research study employed the phenomenology approach or strategy of inquiry. This approach endeavoured to understand and interpret the meaning that participants give to their

everyday lives. The phenomenological study intended to describe the people's experiences targeted for the research study.

According to Padgett (1998, p.17), "the researcher can do qualitative research when he wishes to capture the lived experience from the perspectives of those who live it and create meaning from it". Qualitative research gives the researcher an advantage of gaining the views and clear understanding of the research participants' and acknowledges that people are experts of their own situations (Neuman, 2000, p.123).

3.3. Research study aims and objectives

The main research study question was: What are the perceptions of teachers and primary care-givers regarding their needs, challenges and coping strategies perspectives when it comes to empowering intellectually disabled children through education?

3.4. Primary aim

The primary aim of the research study was to explore the perspectives of the teachers and the primary care-givers of the children with intellectual disabilities regarding the empowering role of education. The research study's primary aim was to explore the perceptions of the teachers and primary care-givers regarding their needs, challenges and coping strategies when it comes to empowering children intellectual disabilities through education.

3.5. Secondary objectives

The following were the secondary objectives of the research study:

3.5.1. Explore the perceptions of teachers of children with intellectual disabilities regarding their need(s) as teachers of special needs children.

3.5.2. Investigate the perceptions of teachers of children with intellectual disabilities regarding the challenges they experience as teachers of special needs children.

3.5.3. Explore the perceptions of teachers of children with intellectual disabilities regarding the coping strategies they use as teachers of special needs children.

3.5.4. Explore the perceptions of primary care-givers of children with intellectual disabilities regarding their needs as primary care-givers of special needs children.

3.5.5. Explore the perceptions of primary care-givers of children of intellectual disabilities they experience as primary care-givers of special needs children.

3.5.6. Investigate the perceptions of primary care-givers of children with intellectual disabilities regarding the coping strategies they use as primary care-givers of special needs children.

3.6. Research tools

The researcher developed two semi-structured interview schedules that were aimed at enhancing the implementation of the research study. The semi-structured interview schedules (Appendix A & B) for both teachers and primary care-givers were used to gather data. The two semi-structured schedules consisted of open-ended questions. The two semi-structured interview schedules were piloted with one teacher and one primary care-giver to test if they were easy to understand and relevant to the research objectives.

The piloted research participants were not included in the initial research participants. They were used for the semi-structured interview schedule pilot. These questions were aimed at exploring the research participants' views on the empowering role of education to children with intellectual disabilities.

3.7. Research Questions

The following research questions were presented to the two categories of research participants:

3.7.1. Questions for Teachers

How many years have you been teaching intellectually disabled children?

What do you think are the educational needs of children with intellectual disabilities?

Do you think special education is necessary for children with intellectual disabilities? Please explain your answer.

Do you think children with intellectual disabilities should be allowed to enter the main stream educational system? Why do you think so?

What are your main aims when educating children with intellectual disabilities?

What role do you think education plays regarding the empowerment (this term will be explained to the participant) of children with intellectual disabilities?

What do you think your responsibilities when educating children with intellectual disabilities?

What do you think are the most important challenge teachers face when educating children with intellectual disabilities?

What do you believe the educational system should be adjusted- if at all- to facilitate the educational needs of children with intellectual disabilities?

What sort of interaction is there between care-givers and teachers and how does this affect the education of children with intellectual disabilities?

What do you think primary care-givers can do to enhance the learning process of their children?

3.7.2. Questions for Primary Care-Givers

If I say that your child has an intellectual disability, what do I mean? (If participant does not understand the concept, this will be explained to him/her).

What you think about children intellectual disabilities' education? Please explain your answer.

What do you expect teachers to do and achieve when educating your child?

How would you describe a 'good education' for your child?

What do you think your roles and responsibilities are when it comes to educating your child?

What needs and challenges do you face when it comes to educating your child?

What do you do to cope with needs and challenges?

Do you have any contact with the teacher(s) of your child? Please explain. In what way does/would having frequent contact with your child's teacher(s) would have on the education of your child?

3.8. Study population, sampling and setting

3.8.1. Research Population and sampling procedures

The study population was identified as teachers and primary care-givers of children with intellectual disabilities. Neuman (2000) defines the target population as the specific pool of cases or elements to be studied.

In order to gather research information from a sample of teachers and primary care-givers of intellectually disabled children, a non-probability sampling method, known

as purposive sampling was used in the study (Babbie & Mouton, 2001) as participants were not selected randomly and were instead intentionally chosen to suit the purpose of the study. “Purposive sampling uses the judgement of an expert in selecting cases or its selects cases with a specific purpose in mind” (Neuman, 2000, p.198). The purposive sampling procedure was aimed at enhancing the researcher’s chances of selecting the research participants that have sufficient information about the area of research.

The focus of the research was to gather rich, deep and detailed data, thus a small sample was deemed sufficient. Additionally, due to the fact that the researcher was to conduct investigation at two schools that responsible for teaching intellectually disabled children, access to large numbers of participants was not possible and this size and method of sampling was most appropriate.

Sampling is a vital aspect of research design as it affects the external validity. According to Terre Blanche et al. (2006) representativeness and sample size hugely determine the extent to which research results may be generalised to the larger population. Thus probability sampling increases external validity as each member of the research population has an equal chance of being included in the sample and the results are statistically representative. Using the criteria of generalizability, a limitation of this study was that a small, non-probability and purposive sample was used and for this reason external validity is low.

Non-probability purposive sampling’s results cannot be generalized due to its size. This serves as a limitation to the research study and its sampling procedure. Generalizability is compromised both by the number of research sites used and the sampling strategy adopted to obtain participants.

However, in the case of qualitative studies there is a reduced need for statistical accuracy and therefore, representativeness and sample size are not as vital. Instead

this study focused on achieving trustworthiness which is the qualitative equivalent of quantitative concepts such as reliability and validity (Terre Blanche et al., 2006). According to Rubin and Babbie (2010, p.232) to increase the trustworthiness of a study, qualitative researchers focus more on “capturing multiple subjective realities rather than ensuring the portrayal of an objective social reality”.

Sampling triangulation was applied in that the perceptions of both those who taught intellectually disabled children and those responsible for caring for them, were explored in an effort to reach a more complete understanding of the phenomenon of children with intellectual disabilities. “The concept of triangulation is based on the assumption that any bias inherent in a particular data source would be neutralised when used in conjunction with other data sources...”(Creswell, 1994 cited in De Vos et al., 2005, p.361).

For this reason the study presents the views of teachers of intellectual disabled children and their primary care-givers in an effort to increase the trustworthiness of the research. Additionally, the use of more than one data source allowed different voices to be heard and the subjective opinions of varying participants could be compared, thus lessening the threat of subjectivity to the study’s external validity. Rubin and Babbie (2010) stated that the empowerment of participants further adds to the trustworthiness of a study.

The research participants comprised of ten teachers responsible for teaching children with intellectual disabilities and ten primary care-givers caring for children with intellectual disabilities on a daily basis. The research study targeted teachers and the primary care-givers of children with intellectual disabilities. A total of 26 participants were invited to take part in the study. Two approached primary care givers declined due to work commitments. The other two research participants were used for piloting the research tool. The research study targeted people that have personal contact with children with intellectual disabilities almost every day, in the home or classroom context. These research participants included ten teachers from

Tshepong Stimulation Centre and Zimeleni School for the disabled in Katlehong and ten primary care-givers of children with intellectual disabilities.

Apart from selecting 20 research participants to gather rich, deep and detailed data, the rationale for choosing the 20 research participants was also that qualitative research is expensive in terms of time, costs and administration. The research was also taking into consideration that the research study had to be completed within a 12 month period. In addition, there are a limited number of schools for children with intellectual disabilities in the East Rand- the geographical area of the area of the research study. Therefore, this sampling method appeared to be the most appropriate strategy.

The research participants comprised of ten teachers and ten primary care-givers working and living with children with intellectual disabilities on a daily. In order to access the twenty research participants, the researcher submitted the proposal and an application for permission to conduct the research study within the two schools to the Department of Education. The Department of Education gave the researcher the approval letter. The two schools also gave the approval letters to the researcher to conduct the researcher study.

The two schools were very helpful in availing the teachers to participate in the research study. The teachers were then invited to voluntarily participate in the research study. The schools also assisted with the data base of the primary care-givers to be invited to participate in the research study. The researcher then invited the voluntary research participants to take part in the research study. The research participants were invited and they were interviewed within the two schools. The participants were given a thank you card, sweets and pens as a token of appreciation.

The research participants that used the public transport to attend the research interviews were given reimbursed their taxi fares. Teachers were interviewed during working hours within their work places. The research study was not concerned about the gender of the research participants. However, nine of the research participants were females. Female research participants volunteered and were willing to get involved in the research study. The interviewed primary care-givers have more than one child but the other children do not have intellectual disabilities and they are in the mainstream schools.

Seven of the interviewed primary care-givers of children with intellectual disabilities were single parents. They were taking care of these children on their own. Some primary care-givers do have support of their ex-boyfriends (fathers of their children with intellectual disabilities), while other primary care-givers do not have the support from the fathers of their children at all. The biological fathers of some of the children with intellectual disabilities denied and disowned after realising that these children have intellectual disabilities. One of the primary care-givers was a foster parent. This foster parent had her own biological children that are attending mainstream schools.

The research study targeted teachers and the primary care-givers of children with intellectual disabilities. A total of twenty participants were invited to take part in the study. The research study targeted participants/people that have direct contact with children with intellectual disabilities almost every day, in the home or classroom context. These research participants included ten teachers (from Tshepong Stimulation centre and Zimeleni School for the disabled in Katlehong) and ten primary care givers of children with intellectual disabilities.

The rationale for choosing the 20 research participants was that, qualitative research is expensive in terms of time, costs and administration. The researcher was taking into consideration that the research study had a twelve months time span.

The research study was conducted at two schools in the Khatorus areas which cater for the children with intellectual disabilities. The two schools are Zimeleni School for the disabled and Tshepong Stimulation Centre. Tshepong stimulation centre serves as a feeder school for Zimeleni School for the disabled. The two schools were easily accessible to the researcher because they are located around his working area.

The principals of the two schools availed all their teachers for the researcher t sample from. They were all informed about the voluntary participation in the research study so that they do not feel obligated. The participants still had a choice to participate in the research study or not. The sampling procedure that was applied in this research study was the non-probability sampling procedure known as purposive sampling. “Purposive sampling uses the judgement of an expert in selecting cases or its selects cases with a specific purpose in mind” (Neuman, 2000, p.198). The purpose sampling procedure was aimed at enhancing the researcher’s chances of selecting the research participants that have sufficient information about the area of research.

3.9. Data collection methods

3.9.1. Research tools

The research study entailed conducting in-depth interviews with 10 teachers and 10 primary care-givers of the children with intellectual disabilities. The in-depth, personal interviews were conducted at venues that were suitable for the participants, namely available classrooms and offices at the two schools. In this case, the in depth interviews were conducted within the two schools. The schools were very helpful in terms of permitting all teachers to participate in the research study should they be willing to do so. The researcher made personal contact with the prospective participants and invited them to participate in the research study.

3.9.2. Semi-structured interview schedules

The researcher developed research tools that were aimed at enhancing the implementation of the research study, namely semi-structured interview schedules (Appendix A & B) for both teachers and primary care-givers were used to gather data.

The research tool was first pilot tested with one teacher and one primary care-giver of children with intellectual disabilities to ensure that is relevant and easy to understand and answer. Necessary corrections to the interview schedules were made based on the feedback received. The two participants who were used to pilot test the research tool have not been included in the research study.

The questions in the semi-structured interview schedules were open-ended to encourage discussion on the topic. Semi-structured interviews were conducted with the participants. The researcher has constructed semi-structured interview schedules to guide the study (See Appendix C). The questions were open-ended to encourage discussion on the topic. The advantage of this data collection method was that the researcher could probe more and observe the research participants' non-verbal behaviour during the interviews. However, the disadvantage of this data collection method was that the researcher could see that the primary care-givers were trying to give answers that they think the researcher was looking for. The researcher had to request them to give their honest opinion and answers.

These two interview schedules were piloted with one teacher and one primary care-giver to test if they were easy to understand and relevant to the research objectives. The piloted research participants were not included in the initial research participants. They were used for the semi-structured interview schedule pilot. These

questions were aimed at exploring the research participants' views on the empowering role of education to children with intellectual disabilities.

The personal interviews with research participants were tape recorded for transcription. The recorded personal interviews were transcribed into an A4 book for data analysing purposes. The research objectives were carefully aligned with the data collection tool to ensure that the focus was maintained which consequently enhanced the study's credibility.

3.10. Data analysis

Thematic content analysis was used a data analysis method for the data collected, in order to explore and elaborate the significant themes identified for the research report writing purposes. The collected data was thoroughly and carefully analyzed in order to gain more understanding and make meaningful interpretation of the research study. According to Padgett (1998) this form of qualitative data analysis extrapolates themes present in the data using a coding system.

According to Banister, Burman, Parker, Taylor & Tindall, 1994, as cited in Jacobs (2008), thematic content analysis is a form of qualitative research which allows the researcher to be more central in analysing and interpretation of the different categories of data collected.

Selective coding allows the researcher to make comparison between different themes of the data collected. "Selective coding involves scanning data and previous codes. Researchers look selectively for cases that illustrate themes and make comparisons and contrasts after most or all data collection is complete. They begin after they have well-developed concepts and have started to organize their overall analysis around several core generalizations or ideas" (Neuman, 2000, p. 423).

Although the researcher had formed personal views and opinions on the topic, he remained as impartial as possible and willing to discover the unexpected. Thus the data gathered was regarded with as objective a stance as possible. This involved a "bracketing out of the researcher's own presuppositions and not allowing the researcher's meanings and interpretations or theoretical concepts to enter the unique world of the informant/participant" (Groenewald, 2004, p. 18).

The credibility of a study may be described as the confidence in the extent to which the process of analysis addresses the intended focus of the research (Graneheim & Lundman, 2004). Given the nature of the data collected and the objectives of the study, Thematic Content Analysis was deemed most appropriate. The procedure consisted of the following steps discussed by Terre Blanche, Durrheim and Kelly (2008):

Step One: Familiarisation and Immersion

The researcher organized the collected data and prepared for data analysis purposes. The researcher used both the tape recorded transcripts and the field written notes for data analysis. The tape recorded interviews were transcribed from the recordings to a paper in order to organize data for analysis. Terre Blanche, Durrheim & Painter (2004) argues that the researcher should familiarise and immerse in the collected in order to enhance the interpretation of the collected. The researcher has read through the data several times in order to ensure the familiarisation and immersion of the research data. Braun and Clarke (2006, p.89) posit that it is essential to become familiar with the full depth and breadth of the content and that this phase "provides the bedrock for the rest of the analysis".

Step Two: Inducing Themes

The researcher identified several themes from the collected data. The research data was categorised based on the research questions and the similarities in order to identify the themes. Braun & Clarke, 2006, argue inductive approach means that the themes identified should be linked to the gathered data. The collected data and statements supporting the themes were grouped together in relation to the research questions. Terre Blanche, Durrheim & Painter, 2006, argue that themes should arise naturally from the collected data.

Step Three: Coding

The researcher coded the several themes which emerged from the collected data. Coding refers to breaking up the raw data into categories and small pieces in order to analyse it (Terre Blanche, Durrheim & Painter, 2006). Selective coding allows the researcher to make comparison between different themes of the data collected. "Selective coding involves scanning data and previous codes. Researchers look selectively for cases that illustrate themes and make comparisons and contrasts after most or all data collection is complete. They begin after they have well-developed concepts and have started to organize their overall analysis around several core generalizations or ideas" (Neuman, 2000, p. 423).

Step Four: Elaboration

The researcher explored the different themes for re-assessment and elaboration purposes. "The purpose is to capture the finer nuances of meaning not captured by your original, possibly quite crude, coding system" (Terre Blanche, Durrheim & Painter, 2006, p. 326). Thus, the themes were elaborated and examined in greater depth.

Step Five: Interpretation and Checking

This final step involved interpretation. The researcher gave account of the research study by writing the research report and checked with the research supervisor. Discussing the research findings with other people serves as a way of checking the interpretation of the findings (Terre Blanche, Durrheim & Painter, 2006). Themes were linked and earlier steps combined to create a coherent presentation of the data collected. This step attached meaning to the data and organised it into a final, comprehensive explanation of what was learnt through the study (Creswell, 2003).

3.11. Anticipated value of the study

The research study was conducted with the following anticipated value in mind:

- Contribute to the body of knowledge in relation to empowering children with intellectual disabilities through education;
- Establish various challenges faced by teachers and the primary care-givers of children with intellectual disabilities regarding empowering them through education.
- Make various recommendations on how to best improve the quality of education for the children with intellectual disabilities.
- Contribute to insight regarding the requirement of a needs based curriculum for the Learners with Special Education Needs schools.

3.12. Ethical considerations

In order to access the twenty research participants, the researcher submitted the proposal and an application for permission to conduct the research study within the two schools to the Department of Education. The Department of Education gave the

researcher the approval letter. The two schools also gave the approval letters to the researcher to conduct the research study.

Before commencing with the face-to-face interviews the consent form (Appendix C) was given to each research participant to read and sign before he/she could get involved in the research study. The researcher went through the consent form and information sheet to assist research participants to understand it more clearly. The consent form invited their voluntary participation in the research study. The research participants had a right to agree or decline from getting involved in the research study without fear of victimization.

Each research participant was given the audio recording consent form (Appendix D) to read and sign before the research interview started. This was aimed at requesting their permission to record the interviews with them.

The researcher brought the research information sheet to all the in-depth face-to-face interviews with the research participants. All the research participants were given the research study information sheets (Appendix E) to read and understand before getting involved in the research study. The researcher clarified the questions and explained in details what the research study was all about. The research study information sheet contained information on the aims, objectives, what the research study involved and how it was going to be applied. Benefits of the study and counselling services were to be made available to the research participants at their request.

The researcher took into consideration the research participants' ethics so as to protect them from any form of intimidation. The researcher informed the research participant about the research, its aims and objectives. This was aimed at assisting them to make informed decisions about their voluntary participation in the research study. The research information sheet consisted of different ethical considerations

that were explained to the research participants so that they understand that they were voluntarily participating in the study.

Prior to the face-to-face interviews, the participants were informed about the nature of the research study and what the data collected would be used for. It was very essential for the researcher to thoroughly explain to the research participants what the research aims of the research study were so that they would be able to make an informative decision whether they wanted to participate in the study. The researcher provided research participants who expressed willingness to take part in the study with research participant consent forms to be interviewed and for the interview to be recorded (See appendix C& D).

The research participants' right to withdraw from participating in the research study at any time was respected. Research participants' identities were protected by the use of pseudonyms. Raw data was kept on the tape recorder and transcription book which were kept in a locked and safe filing cabinet at all times. This enhanced the confidentiality and protection of the research participants against any form of intimidation. Participants were also informed that the raw data will be destroyed after two years following publication or six years if there is no publication.

The principle of non-maleficence requires that the researcher protect the research participants from direct or indirect harm due to their participation in the research study (Terre Blanche et al., 2006). The research study involved a minimal level of risk.

An information sheet was used to explain the purpose of the research study, the research questions and any risks or benefits to the participant (see Appendix A & B). The researcher went through the research questions in order to grant the participants the opportunity to ask for clarity before the researcher commences. The face-to-face interviews were conducted separately and at different times. The research

participants were allowed to skip questions that they do not feel like answering for different reasons. These steps ensured that the informed consent was obtained.

Informed consent required that all possible information is given to the participants regarding the “goal of the investigation, the procedures that were to be followed during the investigation, the possible advantages, disadvantages and dangers to which the respondents may be exposed, and the credibility of the researcher” (De Vos, 2002, p.25). Participants were asked to sign a consent form (See Appendix B) stating that they have read and understood the participant information sheet.

The researcher submitted the research proposal to the department of education. The researcher obtained an approval letter from the Department of Education and consent letters from the school principals. The researcher also applied for the ethical clearance certificate from the University’s ethics committee and the post graduate research committee. Ethical clearance certificate was obtained from the University of the Witwatersrand Human Research Ethics Committee (Non-medical).

CHAPTER 4

PRESENTATION AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter presents and discusses the key findings of the research study in accordance with its research questions, primary aim and secondary objectives. It begins by contextualising the data through provision of the demographic profile of the research participants. The primary aim and secondary objectives of the study are then discussed through an integration of key data and themes that emerged from the data collected. Relevant literature is used to support the findings throughout this discussion. Due to the fact that this study utilised the qualitative research method of phenomenology, several verbatim responses of participants were added to exemplify the themes and to allow the reader to fully comprehend the lived experience of the participants.

4.2. Demographic profile of the research participants

All the primary care-giver research participants were black females.

Table 1, presented on the following page, indicates other demographic particulars of this category of research participants.

Table 1. Demographic particulars of primary care-givers of children with intellectual disabilities

Particulars	**Numbers**
Age	30-40 Years = 5 41-50 Years = 4 51-60 Years = 1
Home Language	Zulu = 4 Sotho = 3 Xhosa = 3
Religion	Christians = 7 Zion = 3
Ages of intellectually disabled children in participants' care	4 -21 years

All teacher participants were black; three males and seven females. In Table 2 other identifying demographics of these research participants are provided

Table 2. Teachers of children with intellectual disabilities

Age	30-40 Years = 4 41-50 Years = 5 51-60 Years = 1
Home Language	Zulu = 3 Sotho = 4 Xhosa = 3
Religion	Christians = 10

Whilst gender and the nature of the research participants was not the focus of the research study, it was not surprising that most of the volunteer participants were found to be females as care is generally associated with women (Kaseke & Dhembe, 2007 & Patel, 2010).

Research participants' responses to the research questions have been categorised according to different main themes (and sub-themes falling under the main themes) identified by the researcher upon analysing the gathered data.

4.3.1. Knowledge and understanding regarding the nature of intellectual disabilities

4.3.1.1. Understanding different types of intellectual disabilities

Primary care-givers had difficulty in understanding the different types of intellectual disabilities. Their knowledge on intellectual disability and the causes of it thereof was very limited. Primary care-givers often defined intellectual disability as a mental disability or viewed the children with intellectual disabilities as slow learners. Nine of the interviewed primary care-givers were illiterate or had a very low level of education, hence their difficulties in defining and understanding their children's intellectual disabilities.

Heng, (2008) stresses that training opportunities for primary care givers and service providers should made available. These educational trainings would assist primary care-givers caring for the children with intellectual disabilities with appropriate strategies and helpful tips for feeding, toileting, communicating and other essential skills that would enhance their support and meeting their children's needs. Learning about their children's disability would help primary care-givers to make more realistic and achievable goals for their children.

Seven of the interviewed teachers, on the other hand, could define intellectual disability and had a good understanding of different types of intellectual disabilities. One of the interviewed teachers defined intellectual disability as, “a disability that is characterised by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social and practical adaptive skills”. He explained that this was the definition he got from his training manual.

4.3.1.2. Understanding of the causes of intellectual disability

All the interviewed primary care-givers highlighted that they do not know what causes intellectual disability. Eight of the ten interviewed primary care-givers perceived it as a gift God has given them with that kind of a child with intellectual disability. The primary care-givers believe that children are gifts from God irrespective of their disabilities.

One participant stated “*At first I was worried about her, but I finally accepted her as a gift from God”*

On the other hand, teachers had a theoretical understanding of the causes of intellectual disability. *“We have learnt intellectual disability is caused by various factors such as alcohol drinking during pregnancy, illnesses and other factors”* one teacher responded. Other causes include AIDS, diabetes, parents smoking and drinking alcohol during pregnancy, illnesses, measles, and meningitis. These causes can happen before birth, during birth and after birth (MADD, 1996-2011).

4.3.2. Primary care-givers do not easily detect intellectual disability

The research findings indicated that eight of the ten primary care-givers interviewed discovered that their children have intellectual disabilities when their children were of school going age. They discovered their children’s intellectual disability when the

schools informed them their children's difficulty to learn and cope within the mainstream schools.

"I only learnt that something is wrong with my child when he started going to school because they would call me to school and referred my child to the clinic or hospital for assessments" a primary care-giver stated.

Another explained: "I discovered that my child was not copying when she was in grade 2. They called me and told me to take her to a special school"

The research also established that two of the primary care-givers discovered their children's intellectual disabilities when their children were very young. They then took them to the clinic. Some of the symptoms that the primary care-givers noticed included; baby could not cry during birth, child having a stiff body, baby could not suck the breasts, very passive, strange eye movements, development delays such as sitting, crawling and walking late, sickly children, baby having fits and failure to make eye contacts.

4.3.2.1. Gender affects responses when learning of the disability

Most of the primary care–givers shared that they felt hurt when realising that their children had intellectual disabilities. Some of their male intimate partners reacted worse: they denied and disowned their children with intellectual disabilities. Other research findings stated that this is typical of male response in relation to disability. Men do not get involved a lot in caring for the disabled child or family member (Burke, 2008).

The researcher's findings regarding primary care-givers' responses to learning that their child has an intellectual disability is also forthcoming in other studies. For example, a study established that families tend to respond negatively to the news of having given birth to a child with intellectual disabilities. Between 70-90 % of the

biological mothers of the children with intellectual disabilities had to take care and raise these children on their own as single primary care-givers without the support of their partners. It takes them a very long time to accept that their children have intellectual disabilities. As a result, some of the primary care-givers go to the extent of locking this group of children in their houses for fear of humiliation within the community. Few of the primary care-givers seek professional help to assist them cope and accept their children with intellectual disabilities (Burke, 2008).

4.4. Teachers' initial responses of shock and anxiety eased through appropriate training.

The interviewed teachers each had their own reaction to children with intellectual disabilities when they first came to work with learners with special educational needs. "*I could not believe my eyes when I arrived here, I cried, I never thought that there were these kinds of children, it took me a while to understand and know how to work with them"* one teacher responded.

Most of the teachers interviewed stated that they were shocked and scared of the children with intellectual disabilities because they thought that these children are mad. Two of the teachers could not eat well at home.

Understanding and accepting that the levels of intellectual disability range from mild, moderate, severe and profound was difficult to come to terms with. *"It was a very serious challenge for me to understand children with intellectual disability when I first came to this school, but I got used to them and understand them better now because of the trainings I received"* one teacher explained. Other teachers added that with time, and after receiving training on intellectual disability, they began to understand the children with intellectual disabilities' needs and their learning abilities.

4.5. No scope for growth once child is no longer of school-going age

The learners with special educational needs schools do not have their own criteria for admission. The department of education's district office is responsible for the assessments prior to the child's admission to LSEN's schools. The Department of Health as well assists with the assessments at times. However, the Department of Education has the final decision regarding the placement and admission of children with intellectual disabilities. The LSEN schools admit children with mild to profound intellectual disabilities from the age of four to 21 years.

The children with intellectual disabilities are grouped according to their levels of intellectual disabilities in classes at school. Children with intellectual disabilities can remain in one class for as long as three years.

Teachers interviewed pointed out that from the age of 21years when these children with intellectual disabilities are no longer at school, the children hardly have access to any protective workshops or further skills development activities as there are no placements for this groups of young adults with special needs. One teacher explained:

"When these children are out of our school after turning 21 years, they stay at home as there are no sufficient protective workshops. Parents do come to request us to keep them for another year or two because children are not doing anything at home"

4.5.1. Mainstream curriculum does not meet the needs of children with intellectual disabilities

All interviewed teachers highlighted the gaps in the curriculum that they use in the LSEN schools. Teachers feel marginalized and not catered for because the

curriculum used within the LSEN schools is the same curriculum used within the mainstream schools. Their feeling is that the curriculum is not need based and it is not appropriate for their learners with special educational needs. One teacher stressed "..*the curriculum that we supposed to use for our children needs to be re-adjusted before we use it because these children can hardly learn numeracy and literacy. They need something more practical*".

Teachers have the responsibility to re-adjust the curriculum to address the educational needs of the children at LSEN schools. This curriculum developed by the Department of Education is relevant and suitable for the mainstream schools, but not for LSEN schools. *"We should be involved as teachers working in the LSEN schools in developing a curriculum that will best address the needs of our children because we best know and understand them"* one teacher insisted.

Another teacher stressed ".*The Department of Education should allow us to develop our own curriculum or work with us when developing a curriculum for the LSEN schools because we can guide them"*

As a result of lack of consultation during the process of curriculum development the LSEN schools tend to provide activities focusing on daily living (life skills) such as personal discipline, toilet training, arts and culture, crafts, personal hygiene and dressing themselves, feeding themselves, numeracy, literacy and sporting activities. Children with intellectual disabilities can learn and be taught at a very slow pace depending on their individual learning abilities. One teacher explained "*I teach my children activities of daily living and arts because they can easily relate to this as compared to literacy and numeracy. These children need to be taught one thing several times and at a slow pace"*

4.6. Challenges faced by teachers

There were several challenges that were stated by the interviewed teachers working with children with intellectual disabilities.

4.6.1. Teacher-to-learner ratio is inadequate

Teachers interviewed highlighted that they have a problem with learner – teacher ratio. They explained that children with intellectual disabilities need special individual attention in class. These children need to be closely monitored and attended to all the times. Children with intellectual disabilities have lots of special medical problems, such as fits, hyperactive and fainting at times. Teachers have to be there to attend them and provide the necessary assistance.

"Some parents forget to give their children medication in the morning when they come to school and when children arrive here at school we cannot control them as they become extremely hyperactive and disturb others in class"

The interviewed teachers from both schools highlighted the shortage of staff in their schools. Teachers are working with more than fifteen children with intellectual disabilities in class because of staff shortage. This makes it difficult for them to teach, control and meet each child's individual needs. "*Learner-teacher ratio in class should be at least one teacher for eight to ten children with intellectual disabilities in class as their needs are so demanding"* one teacher stressed.

Teachers working with children with intellectual disabilities find themselves stressed and burnt out most of the times. Heng, (2008) emphasized some of the challenges which include; difficulties to care for the child, children's slow improvement, lack of parents' cooperation or hopelessness, children's communication problems and discrimination towards teachers.

4.6.2. Children with intellectual disabilities project their anger regarding stigmitazation onto teachers

The interviewed teachers also highlighted that the children with intellectual disabilities are facing a stigma. They are being stigmatized as deranged learners by the community and children from the mainstream schools. *"These children are being stigmatized by other children from the mainstream schools and community members and as a result these children do not want to use the school bus written LSEN"* one teacher mentioned.

Children with intellectual disabilities also refuse to put on their school uniform for fear of being stigmatized. They prefer to wear school uniforms that other children from the mainstream schools are wearing. When they have been provoked or teased about their school or stigmatized where they live, they usually take out their frustrations and anger on their teachers. Teachers have to try their best in calming them down because they disrupt the whole class and the programme of the day. *"These children are very much unpredictable, when provoked from home they take out their frustrations and anger on us. It is not safe here these children cannot control their anger"* one teacher emphasized.

4.6.3 Teachers need training and equipment to meet these children's needs

Teaching children with intellectual disabilities requires relevant skills development workshops and the necessary equipment that would enhance the children's ability to learn. Teachers at the LSEN schools have very limited skills development workshops that are relevant to the needs of the children with intellectual disabilities. This makes it difficult for new teachers to cope with and to find best methods of teaching children

with intellectual disabilities. The White Paper 6, (2001) stressed the need to improve the skills and knowledge of educators working in the LSEN schools in order to enhance the success of integrated educational practices

These LSEN schools lack sufficient equipment that would enhance the learning abilities of children with intellectual disabilities. "*Our children in this school have variety of needs, as a result we need some equipment that would enhance their learning of activities of daily living such as sporting equipment, splints etc*. "one teacher stressed. This equipment would include; beds, special utensils, splints, arts and culture equipment and all sporting equipment. This equipment would enhance their life skills programme and their ability to learn the self-help skills.

Children with intellectual disabilities learn through play because their concentration span is limited. These children cannot concentrate for a long time. They easily loose concentration in class. They enjoy playing outside or playing sports. However, due to limited resources, they play soccer and netball only. "*These children love playing and there is a great need for the school to have different sporting codes so that we can allocate them according to their passions and abilities because those who do not play soccer or netball are doing nothing. We need to keep every child busy with some sporting activities"* one teacher stressed.

Sports would further improve and enhance their movements. "*It would boost their confidence because it would give them a chance to participate and compete with other schools through sports. It would boost their self-esteem and improve their social networking/making friendships with other children"* one teacher motivated

Skills development workshops for all teachers are necessary to refresh and empower them with advanced information, skills and teaching methods. For teachers working with intellectual disabilities tailor made skills development workshops are needed. One teacher explained: "I am a teacher by profession, but I was not trained to work

specifically with children with intellectual disabilities. Working here was a difficult thing for me because I had to read more about intellectual disabilities so that I can understand better and be more relevant in class. However, there are workshops that we attend, but they are not relevant to our children, they are just general workshops that all teachers attend" Another teacher explained *"Teaching children with intellectual disabilities is different from teaching children from the mainstream schools. Here you work with same group of children for more than two years. You also need to understand them and keep repeating things because they forget a lot*."

Teachers working at the LSEN schools need trainings are more relevant to the needs of their children with intellectual disabilities. "*We need tailor-made workshops"* another teacher stressed. Tailor made workshops would mean that trainings are more relevant and need based for teachers working with children with intellectual disabilities or working within the LSEN schools. These trainings would further enhance the teaching and learning of children with intellectual disabilities within schools. This would be effective in empowering them through education.

To address the challenge of shortage of equipment, teachers have to be creative and make their own equipment from waste. The White Paper 6, (2001) emphasized its goal in providing the necessary equipment to enhance the learning of children with disabilities, but this has obviously not been forthcoming.

4.6.4. Lack of co-operation between teacher and primary care-givers.

All the teachers interviewed stated that they experience problem because of primary care-givers' lack of co-operation. Lack of primary care-givers' co-operation has been highlighted as a common problem to both schools. One teacher pointed out that *"Abazali (parents) use our school as a dumping place, they do not care what should next"*.

The teachers also explained that primary care-givers do not attend the parents' meetings that the schools arrange to discuss issues that affect their children's progress.

The teachers also stressed that primary care-givers frequently neglect their children's cleanliness, medication supervision and enhancement of their daily living programmes during school holidays. They highlighted that majority of the primary care-givers of children with intellectual disability neglect their children due to lack of information on how to care for these children. They do not mind letting the children go to school dirty and without taking their medication. They also send children to school while they are sick. This causes a lot of problems because children become uncontrollable and disrupt the whole day's programme in class. Some of the children with intellectual disabilities who have been diagnosed with Attention Deficit Disorder cannot be controlled without their daily medication. One teacher pointed out that "*Parents forget to help their children take medication before they come to school every morning. It becomes a problem because we cannot control them. It is their duty to ensure that children have breakfast and take medication before coming to school"*

Primary care-givers are also failing to co-operate with teachers regarding their children's toilet training. Teachers have to wash these learners when they mess themselves up. This affects the daily programme in class because the teacher has to attend the child that has messed him/herself.

One of the two schools has a nursing sister who provides for the medical needs of children with intellectual disabilities. However, she can't manage the number of children at school. The other school has a social worker who assists the school with home visits and parents' meetings. However, the primary care-givers' co-operation is very minimal.

School holidays become a very big challenge for teachers working with intellectual disabilities because the children easily forget almost everything they learnt before the school holidays. Primary care-givers do not continue with the activities of daily living that their children learnt at school before the school holidays. For instance, at school children with intellectual disabilities are toilet trained, but primary care-givers do not have time to take this learning further; instead they use nappies.

Teachers interviewed were of the opinion that the primary care-givers do not have a clear understanding of intellectual disability and this negates the empowerment of children. During the researcher's interview with the primary care-givers of the children, it became obvious that they do in fact not have a good understanding of intellectual disabilities.

Eight the primary care-givers described intellectual disability as mental illness, although they should be regarding children with intellectual disabilities as slow learners. Failing to understand intellectual disability makes it difficult for them to understand, assist and to cope with this group of children. Lack of understanding also leads to further stigmatization of these children within their homes. Some primary care-givers go to an extent of comparing these children with their siblings at home.

4.6.5. No support from the Department of Education

Teachers from the LSEN schools feel neglected by the Department of Education when it comes to assisting them to meet the needs of children with intellectual disabilities *"We tried to alert the Department about the need for equipment but nothing happened, we just have to be creative at times and use what works for us"* a frustrated teacher voiced.

Children with intellectual disabilities are taught according to their mental age not their developmental stage. The language of teaching with the two schools also differs

because the two schools are within black community. Consequently these children mostly use their native languages in class. English is minimally used. However, the curriculum is written in English. One of the teachers explained "*Our children normally express themselves in their native languages because they find it difficult to do so in English*".

4.6.6. Teachers need assistance to fulfil the role of teacher

Teachers interviewed stressed the need for assistant teachers or volunteers within their schools. Assistant teachers assist the class teacher with all the duties in class. They explained the need for teacher aiders or volunteers to assist them with the responsibility of looking after children in class and during breaks. Volunteers or teachers aiders could also assist with washing children with intellectual disabilities when they mess themselves or changing nappies because there are no house mothers at school.

"It would be a very good idea if some of the parents were to volunteer to work with us because it would ease our job and also help them to learn more about their children" one teacher remarked. Another teacher emphasized that teachers have to work through their lunch breaks because they have to be guard to ensure that these children do not harm themselves or others during breaks. This becomes so overwhelming because it limits teachers' need to rest during breaks.

4.7. Challenges faced by the primary care-givers

4.7.1. Demands in terms of time and lack of support'

Caring for children with intellectual disabilities is too demanding in terms of time, finances and self-care. Some primary care-givers are raising their children as single parents and without the support of their children's fathers. Seven of the 10 primary

care-givers interviewed for this research study were single parents. One of the single care-givers stated "*The father of my children left me; I have been taking care of my children alone"*

Some of the primary care-givers interviewed informed the researcher that the children in their care are orphans and they took responsibility for the care of the children because they are relatives. Lacking the support of the children's mother and father makes the responsibility of care difficult.

Primary care-givers of children with intellectual disabilities also find themselves having to stay at home in most cases because they cannot leave these children alone. Burke, (2006) supports the researcher's findings because he stressed the primary care-givers' challenge of having to stay at home and care for the disabled child. Children with intellectual disabilities always need adult supervision be it at school or at home. This makes it difficult for them to go and look for a job because have they to take care of the child with intellectual disability.

Heng, (2008) argues that primary care-givers of children with intellectual disabilities find themselves facing lot of challenges that include; difficulties in caring for the disabled child, lack of time to earn money, lack of personal independence, poor living conditions and poverty, lack of healthcare and food shortages. These are some of the challenges that primary care-givers are faced with on daily basis.

4.7.2. Not enough money to meet their needs

Primary care-givers of children taking care of disabled children are usually unemployed. The impact of unemployment is exacerbated by the fact that this group of children has special needs that cost a lot of money. Some children with intellectual disabilities are receiving the Care Dependency Grant. However, the primary care-givers interviewed felt that this grant is not sufficient to meet the children's special

needs, such as special diet, clothes, school fees, medical treatment and paying for transport to school. Children with intellectual disabilities are very sickly in nature.

Many of the primary care-givers explained that accessing the Care Dependency Grant for children with intellectual disabilities is a serious challenge. Some of the grant applications for Care Dependency Grants have been unsuccessful. It was stressed that the South African Social Security Agency disapproves the applications stating that they do not qualify and their disabilities do not hinder them from being independent. "*I applied several times without success: I am struggling"* one primary care-giver mentioned. Primary care-givers find it difficult to meet their special needs without any financial support.

One primary care-giver also made it clear that she is the sole breadwinner in the family: *"My child receives the grant (care dependency grant), but the money is not enough because we all depend on it for survival at home"*

4.7.3. Managing aggressive behaviour is difficult

Primary care-givers explained that they have to deal with these children's aggressive behaviour at home and on the streets where these children play. "My child is so short tempered that I have to ensure that put away any weapon that harm others when is angry, he fights a lot on the streets" one primary care-giver pointed out.

Other research findings have shown that children with intellectual disabilities have mood swings and can take out their anger aggressively on their primary care-givers and other children.

4.7.4. Difficult to protect children with intellectual disabilities

Primary care-givers explained that they also have to always check up on the children when they are playing with other children because they go missing from time to time. They sometimes follow strangers or go into strange people's houses and stay there. This makes them vulnerable to any form of abuse by the community members as they cannot fend for themselves or avoid exposing themselves to risks. One of the primary care-givers stated that her child does not mind going into her neighbours' houses and stay there without her knowing.

Children with severe intellectual disabilities cannot take care of themselves without any adult supervision. This group of children demands special attention both day and night. Primary care-givers pointed out that they have to wash their children and wash their clothes because they frequently have incontinence. Some of these children, especially the severe and profound intellectually disabled children, cannot control themselves. Mild and moderate intellectual disabled children can be taught and learn especially life skills such as self-help skills.

"*We have the responsibility to protect our children with intellectual disabilities because they are vulnerable to different forms of abuse by the community members*" one primary care-giver stated. She added that that their children are at risk of being abused and taken advantage of by the community. As a result of this, primary care-givers need to always look out for their children to protect and assist them. Primary care-givers should play a protective role to the children with intellectual disabilities. Primary care-givers should also play a supportive role to the children in order to enhance their empowerment through education.

4.8. The empowering role of education from the perpective of primary care – givers

4.8.1. Primary care-givers don't have a good understanding of their role as far as empowerment through education is concerned

The primary care-givers have a significant role to play in enhancing the empowerment of children with intellectual disabilities through education. Children with intellectual disabilities belong to the families and the community at large that have the responsibility to play in enhancing the empowerment of children with intellectual disabilities through education. This education could be in the form of life skills, activities of daily living and enhancement of school programmes. However, only one primary care-giver seemed to understand her role of empowering her special needs child by reinforcing the school programme, especially when the child spends the holidays at home…*because these children have a problem of forgetting during school holidays"*.

Primary care-givers have to familiarise themselves with the daily programmes that are implemented. This would help them to enhance the school programme with their children at home during the school holidays in order to avoid regress. The primary care-givers' role in programme continuity would do wonders for the empowerment of children with intellectual disability through education or life skills.

Two of the interviewed teachers stated that the primary care-givers' role should include volunteering within the LSEN schools. *"Personally I think parents should volunteer here at school so as to familiarize themselves with what we do and further assist their children at home accordingly"* one teacher emphasized. Primary care-givers can volunteer to work as teacher-aiders, work in the kitchen or workshop classes. This would reduce the work load that teachers have as the teacher-learner

ratio is too high and very demanding for teachers working with children with intellectual disabilities. Primary care-givers' voluntary participation would also empower them with more information on the different types of intellectual disabilities, how to deal with children with intellectual disability and how to empower them through education or activities of daily living.

One primary care-giver thought that they need helping resources to empower their children. *"These children need protective workshops where they can go to for handy works trainings and day care protection when they leave their LSEN schools"* Primary care-givers find it difficult to find protective workshops where children with intellectual disabilities can do handy works trainings and learn self-help skills. A primary care-stressed that there is a the lack of protective workshops or schools where children with intellectual disabilities can go to as soon as they reach the age of 21 years.

4.8.2. Teachers think self-care is essential to build resilience

Teachers and primary care-givers have various strategies of building resilience. Resilience is a concept that is concerned with maintaining a healthy, adaptive functioning in spite of experienced difficulties, risks and stress. Resilient people have the capacity to bend without breaking because they are robust. Self-care strategies differ from one person to the other.

Self-care strategies are concerned with assisting primary care-givers and teacher cope with their day to day challenges at home and school when taking of children with intellectual disabilities (SA Federation for Mental Health, 2004). "*The Department has availed the Employee Wellness Programme that is aimed at assisting teachers to deal with their stress level but few of us make use of those services"* one teacher explained.

Teachers working with children with intellectual disabilities highlighted different self-care strategies that help them build resilience. These strategies differ from one to another. They include; praying, going to church, taking leave, going to movies, spending time with family and friends talking about their work experiences, reading an interesting book, going for EWP services, going to parties, relax and sleeping. Different self-care strategies work differently for different people.

Nine of the 10 interviewed teachers shared that heavily rely on the power of prayer as their self-care strategy. "*I pray daily before and after work. Prayer gives me the energy to cope with anything at work and I do not really have a problem. It helps accept the working environment and be able to love these children"* one teacher said

4.8.3. <u>The need for a multi-disciplinary approach exists</u>

Children with intellectual disabilities have variety of individual needs depending on the level of their disabilities. Their needs include the need for other professionals to work with them in order to develop them holistically and ensure that all their personal and educational needs are taken care of at school (Loebenstein, 2005).

All the teachers interviewed identified the service providers that are needed to work with children with intellectual disabilities at the LSEN schools. The identified service providers included the following; occupational therapists, massage therapists, pediatrics, psychologists, psychotherapists, speech therapists and social workers. They stressed that the availability of the above-mentioned professionals would do children with intellectual disabilities the world of good and enhance their social and economic development. This would also enhance the role of education in empowering this group of children.

Occupational therapists have a special role to play in the lives of children with intellectual disabilities. They are trained in the practice of occupational therapy to work with a client to help them achieve a fulfilled and satisfied state in life through the use of 'purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain or restore the highest possible level of independence" (Punwar, 2000, p.4). "*They would help modify our classroom equipments and recommend the programmes that would be need based to our children" one teacher expressed."*

Occupational therapist services would enhance children with intellectual disabilities' full participation in the school programmes and activities. They would work with the children individually or in small groups. These services would enhance the empowerment of children with intellectual disabilities through education (Schwartz, 2003, p.8).

"*The school needs to have a doctor based within the schools so that when there is a need for his services, he can be easily accessible. Look, we do have a nursing sister, but she cannot attend to all the children at school. Besides, she is not a medical practitioner"* one teacher expressed. "*We need doctors at school to diagnose the children and prescribe the required medication for the children. We need a doctor on a full-time basis"* another teacher said.

Two of the 10 interviewed teachers from both schools highlighted the need for massage for the severe and profound children with intellectual disabilities. They explained that most of the severe and profound intellectually disabled children also have severe and profound physical disabilities. Hence, the need for the massage therapists to be within the schools so as to assist with massage for those who need massage therapy. Teachers in most cases have to massage these children in order to avoid injuries. This takes a lot from them as they are not experts in the massage therapy.

The Education White Paper 6, 2001, stressed the need for thorough assessment of children with intellectual disabilities before placing them at the relevant schools. However, the assessments of children are only done at the district level only. The LSEN schools do not do their own assessments of children. The LSEN schools need school/educational psychologists to provide services within the schools. Educational psychologists would assist with educational and psychological assessments of children with intellectual disabilities. Three of the interviewed teachers believe that between 5% and 10% of the children at the LSEN schools do not belong there. These children are there because there is a lack of proper and thorough assessments. “The Department of Education should ensure that psychologists do thorough assessments of the children before bringing them here because some children are misplaced” one teacher stressed.

“There is a lack of other professionals such as psychologists here; we need at least one psychologist to be based within the school to provide psychological services” another teacher stressed.

The need for psychologists in the school environment for children with intellectual disabilities is also by other authors. “Educational psychologists address the following concerns of children and adolescents: anxiety in children, common childhood difficulties, Dyslexia, Emotional Intelligence, self-esteem, play therapy, tips for homework time, toddler troubles, exam stress, ADHD, depression, psychotherapy, eating disorders and teenager self-harm and cutting” (Anthony, Dennis and Jonathan, 2000, p.7).

Both primary care-givers and teachers stressed the need for social work services to be rendered to children with intellectual disabilities and their immediate families. “*Social work services are needed to provide counselling therapy, do home visits and family therapy. Parents of these children need counselling”* one teacher said. Social Workers are agents of change within each and every community. They have skills and expertise on how enhance development and bring about the required change.

Social workers working within the social work secondary settings have significant roles to play. Schools are also regarded as social work secondary settings.

Social Work is concerned with working with the marginalized and disadvantaged groups of people to assist them maximize their potential to improve their quality of life. Social Workers as agents of change within primary and secondary social work settings such as Welfare organizations, Social and economic development agencies, clinics, churches, hospitals, private sectors, schools and many other places.

For this reason, social workers would assist with individual counselling and small group sessions that would be aimed at assisting children with intellectual disabilities through educational life skills such as personal hygiene, menstruation, body changes, relationships, HIV, AIDS, teenage pregnancies, peer pressure, self-awareness, self-esteem, child abuse and many more. These social work services would ensure that the empowerment of children with intellectual disabilities is enhanced by the holistic approach to the effective educational services that different professionals would render. Holistic approach means that the services rendered by different professionals to children with intellectual disabilities would complement each other in enhancing the social and economic empowerment of children through education.

Social Workers would also assist with support groups for he parents or primary care-givers of children with intellectual disabilities. These support groups would assist primary care-givers to accept, learn and understand how to help children with intellectual disabilities to reach their potential. The support groups would also encourage primary care-givers to further enhance the school programmes and activities at home and during the school holidays.

"*Social Workers would assist us with home visits to the primary care-givers that are co-operative and neglecting their children. They would intervene and assist us"* a

teacher stressed. This is because social workers have the knowledge and skills to practice with individuals, families, groups, organizations and communities. Social work intervention would enhance the empowerment of children with intellectual disabilities through education. Swanepoel and De Beer, (2006) emphasize that social workers would work as advisers, guiders, advocate, enabler and facilitators of both social and economic development.

The role of speech therapists is also important. Learner (2003) discusses language as a significant tool that enhances people's functioning. Learner recognizes it as the greatest tool for human achievement. People's ability to function heavily relies on the acquisition of language. "Language fulfils several very human functions; it provides a means of communicating and socializing with other human beings, it enables the culture to be transmitted from generation to generation, and it is a vehicle of thought" (Learner, 2003, p.350).

5. CONCLUSION

This chapter presented the findings of data collected in relation to the primary aim and secondary objectives of the research study. Thoughts and feelings expressed by the teacher and primary care-giver participants were interpreted by the researcher and specific themes identified. The following chapter discusses the implications of the findings of this research.

CHAPTER 5

MAIN FINDINGS AND RECOMMENDATIONS

5.1. Summary of main findings

The main findings regarding the primary aim of this study were summarized in this chapter. The research has shown several main findings that were gathered during the research process with regard to the empowering role of education to the children with intellectual disabilities.

5.2. Primary care-givers' lack of understanding of intellectual disability

The research findings have shown that nine out of the ten research respondents (Primary care-givers) did not have an understanding of what intellectual disability is. They have no understanding of the different levels of intellectual disabilities which include the following;

Mild intellectual disability: the intelligence quotient (IQ) is between 50 and 70. With mild intellectual disability, it may not be diagnosed until school going age.

Moderate intellectual disability: the IQ is between 30 and 55. It is normally diagnosed at a younger age due to social, developmental and intellectual milestone delay. Often, they can be taught self-help skills and are competent with occupational tasks. They usually function at the level of a 5-8 year old.

Severe intellectual disability: the IQ is between 20 and 30. Children from young age have a poor developmental milestone in all spheres. These children function at the level of 3-5 year old.

Profound intellectual disability: the IQ is 20 and below and the functioning is at infant level. They function at the level of 0-2 years old.

Primary care-givers refer to intellectual disabilities as mental illness. They also refer to children with intellectual disabilities as slow learners. Primary care-givers' lack of understanding of intellectual disabilities makes it difficult for them to understand the children, support, protect and enhance their empowerment through education. It hinders them from effectively meeting their children with disability's needs.

Children with intellectual disabilities especially children with mild and moderate intellectual disabilities can learn and taught self help skills at a slow pace. Teachers working with children with intellectual disabilities teach them activities of daily living and self help skills due to their limited learning abilities. These children cannot cope with mainstream school curriculum. Teachers working with the children with intellectual disabilities have to adjust the curriculum to suite the children with special educational needs.

Children with intellectual disabilities have difficulties in learning numeracy and literacy. Children with intellectual disabilities learn through play and prefer to learn more practical things hence they are being taught self help skills such as personal hygiene, toilet training, arts, crafts, car wash and handy works. These children are grouped according to their mental age and functioning levels.

Children with intellectual disabilities are not progressing according to grades. They can remain with the same teacher in one class for three years because they are grouped according to their mental ages. Children with intellectual disabilities have a challenge of learning theory. Teachers always have to start afresh after every school holiday because they regress. Children with intellectual disabilities easily forget everything they have learnt. They have a very limited memory. This makes it difficult for them to be empowered educationally using the main curriculum.

Children with intellectual disabilities need equipments that will assist them learn and other professionals that would assist them with services that would enhance their learning abilities, movement, co-ordination and performance. The professionals needed to provide holistic approach to empowering children with intellectual disabilities through education. These professionals include the following; Occupational therapists, Social Workers, Speech therapists, Physio-therapists, Paediatrics and Psychologists.

5.3. The needs and challenges of teachers of children with intellectual disabilities regarding the empowerment of children through education

Teachers need workshop training programmes that focus specifically on teaching skills required when working with intellectually disabled children. In order to empower intellectually disabled children to fulfil their potential, special teaching skills are required. Training workshops benefit teachers from the mainstream schools a lot in terms of implementation of the knowledge learnt. However, teachers from the LSEN schools normally find the workshops irrelevant as they would have to re-adjust the workshop contents to suite their children.

The learner-teacher ratio needs to be reduced because special needs children require extra attention so as to facilitate focusing on their developmental needs. Special needs children need individual attention. Under existing circumstances, this is proving difficult. Even one child needing attention can disrupt the educational functioning of the class.

In order to be able to concentrate on empowering children with intellectual disabilities, additional support is needed. This can be in the form of volunteers (especially parents if at all possible) or assistant teachers. If a child acts out or

requires attention, this can be addressed by the assistant teacher so that the teacher can remain focused on the class as a whole.

The mainstream curriculum does not meet the needs of children with intellectual disabilities, especially those children with moderate to profound intellectual disabilities. Although an inclusion programme is advocated by the Department of Education, this is not proving practical in ‘real life’ and having a negative impact on the desired outcomes for educating these children to become independent in life.

Teachers felt there is a definite need to engage with teachers responsible for teaching children with intellectual disabilities when it comes to developing appropriate curriculum programmes.

In order to empower children with intellectual disabilities in the school environment, special equipment is required. If not, they are not stimulated either through learning activities or play.

Teachers strongly felt that they require a multi-disciplinary support team. Professionals such as occupational therapists, doctors, speech and hearing therapists and social workers would enhance the learning process. Children with intellectual disabilities also face other challenges such as physical disability and these needs have to be addressed to facilitate the learning process.

A major stumbling block for the teachers is the lack of co-operation by the primary care-givers. They don’t facilitate the learning process by keeping the educational/life skill patterns being focused on at school. Instead during school holidays the children concerned tend to relapse.

In order to cope with the challenges they face, teachers focus on coping strategies. Religion plays an important role when it comes to building resilience.

5.4. The needs and challenges of primary care-givers of children with intellectual disabilitiy regarding the empowerment of children through education

Primary care-givers don't have a good understanding of the concept 'intellectual disability', and the different levels thereof. As a result they tend to generalize the condition, adopting the stance that the child cannot reach their full potential. The interviewed primary care-givers have various views of their children's educational progress. Interviewed primary care-givers usually believe that their children with intellectual disabilities need to learn handy-work skills so as to help them sustain themselves. They do not believe that their children would be empowered educationally as they struggle to read, write and speak. Normal education for these children with intellectual disabilities is a bit irrelevant as they need to master the self-help skills.

Primary care-givers were usually facing serious financial problems. Even if successful applying for the Care Dependency Grants, they were often the only income generator. State assistance does not cover the costs of raising a special needs child, so this negates their efforts to enhance the child's development.

Caring for a child with intellectual disability is demanding in terms of time and responsibility.

5.5. Recommendations

The research study created a good platform for teachers to debrief themselves and to share their views regarding the empowering of children with intellectual disabilities through education.

5.5.1. Skills development for teachers

Working with children with intellectual disabilities is a serious challenge as this group of children have variety of special needs that should be attended to. As a result, tailor-made skills development workshops and training are highly recommended so as to ensure that teachers are well trained on how to effectively teach and empower children with intellectual disabilities in class. Skills development workshops and trainings should be arranged for teachers on an ongoing process.

5.5.2. Provision of adequate resources

The provision of appropriate physical and material resources to teachers is not being adequately met. The lack of resources impacts negatively on teachers' ability to stimulate the educational growth and development of children with intellectual disabilities. Equipment for practical skills development should be made available so that children with intellectual disabilities can learn practical skills that would enhance their independence and self-reliance in life

5.5.3. Transport and school uniforms

Children with intellectual disabilities are stigmatized, frequently when being transported to and from school in the school bus with a distinct name that labels these children and exposes them to emotional abuse. It is thus recommended that the bus should not have a name on it.

The LSEN schools also usually have their own unique uniforms as compared to the mainstream schools uniform. These children were also labelled and stigmatized because of their school uniform. As a result, most of the children with intellectual disabilities do not feel comfortable wearing their own school uniforms. This issue should be addressed by changing the uniform to those worn by mainstream pupils.

5.5.4. Parental involvement

The learner-teacher ratio had been stated as one of the challenges within the LSEN schools and thus there is a great need for teacher aiders or volunteers to assist and support them in classes. Primary care-givers' should thus be encouraged to engage with the school on a personal level. Their personal involvement in the school programme would also facilitate a continuity of the school programmes during school holidays.

If parents are personally involved in the education programme in the role of volunteers they would be able to gain a better understanding of what intellectual disability is all about.

5.5.5. Suitable school curriculum

A relevant needs-based curriculum, which would ensure that the special educational needs of children with intellectual disabilities are attended to is needed. The curriculum has to be re-adjusted by the LSEN schools in order to be more relevant and need based to their children.

5.5.6. Protective workshops

In order to empower young adults who reach the age of 21 years and cannot continue with the school programme, protective workshops should be developed. This would enhance their chances of becoming independent, socially and economically.

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APPENDIX: A

SEMI-STRUCTURED INTERVIEW QUESTIONS WITH THE TEACHERS:

Full name:	**Code:**
Contact No:	**Name of school:**
Date Interview Conducted:	**Position:**
Gender:	**Single/Married:**
Age:	**Home Language:**
Place Interview Conducted:	**Cultural Group:**

1. How many years have you been teaching intellectually disabled children?

2. What do you think are the educational needs of children with intellectual disabilities?

4. Do you think special education is necessary for children with intellectual disabilities? Please explain your answer.

5. Do you think children with intellectual disabilities should be allowed to enter the main stream educational system? Why do you think so?

6. What are your main aims when educating children with intellectual disabilities?

7. What role do you think education plays regarding the empowerment (this term will be explained to the participant) of children with intellectual disabilities?

8. What do you think your responsibilities when educating children with intellectual disabilities?

9. What do you think are the most important challenge teachers face when educating children with intellectual disabilities?

10. What do you believe the educational system should be adjusted- if at all- to facilitate the educational needs of children with intellectual disabilities?

11. What sort of interaction is there between care-givers and teachers and how does this affect the education of children with intellectual disabilities?

12. What do you think primary care-givers can do to enhance the learning process of their children?

APPENDIX: B

SEMI-STRUCTURED INTERVIEW QUESTIONS WITH THE PRIMARY CARE-GIVERS:

Full name:	**Code:**
Contact No:	**Name of school:**
Date Interview Conducted:	**Position:**
Gender:	**Single/Married:**
Age:	**Home Language:**
Place Interview Conducted:	**Cultural Group:**

1. If I say that your child has an intellectual disability, what do I mean? (If participant does not understand the concept, this will be explained to him/her).
2. Do you think children intellectual disabilities should be educated? Please explain your answer.
3. What do you expect teachers to do and achieve when educating your child?
4. How would you describe a ‘good education’ for your child?
5. What do you think your roles and responsibilities are when it comes to educating your child?
6. What needs and challenges do you face when it comes to educating your child?
7. What do you do to cope with needs and challenges?

8. Do you have any contact with the teacher(s) of your child? Please explain. In what way does/would having frequent contact with your child's teacher(s) would have on the education of your child?

APPENDIX: C

ACKNOWLEDGEMENT OF INFORMED CONSENT FORM

Dear Research Participant

Hi, I am Thomas Maluleke. I am currently doing Masters Degree in Social Development at the University of the Witwatersrand, Johannesburg. As a part of course requirements I am conducting a research study on “Empowering children with intellectual disabilities through education: challenges, needs and coping strategies perceived by primary care-givers and teachers. I would like to interview you personally by asking you questions.

Your voluntary participation in this research study will be highly appreciated. Note that you are free to decline if you do not want to be involved in this research study. Your participation in the research will be treated with respect and confidentiality. Kindly note that you will remain anonymous as your name is not required in this research study. Your participation and honesty will be highly appreciated.

I,..... would like to volunteer to participate in the above-mentioned research study.

.....

Sinature of Research Participant

Yours Sincerely

Thomas Maluleke

MA SOCIAL DEVELOPMENT STUDENT

APPENDIX: D

CONSENT TO RECORD THE INTERVIEW (AUDIO).

I am doing research on, Empowering children with intellectual disabilities through education: challenges, needs and coping strategies perceived by primary care-givers and teachers. I would like to request for your permission to record the interview in this research study. Note that you have the right to decline without fear of victimisation.

I,..... grant you/does not grant you to record the interview in this research study.

Yours Sincerely

Thomas Maluleke

MA student

APPENDIX: E

RESEARCH STUDY INFORMATION SHEET

STUDY TITLE: Empowering children with intellectual disabilities through education: challenges, needs and coping strategies perceived by primary care-givers and teachers.

Greeting: Good Sir/Madam

Introduction:

I am currently doing MA in Social Development at the University of the Witwatersrand, Johannesburg. As part of the course requirements, I am currently conducting a research study on the empowering role of education for children with intellectual disabilities as perceived by the teachers and the primary care-givers. The purpose of the research study is to explore the challenges, needs and coping strategies perceived by the primary care-givers and teachers of children with intellectual disabilities when it comes to empowering them through education.

Invitation to participate: I am therefore inviting/requesting you to voluntarily participate in this research study.

What is involved in the study: the research study will apply the qualitative approach. The research study will implement the exploratory approach. The research participants' involvement will consist of personal interviews. The semi-structured personal interviews will be 45 minutes long. The target for the research study will be ten teachers and ten parents/primary care-givers of children with intellectual disabilities. The research study will be conducted within two schools for the disabled in Katlehong in the East Rand.

Risks involved: There is no risk involved in the research study. Participants are free to complete the consent form. The researcher will thoroughly explain what the research study entails so that all adults willing to participate in the study can fully understand what the study is about before making a final decision.

Benefits of the study: You will receive no direct benefit from the study. However, the research study hopes to add to the existing knowledge about empowering children with intellectual disabilities through education so that information can be taken into consideration when planning and implementing programmes to facilitate the development and empowerment of these special needs children.

Participation is voluntary: Participants may withdraw from the research study at any time, without any adverse or undesirable personal consequences.

Reimbursements: Research participants will be reimbursed for their transport fees when participating in the study.

Confidentiality: The research information/findings will be kept confidential. Personal details will not be disclosed. Only my research supervisor will have access to your identity particulars.

COUNSELING SERVICES: Counselling services will be provided to all research participants who may feel the need for counselling. A list of names and contact numbers of organizations that can provide counselling services free of charge or organizations that work with intellectually disabled children, will readily be provided to you upon request.

Should you need any further information about the research study please feel free to contact me on 082 361 9024, or my supervisor- Mrs. Gerrand- on (011) 717 4475.

Thank you very much for taking the time to read this information sheet and considering whether or not you are willing to participate in the study.

Thomas Maluleke

MA Social Development

082 361 9024