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Is Inclusive Education a Good "Fit" for ALL? Perceptions of Parents and Educators of ECD Learners with Complex Communication Needs

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Abstract: Providing children with complex communication needs (CCNs) with the right accommodations in a supportive schooling environment from the early childhood development (ECD) stage can significantly improve their developmental and educational outcomes. Inclusive education has been proposed as a possible framework that can promote positive educational outcomes; however, in South Africa, there has not been enough attention paid to inclusive education in ECD especially focusing on children with CCNs. The study therefore explored the perceptions of parents of children with CCNs and early childhood development teachers on inclusive education. Semi-structured interviews and a focus group were conducted with 8 ECD teachers and 8 parents of children with CCNs, who were purposively selected. Data were imported into NVivo 1.5 software and analysed using an inductive thematic analysis approach. Findings from the study revealed the following themes: i. Perceived benefits of inclusive education; ii. Preference for special needs education; iii. Shortcomings of special needs education in addressing the needs of learners with CCNs; iv. Factors informing school placement; v. Communication as a barrier to learning, teaching and socializing; vi. The need for disability conscientization. Although both parents and teachers of learners with CCNs acknowledge the value of inclusive education in facilitating access to education, they have a mistrust of inclusive education because of fear of stigma, discrimination, exclusion, bullying and exclusionary teaching practices. While they preferred special education, they acknowledged the gaps in teacher's knowledge on communication disorders, training of teachers, teaching aids and assistive devices. Educating a child with a disability is expensive because of other additional costs, especially transportation.

Keywords: inclusive; education; communication; disorders; ECD

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1. Introduction

The right to access to education for every child is enshrined in international as well as regional and local policy frameworks. For example, the United Nations Educational Scientific and Cultural Organisation (UNESCO) declared inclusive education as the way of the future [1]. Article 24 of the United Convention on the Rights of Persons with Disabilities (CRPD) legally obligates signatory states to develop and implement inclusive education systems at all levels, therefore denoting education, and inclusive education as a human right for all children, including children with disabilities [2]. South Africa is a signatory to the CRPD and has also committed to the attainment of the sustainable developmental goals [3]. Even prior to the ratification of the CRPD, South Africa, with her progressive policy reforms, has since 1994 been on an undertaking to ensure that learners with disabilities are included at all levels of education. South Africa commissioned the South African Schools Act in 1996 [4] and subsequently the White Paper 6 (WP6) on inclusive education in 2001 [5], as a means of securing the right to education for learners with disabilities. The WP6 of 2001 mandates that education and training should be developed based on the understanding

that all learners, the very young, youths and adults, have the potential to learn within all bands of education as long as they are provided with the right support [5]. The WP 6 further acknowledges that all children and youths need support and that learning should occur in enabling structures, systems and learning methodologies within a system termed "inclusive education" [5] (p. 6).

Inclusive education is a system or policy that advocates for the accommodation of all learners regardless of their abilities or needs [5]. Inclusive education is one of the responses that has been used globally as a driving force for ensuring that the right to education for learners with disabilities is achieved [5]. It is a school model where learners with special needs spend most of their school time with learners without special needs [6]. In this study, access to education is conceptualized using Katarina Tomasevski's 4-A framework. Tomasevski [7] defines access to education as a human right obligation and further presents that the right to education is achieved when education covers the following tenets: *Availability*—when education is free and state financed and has suitable infrastructure and trained educators, who are able to facilitate and support the delivery of education; *Accessibility*—when the education system is equitable and acceptable for "ALL" learners and that the system is actively putting measures in place to include marginalized population; *Acceptability*—when education is presented in a safe environment, and has an appropriate curriculum that is inclusive and culturally appropriate and of good quality; and *Adaptability*—when education is progressive, evolves with the changing needs of society, contributes to challenging inequalities and can be adapted locally to suit specific contexts.

The benefits of inclusive education have been hailed in a number of studies both locally (Mag et al. [8]; Mahlo [4]; Ralejoe [9]; Mamabolo and Sepadi [10]); and internationally (Boyle and Anderson [11]; Kurth et al. [12]; and Scourbys [13]). Mag et al. [8], for example, mention that inclusive education is beneficial because it enables learners to develop their strengths and talents, while encouraging high and realistic expectations for each learner. Inclusive education is also reported to promote a culture of respect and social inclusion for all, and it provides equal learning opportunities and encourages acceptance of individual differences [8].

While the benefits of inclusive education have been documented in both international and national studies, as evident in the studies mentioned above, the implementation of the policy on inclusive education has arguably, for the most part, not been as successful as it should be in Low- and Middle-Income Countries (LMICs), including South Africa [10]. For example, Donohue and Bornman [14] posit that, in South Africa, inclusive education has been unsuccessful because of the impact of segregation on education for learners with disabilities, the lack of resources in special schools, which were previously assigned for only black learners, and the lack of appropriately trained formal caregivers. Engelbrecht et al. [15], Donahue and Bornman [14], and Moyagabo and Johnson [16] further report that inclusive education has been unsuccessful, most significantly because of the lack of implementation plans, resources and unclear and ambiguous policies.

At present, both locally and internationally, there do not seem to be countries with schools that are only fully inclusive; however, internationally, countries such as Canada [17], as well as Colombia, Comoras and Croatia [18], have put in place policy frameworks that encourage opportunities for learners with disabilities to be placed in the same mainstream public schools with learners without disabilities. For the most part, countries have inclusive schools and special needs schools. Special schools are schools that were developed for learners who were seen to be struggling with learning as a result of having a disability or special educational needs and are predominantly used to cater for learners with severe disabilities [9]. Ralejoe [9] argues that the "problem" with this form of schooling is that it places the educational challenges of the learners solely on the child and does not factor in some of the issues that may have been brought about by other influences, including the education system itself. Regardless of the type of a schooling system (whether inclusive or specialized), the right to education for learners with disabilities is still yet to be realized, especially in LMIC. Pearson et al. [19] argue that, globally, about 140 million

children are excluded from education, a majority of these children being girls and children with disabilities. The United Nations Educational, Scientific and Cultural Organization (UNICEF), (2014) further posits that only 56% of children with disabilities globally have access to pre-primary education. The exclusion of children with disabilities in the South African education system is attributed to the limited number of schools that cater for learners with disabilities [20]. The available schools are usually situated a long travelling distance from where the learners reside, which then has implications for the high costs related to travelling to these schools [20]. School placements are often difficult, as some schools may refuse to admit learners [21]. The quality of education in special schools, especially those located in previously disadvantaged communities, has been reported to be sub-par in comparison to the quality of education in schools of learners without disabilities and this is usually attributed to the lack of formal teacher and caregiver training and a non-standardized curriculum [20]. Ultimately the right to education for marginalized communities is yet to be achieved. This is further compounded in the case of learners with disabilities and even worse with learners with CCNs.

Individuals with communication disabilities, sometimes referred to as individuals with complex communication needs (CCNs), account for approximately 97 million of the total population worldwide [22]. These individuals are a complex and diverse group and may include persons with developmental disabilities (e.g., autism spectrum disorder) and acquired disabilities (e.g., traumatic brain injury) [23]. These individuals often have a span of physical, sensory (which includes all senses), speech, language and/or cognitive difficulties [24]. Individuals with intellectual, developmental and acquired disabilities often have accompanying communication disabilities [25]. Persons with communication disabilities can use Augmentative Alternative Communication (AAC) devices, which are used to overcome their inability to produce and understand spoken, written language or communication [22,26]. Due to their unique needs, learners with CCNs require that teachers who work with them are trained and experienced in speech and language disorders. Ideally, teachers of leaners with CCNs should, in their teaching, incorporate relevant specific teaching strategies and work in collaboration with speech language therapists, either within the classroom setting or externally.

While research on inclusive educators has to a certain degree evaluated inclusive education from the perspective of educators, caregivers of learners with disabilities have remained neglected in the discussion about access to education for learners with disabilities and this has especially been the case in LMIC [6]. In, South Africa, particularly, caregiver involvement in the education system has, traditionally, been given little recognition and caregivers have been excluded from taking an active part in the education of their children [27]. Epstein [28], in the overlapping spheres of influence model, advocates for the imperative voice of caregivers in education, as they form a significant part of the collaboration between the three spheres of influence in the life of a child, namely family, school and community. Bornman [29] reaffirms the significant role that collaboration between various stakeholders plays in facilitating access to inclusive education. The experiences and perceptions regarding the education of learners with communication disabilities that will be brought to the fore through this study will therefore have implications for the training of special needs educators and also inform ways in which learners can be further supported so that they are awarded opportunities to enter and succeed in the educational system. It is imperative that the education system is responsive to the educational needs of learners with disabilities and that caregivers play a key role in this regard. Caregivers in this study are defined as parents or guardians of learners with CCNs.

In South Africa, studies on access to education for learners with disabilities have been conducted mainly in primary and secondary education and quite recently tertiary education [30], with a very limited focus on early childhood development education (ECD), which will be the focus of the study. ECD refers to a comprehensive approach to policies and programs for children between the ages of 0 and 6 years [29]. In SA, ECD may expand to 9 years of age [29]. ECD programs are crucial to the protection of the right of all young

children [29], because they consider the children, their families and their environments, particularly encompassing family care, health, shelter, safety, security and education. Essential outcomes of ECD include early development of cognitive and character skills, such as social skills, self-regulation, attentiveness, curiosity, perseverance, conscientiousness, planning and independence. Zhou et al. [31] make a compelling argument for the economic benefits of ECD for disadvantaged and at risk children. They argue that, if the investment is made early, there is less need for later costly educational interventions and there are better quality of life outcomes across the lifespan.

In this study, the focus is on exploring the perceptions of parents and teachers on access to inclusive education for learners with CCNs.

2. Study Design

The study employed a qualitative exploratory research design. The design was deemed appropriate for the study because it focuses on exploring and comprehending the meanings that individuals and/or groups associate with human or social problems within their context (Cresswell and Poth [32]), in this case, inclusive education for learners with CCNs. Eight semi-structured interviews were conducted with parents of learners with CCNs, and one focus group was conducted with eight ECD teachers of learners with CCN from one ECD center in Johannesburg, South Africa, that accommodates learners with CCNs. A self-developed interview guide and a focus group guide, respectively, were used to elicit responses from participants. Questions in the interview guide mirrored those of the focus group guide. The interview and focus group guide encompassed flexible and open-ended questions with probes, with the intention of eliciting the views and opinions of participants, while enabling the researchers to control the line of questioning and probe beyond the standardized questions [32].

Participants in the study were selected using purposive sampling to ensure that they would be able to provide relevant and rich information pertaining to the phenomenon of interest, which in this case was inclusive education for learners with CCNs [33]. Tables 1 and 2 below outlines participant demographics.

Table 1. Participant Demographics, ECD Teachers.

Participant Number	Age	Gender	Level of Education	Occupation and Type of School	Experience in Working with Learners with Disabilities
1	30	Female	Graduate.	Teacher, Special needs ECD.	3 years
2	48	Female	Graduate.	Acting principal, special needs ECD.	7 years
3	43	Female	High School Education.	Teacher, Special needs ECD.	6 years
4	25	Female	Completed High School.	Teacher, Special needs ECD.	2 ½ years
5	31	Female	Graduate.	Teacher, Special needs ECD.	2 ½ years
6	40	Female	College Certificate.	Teacher, Special needs.	3 years
7	44	Female	High School Education.	Teacher, Special needs.	5 years
8	45	Female	College Certificate.	Center director and Teacher, Special needs.	10 years

Table 2. Participant Demographics, Caregivers of children with CCNs.

Participant Number	Age	Gender and Relationship to Child	Level of Education	Type of Disability	Current School Placement
9	33	Female, mother	College Certificate.	Down syndrome	Special needs school
10	20	Female, informal caregiver	Graduate.	Autism Spectrum Disorder	Special needs school
11	32	Female, mother	College Certificate.	Spina bifida and Hydrocephalus	Special needs school
12	40	Female, mother	Graduate.	Autism Spectrum disorder	Started at a special needs school then went to mainstream after getting AAC.
13	52	Female, mother	College Certificate.	Spastic quadriplegic cerebral palsy.	Mainstream school (inclusive) and home school.
14	37	Female, mother	College Certificate.	Down Syndrome	Special needs school
15	40	Female, mother	Completed High School.	Down Syndrome	Started at a special needs school then went to mainstream (inclusive).
16	42	Female, mother	Completed High School.	Cerebral Palsy	Special needs school

The ECD teachers who participated in the study were all female and between the ages of 30 and 48 years old, with a mean age of 38.25 years. Th participants' education level ranged from Grade 11 to honors degrees. Even though the majority of participants had a qualification, none of the qualifications were in education. Most of the participants had worked with learners with disabilities for over 2 years, with the mean length of working experience with learners with disabilities being 4.9 years.

The caregivers that participated in the study were all female and between the ages of 20 and 52 years old, with a mean age of 37 years. The participants education level ranged from Grade 12 to a degree level, with most participants being in possession of a post-high school qualification. Most of the caregivers had their children in special needs schools.

To ensure trustworthiness, multiple data sources were used to allow for the comprehensive understanding of inclusive education as it pertains to learners with CCNs in context [1]. The triangulation of data promoted the credibility of the study through convergence of information from different sources [1]. Additional to data triangulation, member checking with participants after every interview in the case of semi-structured interviews with parents and after every question in the case of the focus group with the teacher was carried out, and so was the provision of thick descriptions of findings of data sources and the keeping of audit trails [34].

So as to preserve research ethics, ethical clearance for the conduct of this study was granted by the School of Human and Community Development Non-Medical Ethics Committee of the University of the Witwatersrand, Protocol number (STA_2021_19). Participants were informed about the objectives of the study and their rights regarding participation prior to participating. Formal written informed consent was obtained from all participants before data collection. Confidentiality was ensured during data collection. Confidentiality and anonymity were guaranteed in the reporting and presentation of data. Findings were shared with participants after the study.

Data collection took place between August and December 2021. The focus group and 5 of the 8 semi-structured interviews were conducted face to face at the school premises, while 3 semi-structured interviews were conducted online via Teams. The 3 participants who opted for online interviews were reimbursed for their data. The focus group and 4 of the semi-structured interviews were conducted in English, while the other 4 semi-structured

interviews were conducted in IsiZulu by the second author. Interviews conducted in IsiZulu were translated into English by the second author and back translated into IsiZulu by the first author to ensure that meaning was not lost in the initial translation. Data were imported into NVivo 1.5 software and analysed using both inductive thematic analyses. For the analysis, the process of inductive thematic analysis, the six steps of Braun and Clarke [34] were followed.

3. Key Findings

3.1. Percieved Benefits of Inclusive Education

Parents and ECD teachers of leaners with communication disabilities participating in this study understood the concept of inclusive education and the potential role of inclusive education in promoting the right to access education for learners with CCNs. They understood inclusive education as a type of education system that promotes access to educators for all learners, regardless of whether or not they have a disability, in a mainstream setting while providing them with the necessary support and accommodation, so they can successfully access the curriculum. One parent explained inclusive education as follows:

> "Like it's when kids of the same age. They are with their peers where they can access the same curriculum with enough support given to that child to be able to keep up". (Participant 12, 40 years, caregiver)

> "Inclusive education? What is inclusive education? It's not like mainstream education. I think mainstream education is for the kids that don't have uhm learning difficulties, that find it not difficult for them to cope up. Inclusive education if for kids with learning disabilities who can't cope in mainstream schools and need additional support". (Participant, 9, 33 years old, caregiver)

3.2. Preference for Special over Inclusive Education

The majority of parents and ECD teachers in the study understood inclusive education, its value, place and potential in facilitating the right to education for learners with disabilities. Even though participants understood the value of inclusive education, an overwhelming majority of participants (N = 13) were of the view that inclusive education may not be the right fit for leaners with CCNs. Both parents and caregivers in this study therefore did not support the placement of learners with CCNs in inclusive education schooling settings, preferring special needs education instead. Participants in the study preferred special needs education over inclusive education for the following reasons.

3.2.1. Stigma, Discrimination and Bullying

Participants feared that learners with CCNs would experience stigma, discrimination and bullying when they are placed in the same schools as children without disabilities, as can be seen in the quotes from participants below.

> "I think the benefits are the kids don't get bullied or reliquial by the neurotypical kids and I think I think the benefit is they often get therapists included at the school so it's easier for them to talk and get acceptance there". (Participant 9, 33 years, caregiver)

> "The other thing is like uhm in mainstream schools there are a lot of children with a different point of view. If they see someone struggling to talk, walk or is not finding the toilet, they will laugh so that there are no, they will end up having that low self-esteem some of them they discriminate, there is bullying there's a lot of things at mainstream schools that is not good for those children with disabilities or who need special attention, especially if they can't talk". (Participant 1, 30 years, teacher)

3.2.2. Different Pace of Teaching in Special Needs Schools

Participants were concerned that learners with CCNs would not cope with the pace of teaching in inclusive schooling settings, while special needs schools allowed for and considered the learners' needs in their pace of teaching, as explained in the following quotes from participants.

> "Like special schools are ok coz like at special schools there are special formal caregivers and like they can teach them and make them understand than in the mainstream". (Participant 9, 33 years, caregiver)

> "Special needs education is education that seeks to find the positive things that are in the children to bring it, to make the environment toward education simple to the extent that that child has to learn it no matter how long it takes but in the end we have to find the methods, the techniques that makes the environment and the education understandable to that child at the end of the day they have to understand and they have to know that they can do it even if it is slow or fast but they can do it, they can learn". (Participant 1, 30 years, teacher)

3.3. Acknowledging the Shortcomings of Special Needs Education in Addressing the Needs of Learners with CCNs

Even though a larger proportion of participants in the study had a preference for special needs education, as explained above, participants did acknowledge that special needs education in South Africa was falling short in adequately catering for the needs of learners with CCNs in the following ways.

3.3.1. Substandard Teaching

Parent of leaners with CCNs in this study expressed their concerns about the poor quality that they believed was offered to learners in special needs education, as can be seen in the following quote from a parent:

> "I think typically the risk for me for special needs education is that they don't stretch the kids enough academically, they go into life skills early on and disregard literacy and mathematics because it's just easier that way". (Participant 12, 40 years, caregiver)

3.3.2. Unavailability of and Lack of Educator Training on Assistive Devices (AAC)

Participants, especially parents in the study, were of the view that assistive devices were imperative in fostering communication, teaching, and learning for learners with communication disorders, yet special needs schools did not always have a supply of assistive devices or, in instances where schools were in possession of assistive devices, educators were not always necessarily trained in using them for the benefit of learners with communication disorders. Participants in the study expressed the following:

> "Teachers can be trained to work with the AAC with the kids and they would rather access better educational system, even if it's an online system it doesn't have to in person the important thing is to find a way for them to communicate. and with the technology and the way that is it we should have far more kids doing AAC". (Participant 13, 40 years, caregiver)

> "Maybe we can have more visual education neh, they can. . . yah things that they can see. They can teach them because like what I see is that what she sees on the book and what she sees in reality she thinks it's not the same thing. So, I think visually. . . yah visual education". (Participant 9, 33 years, caregiver)

3.4. Factors Informing the Selection of Schools

Participants in the study reported that the placement of learners with CCNs in special needs over inclusive education schools was influenced by the following factors.

3.4.1. An Evaluation and Recommendations by Healthcare Professionals

Being in contact with a healthcare professional, more especially a psychologist, an occupational therapist and a speech language therapist, increased the likelihood that children with CCNs would get a school that catered for the needs of the child. Having their child undergo a school assessment with an assessment team that consists of various healthcare professionals also assisted with information pertaining to appropriate schools and, ultimately, school placements.

> "We had to an assessment, remember there is an assessment done the therapist aside then you are given are list of schools that you can take your child to, and you take your child to these schools so they can do assessments then after they will tell if their center can accommodate your child". (Participant 11, 32 years, caregiver)

3.4.2. Disability Support Organizations on Social Media as a Source of Information Pertaining to Schools

Disability support organizations on social media were reported by participants in the study to be a valuable source of information pertaining to schooling options for CCNs. Two of the participants, one an educator at one of the schools and another a parent of a learner with CCNs had the following to say:

> "They get information like advertising, twitter, Facebook and there's a registered compound where you can put a poster there, the newspaper. Everything, everywhere you can advertise". (Participant 2, 48 years old, teacher)

> "I went to the support group at the hospital then there was a Down syndrome association. They support us with everything, medication, sicknesses and everything you want to know about it. So it wasn't that difficult because like I was informed what to do and I knew everything from there." (Participant 9, 30 years, caregiver)

> "Like I said it's really nice to have parents or guardians that are in the same similar situation that you are in around, so I got a Facebook group that I belong to internationally and I got the WhatsApp group that I get information from and have been very helpful". (Participant 12, 40 years, caregiver)

Apart from providing parents and guardians with information pertaining to the placement of learners with CCNs in schools, online support groups for disabilities was a helpful source for support for parents and guardians in the overall journey of caring for a child with a communication disorder, as stated in the following quote from one of the parents in this study:

> "It is a group of woman or mothers with kids who are born with the same condition as my son. We have a WhatsApp group that we share our experiences, advises and sometimes do get togethers where we go and meet each other. We get to go and spend time together and give each other advice's and share information like, what do you do when your child behaves like this, what do you use when it's like this". (Participant 13, 32 years, caregiver)

3.4.3. Finances, Transportation Costs and Distance of School from Home

Participants in the study suggested that the availability or lack of money was a significant deciding factor on where parents or guardians placed their learners with CCNs in special schools. The family's financial standing allowed or hindered parents from placing learners with CCNs in more resourced schools and also allowed or hindered them in affording to place students in schools that required students to pay for transportation fees to schools. Parents had preference for schools that were closer to home. Participants had the following to say:

> "The biggest challenge is financial definitely, and secondly is accessibility. we are living in so we are fine I can only imagine for those living in smaller cities there

must be problems for people living in smaller towns and knowledge obviously not knowing what's out there". (Participant 12, 40 years, caregiver)

3.5. Communication as a Barrier to Teaching, Learning and Socialisation for Learners with Communication Disorders

When it comes to the aspect of communication, informal caregivers expressed that their children experience challenges when it comes to making friends, as their peers did not understand or relate to them. Their children are often misunderstood due to communication difficulties. Some of the informal caregivers expressed that they have difficulties with understanding their children, which is often frustrating for them to deal with. Caregivers also expressed that they experience challenges due to a mismatch between the AAC devices and the needs of the learners. These views are expressed in the quotes below.

> "It's that I am not a formal caregiver by profession, but a mother and it frustrates me when I try to be things with him, and he is unable too. Yes I know that I am a mother and I need to be patient with him but when it comes to communication it's really frustrating, it takes a lot of time . . ., instead of listening he will go around the house do something, but with someone who is trained for this kind of people for this kind of kids they would know and they would understand.me as a mother I am not trained but I am trying to understand and to help". (Participant 11, 32 years, parent)

> "Number one its making friends, he doesn't have any friends that are his age, i think the only people that understand him are 2- and 3-year old's and he is 9. So, like his age mates they don't understand him so yah that's the problem, a very big one. And he didn't know how to speak, I guess that is a problem" (Participant 10, 20 years, caregiver)

> "We do have them but on my side those devices like those kids here like they can never use them. Maybe others can use them (So it's not appropriate for all children). Yah as I said at the department of education, I even mentioned that these devices you said they are meant for the CP kids but when they bring them even when you see them. Some kids cannot say that "I am hungry now; he cannot say anything". We are the ones who have to think for them so un line the autism kids not all of them they can use those devices." (Participant 8, 45 years, teacher)

3.6. Need for Disability Conscientization

From the interview, parents expressed that there is a need for conscientization about disability in schools as well as in communities. Parents expressed that teaching children about disability and having children with disabilities at mainstream schools will assist with reducing the stigma around disability and it will assist with reducing discrimination and bullying. Parents also advocated for learning about disabilities to be included in the school curriculum. In communities, members need to be educated about the different disabilities and the rights of individuals of people living with disabilities. The above-mentioned points are expressed in the quotes below.

> "I think teaching people about like communication, teaching people that okay he is like any other child, but the problem is like he loses attention and what and what. I think people need to know that and that needs to be taught at schools where children don't have special needs, so that they also understand gore children behave like this because they have this, but he isn't any different. I think they should include a curriculum where they teach like kids about special needs, because I only knew about autism when my informal caregiver was autistic, so I had to learn that he is like this and like this". (Participant 10, 20 years, caregiver)

> "Schools can include classes for children who are delayed and for those who are normal, that would be inclusive education for me where we would not be having separation in learning because that also adds to the stigma that people

have others are mean, they like poking the physically challenged one, having to place them in one school will help to overcome the stigma that people have especially the young once, it will help prepare them mentally. . .” (Participant 11, 32 years, caregiver)

4. Discussion

To address the literature gaps on inclusive education for learners with CCNs in South Africa, semi-structured interviews and a focus group were conducted to obtain the perceptions of parents and educators on inclusive education for ECD learners with CCNs.

Regarding ECD educators and parents' perceived knowledge and understanding of inclusive education, there was a general understanding of inclusion (non-discriminatory) and social justice as the cornerstones of inclusive education, a definition supported by Schwab [6]. Inclusive education was, however, understood as being fundamentally about learners with and without disabilities placed in the same classroom, an understanding that contrasts with the concept of inclusive education as being inclusive to “ALL” learners who were previously excluded and marginalized from accessing education, including those with disabilities, as purported by the Schwab [6], UNESCO, (2015), and the United Nations (2006). These findings were consistent with findings from a study conducted by Mahadew and Mahlalele [35] in the Province of KwaZulu Natal in South Africa, where the understanding of inclusive education by parents was also centered on conversations on disability that showed a partial view of inclusion [35].

While there was a recognition of the place and value of inclusive education in advocating for access to education for learners, particularly those presenting with disabilities including CCNs, there were doubts about inclusive education being a “fit” for every learner. As such there was a preference for placing learners with CCNs in special needs schools, a finding that corroborated the findings from a study conducted in India by Peleeri [36], which explored the insights of parents on choosing educational opportunities for their children presenting with cerebral palsy (CP) or other nonverbal learning disorders (NVLDs). Although educators and parents in this study understood the benefits that came with placing learners with disabilities educated in a similar environment and classrooms with learners without disabilities, they feared that learners with CCNs may be subjected to stigma, discrimination and bullying in inclusive education schools. This is not surprising, seeing that, in most South African communities, children with disabilities do tend to be subjected to bullying, discrimination, and violence [37], and the schooling environment is an extension of the society [38]. Walton [39] observes, and rightly so, that, in a country with our history of societal and institutional discrimination, it cannot be expected that teachers and communities can easily let go of the notions left behind by that legacy, when engagements happen with people in society, including schools. Interestingly, most South African studies conducted on parent's views on the education of learners with disabilities contradict the findings in this study as, in most South African studies, parents have been strong advocates for the inclusion of their children [27,40,41]. Similar sentiments on the fear of stigma, discrimination and bullying were shared by parents in Paleeri [36], where they felt that children with CCNs (CP and NVLD in their study), run the risk of being victims of mocking and marginalization if placed in inclusive schools. Bornman and Rose [42] further report that, in South Africa, there are prevalent and dominant negative attitudes from society towards disability, thus these negative attitudes continue to be obstacles to the realization of inclusive education.

The safety of learners with CCNs from stigma, discrimination, and bullying and victimization was prioritized over the better quality of education that would potentially be offered in mainstream education in this study. By their own admission, parents, and educators of learners with CCNs regarded special needs education, including ECD education as offering substandard teaching in comparison to mainstream schools. This finding is supported by Abodey and Ansah, [20], Bornman, [29] and Mahadew and Mahlalela, [35]. Mahadew and Mahlalele, [35], in reverberating with the findings of this study, also purport

that, in South Africa, children may have access to ECD education, but the standard of the programs may not necessarily be of good quality. The unavailability of and lack of educator training on facilitating communication and the use of assistive devices were also mentioned as barriers to learners with CCNs accessing quality education, a finding that was supported by Bipath et al. [43].

An evaluation by a speech language therapist, an occupational therapist and an educational psychologist was said to be the determining factor of special needs placement for learners with CCNs. While there is strong advocacy for inclusive education for learners with all disabilities in South Africa, [29], the current processes of admitting learners with disabilities in school is not streamlined for special needs, full service, and mainstream schools. If a parent wants to enroll their child with a disability in a school, they need to approach a special needs school, where they are given an appointment date for an assessment. On the day of the assessment, the prospective learner is screened by a district and school support team that encompasses an educational psychologist, an occupational therapist, a speech language therapist, an audiologist, and the head of the school. Where learners present with disabilities, they are commonly placed in special needs schools.

While appropriate structures and resources that can support the special educational needs of learners with disabilities in most studies tend to influence the decision by parents and caregivers to place learners in, schools, in this study this was not the case. Rather, the welfare of the child with a disability was the deciding factor. This finding was also echoed in Abdullah et al., (2018), where it was reported that, in cases where decisions regarding school placement of learners presenting with CCNs had to be made, the caring and wellbeing of the learner with a disability was ranked higher than academic performance.

Communication barriers continue to negatively affect the education of learner with CCNs in the study. The communication disorder itself was said to affect the learner's abilities to make friends at school and to communicate their needs with the teachers. The social limitations of CCNs were, as a result, echoed in Kaniamattam [44] and Light [23], where both authors emphasize that, in instances where children with CCNs have limited or no access to functional speech, these children are significantly disadvantaged in their participation in all activities, including education and socialization. Financial challenges were also found to be a significant burden on poor families, such as those interviewed in an informal settlement by De Sas Kropiwnicki et al. [27]. The families struggled with transport costs and higher fees at special schools (none of which have no-fee school status, as they draw from a range of quintiles), as well as medical costs.

5. Conclusions

The key findings of the study provide some valuable insights into the complexities of realizing inclusive education for learners with CCNs in ECD South African contexts from the perspective of parents and teachers of learners with CCNs. The findings suggest that the government of South Africa is yet to deliver on its guarantee of inclusive education for all children as commissioned by the WP6, where it promised a single, undivided education system for all learners, including those with disabilities (Department of Education 2001:10), based on article 24 of the CRPD [2]. In South Africa, there is currently a segregated education system for learners with disabilities, including learners with CCNs, and these learners are still placed predominantly in special needs education. This is a trend that is not only unique to South Africa and other developing countries, but is common across developed countries, such as the United Sates of America [45], Austria, Poland, Italy and Germany [46], even though some states, such as New Brunswick, disallow policies that promote separate classroom structures and programs [18]. Even the current system used to place learners with disabilities in the South African schooling system does not necessarily promote inclusive education as per the definition stipulated by the Departmental of Education, 2001:10 [5] and Bornman, 2022 [29] but, rather, perpetuates segregation according to special needs schools, full-service schools, and mainstream schools. It therefore begs the questions if the policy on inclusive education is only great on paper, when the implementation pro-

cess is not necessarily as practical. It is becoming increasingly clear that inclusive policy frameworks that are implemented by states, which are based on international frameworks and concepts, do tend to be interpreted differently across different contexts, resulting in different conceptualization of inclusive education across these contexts.

The special needs ECD center where learners with CCNs are predominantly placed are usually under-resourced and not fully supported by the state in terms of appropriate curricula, trained educators and resources to foster communication, such as AAC devices [14], a challenge that is less common in developed countries, which are better resourced. As such, communication becomes one of the barriers to participation in the classroom for these learners. It is therefore necessary for the government to implement the mandates of the WP6 and the strategy for screening, identification, assessment, and support policy (SIAS) for providing the necessary training to educators and providing the necessary resources to ensure participation for those with CCNs. Internationally, professional educator training on inclusive education is viewed as paramount for successful inclusion and instruction of learners with disabilities [17]. Conversational partner training for both educator and parents, coupled with knowledge and skills in the use of AAC, may be key to facilitating conversation with those with CCNs. Therefore, speech language therapists, who service these schools, should implement this as part of intervention for this group of learners.

Despite knowing of the shortcomings of the education system in special needs ECD centres, parents in this study still preferred placing their children in these schools because they fear that their children will be discriminated and victimized in schooling systems that cater for both learners who have disabilities and learners who don't have disabilities. The parents' and educators' fears stem from an experience of living in a society that still possesses discriminatory, abusive and stigmatization practices against persons with disabilities. Polat [47] posits that, even though resources and better, infrastructure is imperative for fostering inclusion for learners with disabilities in low-income countries, such as South Africa, changing attitude barriers amongst educators and the broader society is as crucial, if inclusive education is ever going to be realized.

The study, therefore, proposes the need for disability conscientization programs, firstly within our communities, as schools are an extension of our communities. Within our African beliefs, disability is still viewed in an ambivalent way; in one way, persons with disabilities are viewed as victims of pity, ridicule and abuse, thereby perpetuating stigma and marginalization, while on the other hand they instill good, humane and compassionate values that advocate for the empowerment of persons with disabilities. Disability conscientization programs should therefore draw from these positive values [38] and be driven by persons with disabilities themselves [48].

For further research, there are several limitations of the study that researchers must take into account. Firstly, in an attempt to ensure the credibility of the study, the study drew data from two data sources and perspectives, namely those of caregivers and of teachers of children with CCNs. Regardless of ensuring credibility in this way, the scientific generalization of the findings of the study can not be guaranteed. To mitigate this, future studies may consider including a quantitative component to research addressing similar issues to those presented in this paper, in order to provide a more meticulous and extensive investigation of the subject. Secondly, even though the findings of this study are based on a sample of eight caregivers and eight teachers of children with CCNs, who are from one specific school in a specific province and can thus not be generalize, the awareness obtained from the findings may be utilized in similar contexts in different provinces in the country. Future research could therefore consider replicating the study in different contexts and may even consider comparing findings between different contexts to intensify the understanding of inclusive education in persons with communication disorders, especially those with CCNs.

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References

1. Opertti, R.; Walker, Z.; Zhang, Y. Inclusive education: From targeting groups and schools to achieving quality education as the core of EFA. *SAGE Handb. Spec. Educ.* **2014**, *2*, 149–169.
2. UNCRPD. *United Nations Convention on the Rights of Persons with Disability*; UNCRPD: New York, NY, USA, 2006.
3. Rioux, M.H.; Pinto, P.C.; Parekh, G. *Disability, Rights Monitoring, and Social Change*; Canadian Scholars' Press: Toronto, ON, Canada, 2015.
4. Mahlo, D. Teaching learners with diverse needs in the Foundation Phase in Gauteng Province, South Africa. *SAGE Open* **2017**, *7*, 2158244017697162. [CrossRef]
5. South Africa Department of Education. *Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System*; Department of Education: Pretoria, South Africa, 2001.
6. Paseka, A.; Schwab, S. Parents' attitudes towards inclusive education and their perceptions of inclusive teaching practices and resources. *Eur. J. Spec. Needs Educ.* **2020**, *35*, 254–272. [CrossRef]
7. Tomasevski, K. *Report/Submitted by Katarina Tomasevski, Special Rapporteur on the Right to Education*; United Nation Commission on Human Rights, 1999. Available online: https://digitallibrary.un.org/record/457788?v=pdf (accessed on 25 March 2014).
8. Mag, A.G.; Sinfield, S.; Burns, T. The benefits of inclusive education: New challenges for university teachers. *MATEC Web Conf.* **2017**, *121*, 12011. [CrossRef]
9. Ralejoe, M. A study to understand the inclusion of learners with and without visual impairment in a secondary school in Lesotho. *S. Afr. J. Educ.* **2021**, *41*, 1–12. [CrossRef]
10. Mamabolo, J.M.; Sepadi, M.D.; Mabasa-Manganyi, R.B.; Kgopa, F.; Ndlovu, S.M.; Themane, M. What are teachers' beliefs, values and attitudes towards the inclusion of learners who experience barriers to learning in South African primary schools. *Perspect. Educ.* **2021**, *39*, 239–252. [CrossRef]
11. Boyle, C.; Anderson, J. The justification for inclusive education in Australia. *Prospects* **2020**, *49*, 203–217. [CrossRef]
12. Kurth, J.A.; Allcock, H.; Walker, V.; Olson, A.; Taub, D. Faculty perceptions of expertise for inclusive education for students with significant disabilities. *Teach. Educ. Spec. Educ.* **2021**, *44*, 117–133. [CrossRef]
13. Scourbys, K. Removing Stigma Around Disabilities in the Classroom: The History and Benefits of Inclusive Education. Bachelor's Thesis, Dominican University of California, San Rafael, CA, USA, 2019.
14. Donohue, D.; Bornman, J. The challenges of realising inclusive education in South Africa. *S. Afr. J. Educ.* **2014**, *34*, 1–14. [CrossRef]
15. Engelbrecht, P.; Nel, M.; Smit, S.; Van Deventer, M. The idealism of education policies and the realities in schools: The implementation of inclusive education in South Africa. *Int. J. Incl. Educ.* **2016**, *20*, 520–535. [CrossRef]
16. Moyagabo, K.M.; Johnson, E. South African Teachers' Application of Inclusive Education Policies and Their Impact on Learners with Learning Disabilities: Implications for Teacher Education. *Educ. Sci.* **2024**, *14*, 743. [CrossRef]
17. McCrimmon, A.W. Inclusive education in Canada: Issues in teacher preparation. *Interv. Sch. Clin.* **2015**, *50*, 234–237. [CrossRef]
18. UNESCO. *Guide for Ensuring Inclusion and Equity in Education (2017)*; United Nations Educational, Scientific and Cultural Organization: Paris, France, 2018; Volume 7.
19. Peairson, S.; Haynes, C.; Johnson, C.; Bergquist, C.; Krinhop, K. Education of Children with Disabilities: Voices from around the World. *J. Appl. Res. Child.* **2014**, *5*, 7. [CrossRef]
20. Abodey, E.; Ansah, J. Differentiated Curriculum: The Perspectives of the Special Educationist. *Res. Humanit. Soc. Sci.* **2017**, *7*, 38–45.
21. Maher, A.J.; Thomson, A.; Parkinson, S.; Hunt, S.; Burrows, A. Learning about 'inclusive'pedagogies through a special school placement. *Phys. Educ. Sport Pedagog.* **2022**, *27*, 261–275. [CrossRef]
22. Beukelman, D.; Light, J. *Augmentative and Alternative Communication: Supporting Children and Adults with Complex Communication Needs*; Paul H. Brookes: Baltimore, MD, USA, 2020.
23. Light, J.; McNaughton, D.; Caron, J. New and emerging AAC technology supports for children with complex communication needs and their communication partners: State of the science and future research directions. *Augment. Altern. Commun.* **2019**, *35*, 26–41. [CrossRef] [PubMed]

24. Bigby, C.; Douglas, J.; Carney, T.; Then, S.N.; Wiesel, I.; Smith, E. Delivering decision making support to people with cognitive disability—What has been learned from pilot programs in Australia from 2010 to 2015. *Aust. J. Soc. Issues* **2017**, *52*, 222–240. [CrossRef]
25. Chew, K.L.; Iacono, T.; Tracy, J. Overcoming communication barriers: Working with patients with intellectual disabilities. *Aust. Fam. Physician* **2009**, *38*, 10–14.
26. Buchholz, M.; Ferm, U.; Holmgren, K. Support persons' views on remote communication and social media for people with communicative and cognitive disabilities. *Disabil. Rehabil.* **2020**, *42*, 1439–1447. [CrossRef]
27. De Sas Kropiwnicki, Z.O.; Elphick, J.; Elphick, R. Standing by themselves: Caregivers' strategies to ensure the right to education for children with disabilities in Orange Farm, South Africa. *Childhood* **2014**, *21*, 354–368. [CrossRef]
28. Epstein, J.L. School/family/community partnerships. *Phi Delta Kappan* **1995**, *76*, 701.
29. Bornman, J. *Believe That All Can Achieve: Increasing Classroom Participation in Learners with Special Support Needs*; Van Schaik: Hatfield, South Africa, 2021.
30. Ramaahlo, M.; Tönsing, K.M.; Bornman, J. Inclusive education policy provision in South African research universities. *Disabil. Soc.* **2018**, *33*, 349–373. [CrossRef]
31. Zhou, J.; Baulos, A.; Heckman, J.J.; Liu, B. The economics of investing in early childhood: Importance of understanding the science of scaling. In *The Scale-Up Effect in Early Childhood and Public Policy*; Routledge: London, UK, 2021; pp. 76–97.
32. Creswell, J.W.; Poth, C.N. *Qualitative Inquiry and Research Design: Choosing among Five Approaches*; Sage Publications: Thousand Oaks, CA, USA, 2016.
33. Palinkas, L.A.; Horwitz, S.M.; Green, C.A.; Wisdom, J.P.; Duan, N.; Hoagwood, K. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Adm. Policy Ment. Health Ment. Health Serv. Res.* **2015**, *42*, 533–544. [CrossRef] [PubMed]
34. Nowell, L.S.; Norris, J.M.; White, D.E.; Moules, N.J. Thematic analysis: Striving to meet the trustworthiness criteria. *Int. J. Qual. Methods* **2017**, *16*, 1609406917733847. [CrossRef]
35. Mahadew, A.; Hlalele, D.J. Understanding inclusion in early childhood care and education: A participatory action learning and action research study. *S. Afr. J. Child. Educ.* **2022**, *12*, 1073. [CrossRef]
36. Paleeri, S. School Education for Children with Cerebral Palsy and other Non-Verbal Learning Disorders: Catch-22 Situation Confronted by the Parents. *i-Manag. J. Educ. Psychol.* **2020**, *14*, 47.
37. Azalde, G.; Braathen, S.H. *The Role of Stigma in Accessing Education for People with Disabilities in Low and Middle-Income Countries: A Review of the Evidence; SINTEF AS (ISBN starter med 978-82-14)*; SINTEF: Blindern, Norway, 2018.
38. Masuku, K.P.; Bornman, J.; Johnson, E. Access to healthcare for persons with disabilities in Eswatini-A Triadic Exploration of Barriers. *Afr. Disabil. Rights Yearb.* **2022**, *YB9*, P138.
39. Walton, E. Using literature as a strategy to promote inclusivity in high school classrooms. *Interv. Sch. Clin.* **2012**, *47*, 224–233. [CrossRef]
40. Erasmus, A.; Bornman, J.; Dada, S. Afrikaans-speaking parents' perceptions of the rights of their children with mild to moderate intellectual disabilities: A descriptive investigation. *J. Child Health Care* **2016**, *20*, 234–242. [CrossRef]
41. McKenzie, J.; Kelly, J.; Shanda, N. *Starting Where We Are: Situational Analysis of the Educational Needs of Learners with Severe to Profound Sensory or Intellectual Impairments in South Africa*; Disability Innovations Africa, Disability Studies Programme; School of Health and Rehabilitation Sciences, University of Cape Town: Cape Town, South Africa, 2018.
42. Bornman, J.; Rose, J. *Believe That All Can Achieve: Increasing Classroom Participation in Learners with Special Support Needs*; Van Schaik: Pretoria, South Africa, 2010; Volume 1.
43. Bipath, K.; Tebekana, J.; Venketsamy, R. Leadership in implementing inclusive education policy in early childhood education and care playrooms in South Africa. *Educ. Sci.* **2021**, *11*, 815. [CrossRef]
44. Kaniamattam, M. *Communication Partner Training for Parents of Children with Communication Disorders: A Participatory Action Research Study*; University of Louisiana: Lafayette, LA, USA, 2018.
45. Zikpi, H. Inclusive Education in the United States of America: A Glimpse into Perceptions, Policy, and Structure. *J. Incl. Educ. Res. Pract.* **2020**, *1*, 42–54.
46. Buchner, T.; Shevlin, M.; Donovan, M.A.; Gercke, M.; Goll, H.; Šiška, J.; Janyšková, K.; Smogorzewska, J.; Szumski, G.; Vlachou, A. Same progress for all? Inclusive education, the United Nations Convention on the rights of persons with disabilities and students with intellectual disability in European countries. *J. Policy Pract. Intellect. Disabil.* **2021**, *18*, 7–22. [CrossRef]
47. Polat, F. Inclusion in education: A step towards social justice. *Int. J. Educ. Dev.* **2011**, *31*, 50–58. [CrossRef]
48. Heymani, S.; Pillay, D.; De Andrade, V.; Roos, R.; Sekome, K. A transformative approach to disability awareness, driven by persons with disability. *S. Afr. Health Rev.* **2020**, *2020*, 1–9.