THE SOCIAL WORKER AS FACILITATOR IN INCLUSIVE EDUCATION

BY

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Thesis presented in partial fulfilment of the requirements for the
Degree of Master of Social Work at the
University of Stellenbosch

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March 2007

DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis, is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

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Signature **Date**

SUMMARY

The study emanates from the social worker's intervention as facilitator for learners with disabilities in inclusive education. The aim of the study was to explore and explain the role of the social worker as facilitator in inclusive education. When learners with disabilities are placed in mainstream schools, there should be some means whereby the mainstream school system provides specialised support for their needs.

An exploratory research design together with a qualitative research approach was chosen in order to obtain knowledge, insight and understanding regarding the role of the social worker as facilitator for learners with disabilities in inclusive education. A literature review was conducted to obtain a perspective of research done in this field.

Much research has been documented regarding inclusive education. However no research has been done regarding the role of the social worker as facilitator for learners with disabilities in inclusive education. The empirical investigation consisted of case studies of two boys during middle childhood that were included in inclusive schools with the help of a facilitator.
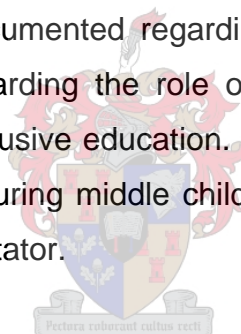
The findings of the investigation were in line with what was found in the literature study, namely that learners with disabilities can function successfully in inclusive schools with the help of a facilitator. Throughout the discussion it seemed clear that the social worker does not need new skills to be able to facilitate learners with disabilities in inclusive schools. The social worker can draw on already existing skills as discussed in the study.

OPSOMMING

Hierdie studie het ontstaan as gevolg van die maatskaplike werker se betrokkenheid as fasiliteerder vir leerders met gestremdhede in inklusiewe onderwys. Die doel van die studie was om 'n ondersoek in te stel en om die rol van die maatskaplike werker as fasiliteerder in inklusiewe onderwys te verduidelik. Wanneer leerders met gestremdhede in hoofstroomskole geplaas word, moet daar ondersteuning vir hulle wees, wat inklusie moontlik maak.

'n Verkennende navorsingsontwerp sowel as 'n kwalitatiewe benadering is gekies om kennis, insig en begrip rakende die rol van die maatskaplike werker as fasiliteerder vir leerders in inklusiewe onderwys te verkry. 'n Literatuurstudie is onderneem om inligting oor bestaande navorsing in te win.

Daar is aansienlike navorsing gedoen oor inklusiewe onderwys maar daar is nog geen navorsing gedoen oor die rol van die maatskaplike werker as fasiliteerder vir gestremde leerders in inklusiewe onderwys nie. Die empiriese studie bestaan uit gevallestudies van twee leerders in hulle middel kinderjare wat met die hulp van 'n fasiliteerder in 'n inklusiewe skool geplaas is.

Die resultate van die studie stem ooreen met die literatuurstudie, dat leerders met gestremdhede suksesvol in inklusiewe skole kan funksioneer met die hulp van 'n fasiliteerder. Gedurende die bespreking het dit duidelik geword dat die maatskaplike werker nie nuwe vaardighede hoef te bekom om gestremde leerders in inklusiewe skole te fasiliteer nie. Die maatskaplike werker kan bestaande vaardighede gebruik, soos verduidelik is in die studie.

RECOGNITION

A sincere thank you to the following people:

- To my **Heavenly Father**, who gave me the strength and ability to complete this thesis.
- My **husband, John**, and two **daughters, Tamaryne-Lee** and **Carmen-Joy**, for their continual love, support, and patience during this study.
- To **Prof. S. Green**, my supervisor, for her guidance, patience and encouragement in assisting me with this venture.
- To my **family** and **friends** for their endless support and encouragement.
- To the **children** I facilitated and their parents, for their trust.

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CHAPTER 1

INTRODUCTION

1.1   MOTIVATION FOR THE STUDY

It is easy to acknowledge that many people give meaning to others' lives, especially family, friends and teachers. It is more difficult to recognize that disabled people can enrich others' lives. The idea that disable people contribute in positive ways to the quality of others' lives seems unlikely. It is important to realize that all people are innately valuable and has inherent dignity and the right to have their dignity respected and protected.

The human dignity of every human being, despite their abilities, appearance, gender, race, colour and culture, are generally respected and protected today. Each human being has the right to be treated equally with regards to their freedom of religion, freedom of movement, access to adequate housing and employment, health care services, social security and the right to basic education (The Constitution of RSA, 1996:7-15). These rights of human dignity should also be applied to learners with disabilities and special needs. This attitude towards learners with disabilities and special needs did not exist in early history. From the earliest recorded history, learners with physical, intellectual, emotional, sensory, language and social disabilities have been ostracised, rejected, discriminated against and even killed (Du Toit, 1994:4; Lewis & Doorlag, 1999:6; Mackelprang & Salsgiver, 1996:7).

People fail to see the strengths of learners with disabilities and fail to help these learners to use those strengths to reach their full potential. Helen Keller (1954) was nearly lost to the world because of the idea that deaf and blind people had no intelligence. This changes when Anne Sullivan believed in Helen Keller's ability to learn, and focused on her strengths, and therefore helped her to reach her full potential (Keller, 1954).

Bradley, King-Sears and Tessier-Switlick (1997:3) point out that before the nineteenth century people believed that learners with disabilities could not be taught. During the Renaissance, Reformation and French Revolution, a more positive attitude developed towards learners with disabilities (Du Toit, 1996:6). The first schools for the hearing and blind impaired learners were established in the early 1800's, in France and England. It was at the end of the nineteenth century (1863) that the first school for disabled learners was established in South Africa. By the late Nineteenth century, education for all learners with disabilities was accepted in separate special schools (Bradley et al, 1997:3; Du Toit, 1996:6-8). Although these special schools provide specialized programs, the learners with disabilities are separated from local schools and the local communities. They do not have the opportunity to interact with their peers in their own community. Therefore, learners with disabilities who grow up in segregated settings and go to special schools, lead a separate existence and have to fight to re-enter mainstream society when they are adults. Learners with disabilities may have special needs but has the right do develop their own potential as far as possible (Bradley, King-Sears & Tessier-Switlick, 1997:3; Brummer, 1996:1-3; Engelbrecht, Green, Naicker & Engelbrecht, 1999:13; Smith, Polloway, Patton & Dowdy, 1998:2).

According to Snyman (1999:15) learners with disabilities are social creatures. In order to survive physically and psychologically, they need to interact with other humans. Disabled children are especially vulnerable to social isolation. Their most difficult barrier to overcome is the attitude of other people. Disabled learners are particularly vulnerable to the attitudes of their parents, peers, teachers and the society they live in. It was realized, towards the middle of the twentieth century, that learners with disabilities should be prepared to live within a normal social context and that the environment could have a positive influence on disabled learners' problems (Du Toit, 1996:6&7).

Significant changes took place in the 1970s, where new ideas began to challenge the existing provision of education for learners with disabilities. Disability was no longer seen as a handicap that separated learners with disabilities from mainstream classrooms and the community. Learners with disabilities were then considered to have the right to education on the basis of equal opportunity and to develop their full potential in mainstream schools. This was the foundation of the human rights

perspective towards education for learners with disabilities, according to Dyson and Forlin (1999:28-30).

The 1980s move towards the progressive mainstreaming of learners with disabilities in the general education environment. Educators used the term mainstreaming to refer to the placement of these learners into general class settings. The learners with disabilities were integrated on a case-by-case basis, depending on their needs and the situation of the specific class. The inclusive principle became central to educational policies of developed and developing countries and became an important aspect of international discussions (Bradley *et al*, 1997:4; Dyson & Forlin, 1999:25; Engelbrecht, 1999:7-8; Mastropieri *et al.*, 2000:3).

The following international conferences, according to Engelbrecht, Green, Naicker and Engelbrecht (1999:14,39) and Naicker (1999:14), promoted the human rights perspective that all learners have the right to be educated together, including the learners with disabilities. The 1990 World Conference on Education for All held in Jomtien, Thailand, focussed on the many learners worldwide that did not receive adequate education, including learners with disabilities. Much emphasis was placed on inclusive education. The World Conference on Special Needs Education in 1994 in Salamanca, Spain followed the 1990 conference. The Salamanca document provided the clearest statement on inclusive education namely, that ordinary schools should accommodate all learners, regardless of their physical, intellectual, emotional, social, linguistic or other requirements and that disabled children must attend their neighbourhood school (Unesco, 1994:59). These two international conferences played an important role in the development of inclusive education in South Africa.

In the past, according to Chambers (2001:16) and Naicker (1999:15), the provision of education for learners with disabilities in South Africa was segregated and diverse because of apartheid policies, but major changes took place as a result of the new democracy. Since 1994 South Africa has been in the process of social, political, economic and educational transformation. To compensate for the past, Lomofsky and Lazarus (2001:304) state that the Bill of Rights in South Africa's new Constitution (RSA, 1996:16) declares that all learners, including learners with disabilities, have a right to basic education and to equal access to educational institutions. This was

important to learners with disabilities who had little or no access to mainstream education in the past.

The inclusive education movement in South Africa has influenced the old special education system where learners with disabilities were separated from mainstream schools and could only be educated in special schools. Naicker (1999:12) states that the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) have done major groundwork, in 1996 and 1997. The President and Minister of Education appointed these two bodies, to prepare for the change from special education to inclusive education. Agreeing with Lomofsky and Lazarus (2001:314), Naicker (1999:22) points out that inclusive education is considered to be the way forward but the actual implementation of inclusive education will be a challenge because of the inherited conservative education system of the past.

Swart and Pettipher (2005:18) emphasise that the findings and recommendations in the NCSNET and NCESS Reports informed the final policy document on inclusive education, namely the Education White Paper 6: Special Needs Education: building an inclusive and training system (2001). The Education White Paper 6 provided the final framework for establishing an inclusive and training system in South Africa. The following principles, according to this policy, are fundamental for an inclusive education system (Education White Paper 6, 2001:16):

- Acknowledging that all children and youth can learn and need support.
- Accepting and respecting the fact that all learners are different in some way and have different learning needs that are equally valued.
- Enabling education structures, systems and learning methodologies to meet the learners needs.
- Respecting differences in learners, whether due to age, gender, language, class, disability, and ethnicity or HIV status.
- Acknowledging that learning also occur in the home and community.
- Changing attitudes, behaviour, teaching methodologies, curricula and environment to meet all learners needs.
- Maximising the participation of all learners in the culture and curricula of educational institutions.

- Uncovering and minimising barriers to learning.
- Empowering learners by developing their individual strengths and enable them to participate critically in the process of learning.

The above principles cannot be achieved without supporting the diverse learning needs of all learners, educators and the school system as a whole. Education White Paper 6 (2001:18) stated that classroom teachers are the primary resource for achieving the goal of inclusive education. This implies that the skills and knowledge of the educators will need to improve and where necessary, new skills have to be developed. According to Swart and Pettipher (2005:18), the educators will require support through staff development, in-service training and from collaborating with special schools, full-service schools and support personnel within the district support services. The above mentioned viewpoint has been supported by several authors, including Beirne-Smith, Patton and Ittenbach (1994:329,335), Bradley et al (1997:6,7), Brummer (1996:5), CSIE (2001), Davis, Kilgo and Gamel-McCormick (1998:50), Engelbrecht et al (1999:8,46), Mc Cown, Driscoll and Roop (1996:167), Smith et al (1998:3, 26) and the Working Forum on Inclusive Schools (1994:3).

The National and Provincial Education Departments conducted pilot projects for inclusive education in five most disadvantaged provinces in South Africa, to develop an inclusive education system (Lomofsky & Lazarus, 2001:314-315). These pilot projects will develop and monitor in-service training for educators and develop relevant resource material at district level. South Africa's higher education institutions are also supporting the inclusion movement. They have incorporated the theory and practice of inclusion into the curriculum for pre- and in-service training of teachers.

A new national curriculum, Outcomes-Based Education (OBE) or Curriculum 2005 has been implemented in South Africa to facilitate the transformation of the conservative education system towards inclusive education. Naicker (1999:62, 87) emphasises that the OBE system is based on the understanding that all learners can learn and the curriculum can accommodate all learners, including learners with disabilities. He further states that the principles of Out-comes Based Education are compatible with the inclusive approach.

According to Green (2001:6), the implementation of inclusive education is not just about making arrangements for some learners with disabilities to attend mainstream schools. It is about designing an education system for all learners in such a way that it becomes normal for learners with disabilities to be educated in mainstream schools. The ultimate challenge towards inclusive education is to create inclusive conditions of learning and teaching in all South Africa's education institutions, so that all learners, including learners with disabilities, can flourish and contribute to the regeneration of society, the economy and the country (Department of National Education, 1999:ii).

Swart (2004:238) points out that inclusive education is an ongoing process. The National Department of Education (DoE) in South Africa therefore developed a twenty-year plan for the implementation of inclusive education. In the twenty-year plan of the DoE (2002), the following guidelines were outlined for the implementation of inclusive education in South Africa:

- Existing special schools will be strengthened as resource centres to provide support to learners who qualify for high intensity input.
- These special schools will collaborate with district support teams to provide specialised professional support in curriculum adaptation, assessment, instruction, classroom management and development of learning support material to full-service schools.
- The special class educators' roles will change. They will provide learning support services to educators in full-service schools and give advice on how to adapt to the new Curriculum 2005.
- Ordinary schools will be developed into full-service schools that will be equipped to address the full range of learning needs.
- Thirty full-service schools will be established in the pilot phase and five hundred schools in the final phase.
- Provision of educational support will be based on the intensity and nature of support required.
- District-based professional support teams will be developed that will include psychologists, counsellors, therapists, health workers, **social workers**, learning support personnel, educators and official.
- Support teams at every full-service school will be developed to provide support to the educators, parents and learners with barriers to learning.

It can be said that the implementation of inclusive education in South Africa will be a challenge because of the inherited conservative education system of the past. The urgent need to upgrade the special education system in South Africa provided opportunities for the implementation of inclusive education. Therefore, in order to succeed, a twenty-year implementation plan was developed by the DoE (2002) that accommodates all learners and identifies and addresses the barriers to learning. Efficient support services need to be developed country wide and on an equitable basis to ensure the effective implementation of inclusive education in South Africa.

Research has shown (Bradley, 1997:15; Brummer, 1996:9,96; Engelbrecht, 1999:155; Harris, 1998:51), that the paradigm shift from separate special education for learners with disabilities towards inclusive education has brought about dynamic changes and challenges for teachers. The question teachers are concerned about is how to accommodate learners with disabilities in inclusive classrooms without the support from facilitators, teacher assistants, and special needs support teachers. Green *et al* (1999:129) state that all learners are important in the inclusive school, but the learners with disabilities make more demands on the teacher. Support for the teachers and learners with disabilities within the inclusive school are vital. The Salamanca Statement (CSIE, 1997:15) recognizes that learners with disabilities and special needs should receive extra support from classroom aids or support facilitators to ensure effective education. Smith *et al* (1998:41) state that these classroom aids or support facilitators need to be trained and supervised to provide effective critical assistance and support to learners with disabilities in inclusive classrooms.

According to Brummer (1996:5,96) in most other countries, learners with disabilities are accommodated in inclusive classrooms where the schools provide special assistants for these learners. However, in South Africa, the parents are responsible to provide a special assistant or facilitator who accompanies the learner with disabilities or special needs everyday to the inclusive school. Facilitation in inclusive education contains more than just helping the learner with disabilities in the classroom. Gous and Mfazwe (1998:49) state that the facilitator in the inclusive classroom fulfils an important role in the lives of the learner with disabilities and works alongside the teacher, parents and interdisciplinary team, to support these learners. The expectations of the inclusive school, learner with disabilities specific

needs and expectations of the learner's parents therefore, will determine the success of facilitation.

There are currently many examples in South Africa of learners with disabilities, such as Down syndrome, autism, physically and sensory disabled, cerebral palsy and dyspraxia, who have been included in mainstream schools. Although some of these learners with disabilities have private facilitators who assist them in the classrooms, according to Brummer (1996:96), Lomofsky and Lazarus (2001:314), there is a level of uncertainty as to the exact role of these facilitators. Literature, with regard to the role of the social worker as facilitator for learners with disabilities in inclusive education in South Africa, is limited. A preliminary literature review and discussions with experts in the field of social work and inclusive education have supported the researcher's conviction that a comprehensive study undertaken from a social work perspective such as this has not yet been done in South Africa.

Social work, as a helping profession, has been historically involved in the field of disability (Beaulaurier & Taylor, 2001:68). The response of social work to people with disabilities has also change over the years. This change in attitude is influences by two schools of thought, namely the medical and social models of intervention with people with disabilities. The influence of the social model of viewing disabilities has increasingly led to people with disabilities being included in mainstream society with the emphasis on the holistic approach.

The researcher has nine years experience as social worker in the field of inclusive education in the Western Cape. During this period she worked as a facilitator in an inclusive classroom with a learner with cerebral palsy (quadriplegic), learner with autism, learner with dyspraxia and learner with Asperger Syndrome. Arising from the researcher's involvement as facilitator for above-mentioned learners, the researcher is of the opinion that the social worker, on account of her field of knowledge, can perform the role of facilitator successfully in inclusive education. The researcher holds the view from personal experiences, that a social worker does not need an entirely new array of skills and characteristics in order to facilitate learners with disabilities in inclusive education. A personal interest in learners with disabilities in inclusive education, the lack of relevant literature, and the fact that there is an increasing need for facilitators for learners with disabilities in inclusive education, has

motivated the researcher to conduct this research. The research topic therefore emerged from the social worker's daily intervention as facilitator for learners with disabilities in inclusive schools in the Western Cape.

1.2 AIM AND OBJECTIVES OF THIE STUDY

1.2.1 AIM

The aim of this study is to explain the role of the social worker as facilitator for learners with disabilities in inclusive education.

1.2.2 OBJECTIVES

In order to achieve the aim of this study, the following objectives have been formulated:

- To describe the historical development and meaning of inclusive education internationally and in South Africa.
- To discuss the holistic approach towards inclusive education and advantages of inclusive education for learners with disabilities.
- To reflect on the development of children in middle childhood and to illustrate the impact of specific disabilities on their development and learning.
- To examine and describe the role of the social worker as facilitator in inclusive education from different theoretical perspectives.
- To make recommendations, based on the findings in the empirical study, as to how the social work profession can contribute toward successful facilitation of learners with disabilities in inclusive education.

1.3 AREA OF RESEARCH

The research was conducted at inclusive schools in the Western Cape. The researcher specifically focussed on learners with specific disabilities during middle childhood namely, cerebral palsy (quadriplegic), dyspraxia, low muscle tone and Asperger Syndrome that are currently learners in inclusive schools. The researcher facilitated these learners in inclusive classrooms and did not experience difficulties in

obtaining approval from their parents for the research. The target group is boys in middle childhood, between the ages of six and eleven, in junior primary school.

1.4   RESEARCH METHODOLOGY

1.4.1 LITERATURE STUDY

In order to present a description of the role of the social worker as facilitator for learners with disabilities in inclusive education, an in-depth and accurate study of relevant literature was necessary. The researcher conducted an extensive literature study and analyzed South African as well as international literature. The purpose of the literature study was to ascertain what research had already been done in this field and to determine the appropriateness and feasibility of this study. With the assistance of a subject reference at the J.S. Gericke Library at the University of Stellenbosch as well as the Reading Rooms of the Department of Social Work and Department of Educational Psychology and Special Education, applicable sources were identified. Sources include scientific journal articles, websites, government policy documents, but mainly library books in the fields of social work, education, psychology, sociology and neurological sciences. The literature review will also form the frame of reference throughout the study whilst data are collected, processed and interpreted.
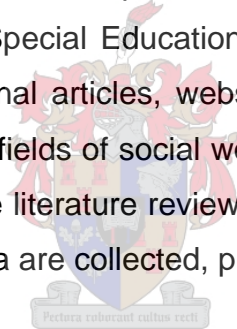
An inquiry to the Human Sciences Research Council to determine what research was currently being done in this field has shown that that there was no current research and that no study had yet been undertaken from a social work perspective.

1.4.2 RESEARCH DESIGN

A research design, according to Mouton (2005:55), is a blueprint of how the researcher intended to conduct the research. Since the aim of this research is to understand the role of the social worker as facilitator for learners with disabilities in inclusive education, a literature review as well as a qualitative research method seemed most appropriate.

According to Merriam (1998:5) a qualitative research is an umbrella concept covering several forms of inquiry that help the researcher to understand and explain the

meaning of social phenomena, with as little disruption of the natural setting as possible. Merriam (1998:6) further states that qualitative researchers are interested in understanding the meanings or impressions people have constructed in order to make sense of their worlds. Qualitative research implies direct concern with experience as it is lived and therefore based on the view that individuals interacting with their social worlds construct reality.

Therefore, for the purpose of this study a qualitative, non-experimental approach was conducted. Hepworth, Rooney, Rooney, Strom-Gottfried and Larsen (2006:340) state that the aim of qualitative information is to ensure credibility, dependability and confirmability. Qualitative measurements require systematic observation. One of the major distinguishing characteristics of qualitative research, according to Mouton (2005:188), is the fact that the researcher attempts to understand learners with disabilities in terms of their own definition of their world. By utilizing a qualitative approach, an attempt was made to understand the learner with disabilities from the subjective perspective. Describing what really happened in their everyday lives, incorporating the context in which they operate, as well as their frame of reference, can only capture the complexities, riches and diversity of the learners with disabilities lives.

The researcher developed an interest in the study through her daily experience as facilitator for learners with disabilities in inclusive education. Throughout her role as facilitator she experienced growth in knowledge as each day build upon the experiences of the previous day. The researcher's active participation in the study influenced her thoughts, actions and dialogue. Significant knowledge of the learners with disabilities was generated primarily through reciprocal encounters between the researcher and learners with disabilities as well as environmental factors.

In view of above the researcher developed an interest in the participatory action research design for her study. Mouton (2005:151) points out that the participatory action research (PAR) can successfully be applied in education action research in classrooms and schools. Agreeing with Babbie and Mouton (2001:56), De Vos et al (2005:335) state that the researcher's presence and active participation is considered to be an integral part of action research process. The relationship between the researcher and participants results in an active process where knowledge is

produced. This new paradigm in research involved much closer relationships between the researchers and researched. Therefore, the participatory action research (PAR) design was chosen of this study, as methodological framework.

1.4.3 RESEARCH METHOD

Mouton (2005:55) confirms that research methodology is the systematic, methodical and accurate implementation of the research design, where various methods and tools are used to perform different tasks. A case study method was used for this research. According to Mouton (2005:149) case studies are usually qualitative in nature and the aim is to provide an in-depth description of a small number of cases. De Vos et al. (2005:272) also regard a case study as an exploration or in-depth analysis of a single case over a period of time. Mouton (2005:149) further states that case studies are most applicable in social work research. Yin (in Merriam, 1998:27) describes a case study as an empirical enquiry that investigates a contemporary phenomenon within its real-life context.

The phenomenon in this research is the support provided to the learners with disabilities by the social worker, that is part of an inclusive primary school in the Western Cape. A reflection on the social worker's facilitating experiences with learners with disabilities at an inclusive school was given during the process of this study.

Delport and Fouche (in De Vos et al, 2005:272), refer to three types of case studies, all with different purposes namely:

- The *intrinsic case study* focuses solely on gaining a better understanding of an individual case. The purpose is merely to describe the case being studied.
- The *instrumental case study* is used to elaborate on a theory or to gain a better understanding of a social issue. The purpose is to facilitate the researcher's gaining of knowledge about a social issue.
- The *collective case study* furthers the researcher's understanding about a social issue or population being studied. The interest in the individual case is secondary to the researcher's interest in a group of cases. Cases are chosen so that comparisons can be made between cases and concepts so that theories can be extended and validated.

The *instrumental case study* method was used in this research. The research was conducted at inclusive schools in the Western Cape. The researcher specifically focused on learners with specific disabilities namely, cerebral palsy (quadriplegic), dyspraxia, low muscle tone and Asperger Syndrome, that are currently learners in inclusive schools. The target group was boys in middle childhood, between the ages of six and eleven, in junior primary school. The researcher facilitated these boys in inclusive schools over a period of nine years. The purpose of these *instrumental case studies* was merely to facilitate the researcher to gain knowledge about the role of the social worker as facilitator for learners with disabilities in inclusive schools.

1.4.4 DATA COLLECTION AND ANALYSIS

Participant observation as a qualitative research procedure was chosen to collect data for this research. Strydom (in De Vos, 2005:275) mentions that participant observation is a typical qualitative approach to data, which implies that data cannot really be reduced to figures. Participant observation can be described, according to Strydom (in De Vos, 2005:275), as a procedure that studies the natural and every day set-up in a particular community or situation.

In this research, the researcher investigated the inclusion of learners with disabilities during middle childhood, into primary inclusive schools and her role as facilitator to these learners. The researcher collected data while observing and facilitating learners with disabilities in inclusive schools for the past nine year. The data for this research was gathered, analyzed and presented in two case studies in accordance with the qualitative method of research. Comprehensive field notes were documented throughout the period of the research. The data the researcher collected from the case studies were used for this study. The researcher also collected data from her own experiences as facilitator for the learners with disabilities as well as her contact with the parents, teachers and interdisciplinary support team of these learners. Participation in this research was voluntary and confidentiality was guaranteed.

The following may be regarded as most important characteristics of participant observation during data collection:

- The researcher focused on the everyday and natural experiences of learners with disabilities in inclusive classrooms and therefore gained in-depth insight into the live of the learners.

- The researcher became part of the live and daily functioning of the learners with disabilities.

- An open-ended and naturalistic approach was followed.

- The researcher became part of an inclusive situation and also contributed towards it.

1.4.5 TIME FRAME

The development of a comprehensive and holistic view of the facilitator's role with learners with disabilities in inclusive education can take time. It is impossible to anticipate all potential stumbling block when undertaking a qualitative research. One has to make time allowance for the unexpected that might intervene for example personal circumstances.

There was no specific time allocated for the different stages of this research. The literature study, data collection through participant observation and facilitation, final analysis, interpretation, integration of results and writing of the report was done over a period of six years.
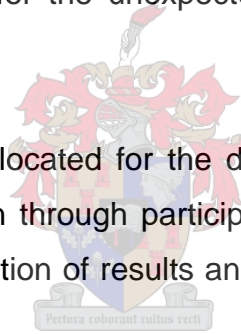
1.4.6 LIMITATIONS TO THE STUDY

The lack of knowledge about the history of inclusive education in South Africa was initially a problem because the researcher was trained as a social worker not teacher. However, the researcher conducted an in-depth and accurate study of relevant South African as well as international literature about inclusive education for learners with disabilities and solved the problem.

Reliability and validity were concerns for engaging in participant observation. It was not possible to arrange exactly the same situation for other learners with disabilities in inclusive education in order to reach the same results as in this research. Therefore reliability was hard to achieve.

Since the researcher has been involved as facilitator for the learners with disabilities in the case studies over a period of time, the scientific notion of objectivity became a concern. The case studies conducted in this research were a time-consuming process that negatively influenced the time schedule for the completion of this research project.

1.5 CLARIFICATION OF TERMS

For the aim of this study the following concepts were clarified:

1.5.1 Learner with disabilities

In this study the researcher used the term *learner with disabilities,* opposed to learners with barriers to learning and special needs. The term learners with disabilities indicate the child in middle childhood. According to Feldman (2000:294), middle childhood generally begins at the age of six and continues to the start of adolescence, at around age twelve (see chapter 4, for full description).

1.5.2 Facilitator

Hepworth *et al (*2006:29) state that the responsibility of the social worker as facilitator is to plan and implement ways to improve service delivery of the agency.
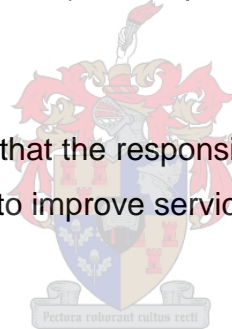
1.5.3 Facilitation

According to Donald *et al* (1997:211) and the Vaktaalkomittee vir Maatskaplike werk (1995:15), facilitation is the process through which the social worker provides a supporting atmosphere for intervention. Interaction between the client system, target system, action system and change system are accomplished and facilitated. According to Barker (1995:129) the social worker acts as mediator, supporter, and facilitator to assist the client to reach their full potential. Therefore, facilitation is the constant helping action from the facilitator.

In this study the researcher used the term facilitator opposed to teacher assistant, learner aid, tutor, para-educator, special educational support assistant or additional support assistant as referred to by authors such as Beirne-Smith *et al* (1994:335); Engelbrecht *et al* (1999:180) and Smith *et al* (1998:40).

1.5.4 Mainstreaming

Engelbrecht (1999:156) identifies *mainstreaming* as the first phase towards educating learners with disabilities in mainstream schools. According to Swart and Pettipher (2005:7), mainstreaming is similar to the normalisation principle, which indicates that learners with disabilities have the right to experiences that are the same as those of normal learners in society (for a full description, see chapter 2).

1.5.5 Integration

Integration, according to Swart and Pettipher (2005:7), focused more on the democratic rights of every learner to mainstream education. According to Engelbrecht (1999:8), integration is different from mainstreaming in the sense that educators realised that learners with disabilities needed more help to adapt to the mainstream classes (for a full description, see chapter 2).

1.5.6 Inclusion

Inclusion, according to Swart and Pettipher (2005:8), can be described as the re-conceptualisation of values and beliefs of a society that accepted and celebrated diversity (for a full description, see chapter 2).

1.5.7 Inclusive education

According to Swart (2004:231), Dyson and Millward (2000:170) describe *inclusive education* as the practice and process of involving and meeting the diverse needs of all learners, regardless of age, ability, socio-economic background, talent, gender, language, HIV status and cultural origin, in inclusive classrooms and schools. They further state that inclusive education provides learners with the opportunity to learn to live in a diverse, democratic society. Thomas and Loxley (2001:118) holds the view that inclusion is more than special needs or disabilities, and is concerned with comprehensive education, equality and collective belonging. In a wider sense, inclusion can be seen as a commitment to build a more just inclusive society (for a full description, see chapter 2).

1.6 PRESENTATION OF THE STUDY

The research report will include several chapters. Chapter one discusses the motivation for the study, aim and objectives, area of research, research methodology, limitations to the study, and gives clarification of terms used in the study. Chapter two describes the historical development and meaning of inclusive education internationally and in South Africa. In chapter three the holistic approach towards inclusive education and advantages of inclusive education for learners with disabilities is investigated. Chapter four reflects on the normal development of children in middle childhood and illustrates the impact of specific disabilities on learners' development and learning. Chapter five examines and describes the role of the social worker as facilitator in inclusive education from different theoretical perspectives. Chapter six contains background information of two case studies of learners with disabilities in inclusive education. The chapter also explores the role of the social worker as facilitator for those learners, from personal experiences. Chapter seven contains conclusions drawn from the empirical study as well as recommendations of how the social work profession can contribute towards successful facilitation of learners with disabilities in inclusive education.
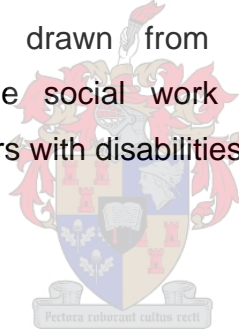
CHAPTER 2

**THE HISTORICAL DEVELOPMENT AND MEANING OF INCLUSIVE EDUCATION
INTERNATIONALLY AND IN SOUTH AFRICA**

2.1   INTRODUCTION

Inclusive education has become an international and national buzzword and is one of the most complex and urgent issues facing education around the world. Although the inclusive education movement is an international phenomenon, it started according to Dyson and Forlin (1999:25), in the developed countries such as United Kingdom, Scandinavia and USA. Inclusive education has taken many different forms in the different countries. Therefore it is necessary to understand the different interpretations and implementation of inclusive education internationally and in South Africa.

This chapter contains a review and summary of selected literature about specialised education and inclusive education that is relevant to the case studies of learners with disabilities in inclusive schools. The focus is on the development of inclusive education in South Africa within the international context.

The chapter begins with an international perspective on the development of specialised education and the rise of inclusive education in general. The move toward inclusive education, from mainstreaming to full inclusion is explained. Thereafter a discussion follows on the history of specialised education and move towards inclusive education in South Africa and how inclusive education is implemented in South Africa. The aim of this chapter is therefore to provide an insight into and an understanding of the development and meaning of inclusive education for learners with disabilities internationally and in South Africa.

2.2 THE DEVELOPMENT OF INCLUSIVE EDUCATION

Swart and Pettipher (2005:4) state that throughout history, changes in the society are parallel with new paradigms about human nature. This has been the case especially in the field of inclusive education. Schools do not function in isolation, but are influenced by political, social and economic development. According to Swart (2004:231), inclusion is an international trend with the focus on building a more inclusive society. To understand the move towards inclusive education, a discussion follows on the emergence of specialised education internationally and in South Africa.

2.2.1 AN INTERNATIONAL PERSPECTIVE ON THE DEVELOPMENT OF SPECIALISED EDUCATION AND THE RISE OF INCLUSIVE EDUCATION

Historically, the education of learners with disabilities has changed from being excluded to include into the local community schools. Bradley, King-Sears and Tessier-Switlick (1997:3) point out that before the nineteenth century people believed that learners with disabilities could not be taught. According to Du Toit (1996:6), primitive societies such as the Greek city-states, Athens and Sparta, and the early Roman Empire either killed or abandoned learners with severe physical and mental disabilities. However, in ancient Egypt and India, the law has forbidden the killing of disabled children. Du Toit (1996:6) further states that the Old Testament and Talmud refer sympathetically to the crippled and blind. After Christ, a new dispensation began for the handicapped, as Christian communities established asylums as places of refuge for the disabled. Although this practice continued through the Middle Ages, the learners with disabilities were still rejected by society. Du Toit (1996:6) recognises that during the Renaissance, Reformation and the French Revolution, a more positive attitude developed towards learners with disabilities.

According to Bradley *et al* (1997:3) the first special schools for hearing and blind impaired learners were established in the early 1800s, in France and England, by pioneers such Thomas H. Gallaudet (1787-1851) and Louis Braille (1809-1852). Du Toit (1996:6) mentions that medical doctors, Itard and Seguin from France, became pioneers in the field of educating the mentally disabled learners. Separate provision for learners with physical difficulties and mentally defective learners were made for

the first time, but the learners were still separated from their local communities and peers without disabilities. Interest in the field of specialised education mainly came from doctors and priests. It was only towards the end of the nineteenth and the beginning of the twentieth centuries that educationists became involved in the education of learners with disabilities. Government intervention followed at a later stage.

As mentioned in the previous section, interest was mainly in the education of blind, deaf and mentally disabled learners. However, according to Du Toit (1996:6), dramatic developments in the fields of medicine and clinical psychology led to the identification of more different categories of disabilities and special schools were established for such groups. Engelbrecht (1999:153) states that during the first half of the twentieth century, it was accepted that each group of disabled learners had their own learning difficulties that was directly related to their specific disability. The aim of educating learners with disabilities was to remove or lessen their particular deficiencies. Du Toit (1996:6) mentioned that this era was characterised by a predominantly clinical or medical perspective.

The medical perspective from the early 1900s was according to Swart and Pettipher (2005:5) a model of diagnosis and treatment that focus on pathology, sickness and how to deal with the specific pathology. When this model was applied in the field of education, Swart and Pettipher (2005:50) further state that learners with disabilities were singled out and an assessment of the learners' strengths and weaknesses were conducted. Thereafter a diagnosis was made for placement in a specialised school. Special education programmes were conducted by experts that were aimed at removing the deficiencies from the learner within. Separate education was seen as beneficial for the learner with disabilities as well as their peers without disabilities.

By the late nineteenth century, educations for all learners with disabilities were accepted in separate special schools. These learners were placed in the special schools and their parents were forced to pay for their education in these private special schools. Towards the middle of the twentieth century, parents of learners with disabilities from United Nations organised political action and the medical approach to specialised education gave way to a social and ecological perspective. It was realised, according to Du Toit (1996:6&7), that learners with disabilities should be

prepared to live within a social context and that the environment could have an positive influence on disabled learners problems. This social and ecological perspective developed the principles of normalisation. Normalisation means that learners with disabilities should have the right to be integrated into normal schools and home circumstances, have the right to normal respect from society and the right to normal economic and environmental standards (Nirje 1976 in Du Toit 1996:7). This policy was in conflict with the earlier practice of separate schools for learners with disabilities.

According to Dyson and Forlin (1999:25), Scandinavian countries were the first countries that shifted the emphasis of separate special education for learners with disabilities to integration of these learners in mainstream schools in the 1960s. Countries such as the United States, United Kingdom, Italy and Spain followed in the 1970s. Swart (2004:231) also points out that other countries such as Canada, the Netherlands, Australia, New Zealand, Botswana, Namibia, Lesotho and Nigeria, have all developed policies and legislation to integrate learners with disabilities into mainstream schools.

As mentioned in the previous section, significant changes took place in the 1970s, where new ideas began to challenge the existing provision of education for learners with disabilities. Disability was no longer seen as a handicap that separated learners with disabilities from mainstream classrooms and the community. Learners with disabilities were now considered to have the right to education on the basis of equal opportunity and to develop their full potential in mainstream schools. This was the foundation of the human rights perspective towards education for learners with disabilities, according to Dyson & Forlin(1999:28-30).

Agreeing with Bradley *et al* (1997:3&4), Mastropieri and Scruggs (2000:3) state that the past two decades had contributed to legal, social and economic changes that affected general and special education. In 1975 a new law was passed in the United States by congress, "The Education of All Handicapped Children Act", now known as the "Individuals with Disabilities Education Act" or IDEA. This Act specified that all learners, including learners with disabilities, were entitled to free and appropriate public education. The IDEA also stipulated that learners with disabilities must be educated in the least restrictive environments with their peers without disabilities.

Many school systems responded to this Act by creating segregated programs in mainstream schools. The learners with disabilities were accepted into mainstream schools, but were educated in special classrooms that deal with specific types of disabilities.

The 1980s move towards the progressive mainstreaming of learners with disabilities in the general education environment. Educators used the term mainstreaming to refer to the placement of these learners into general class settings. The learners with disabilities were integrated on a case-by-case basis, depending on their needs and the specific class. The inclusive principle became central to educational policies of developed and developing countries and became an important aspect of international discussions (Bradley *et al*, 1997:4; Dyson & Forlin, 1999:25; Engelbrecht, 1999:7-8; Mastropieri *et al.*, 2000:3).

The following international conferences, according to Naicker (1999:14), promoted the human rights perspective that all learners have the right to be educated together, including the learners with disabilities. The 1990 World Conference on Education for All, held in Jomtien, Thailand, focussed on the many learners world-wide that did not receive adequate education, including learners with disabilities. Much emphasis was placed on inclusive education. The World Conference on Special Needs Education 1994 in Salamanca, Spain followed the 1990 World Conference on Education for All. The Salamanca document provided the clearest statement on inclusive education, that ordinary schools should accommodate all learners, regardless of their physical, intellectual, emotional, social, linguistic or other requirements and that disabled children must attend their neighbourhood school (Unesco, 1994:59).

Other relevant international statements have appeared, declaring the principle of inclusive education and the importance of working towards schools where all learners, including learners with disabilities, have the right to be educated in the least restrictive environment where they will have the opportunity to develop their full potential. The following international statements provided the overall framework for policy development towards inclusive education.

- The Universal Declaration of Human Rights (United Nations, 1948),
- The United Nations Convention on the Rights of the Child (United Nation, 1989),

- The Standard Rules on the Equalisation of Opportunities for Disabled Persons (United Nations, 1999:3),

- UNESCO'S Salamanca Statement and Framework for Action (1994) and the

- World Conference on 'Education for All by the year 2000' (Education for All, 2000) (CSIE, 1997:5; Dyson & Forlin, 1999:3; Lomofsky & Lazarus, 2001:308).

Inclusive education practices have received different stages of commitment in different countries. Engelbrecht (1999:164) explains that European countries such as Italy, Denmark, Spain and Sweden have adopted a full inclusive education model. In the United States of America learners with disabilities who require high levels of support, are either placed in hospitals or total care facilities. Other learners with disabilities have access to mainstream schools with little support. Legislation in the USA ensures that learners with disabilities have access to equal educational opportunities. The United Kingdom maintain a display of alternative educational settings for learners who need high levels of support, but learners with disabilities are included in mainstream schools as far as possible.

It can be concluded therefore that initially learners with disabilities were provided for in separate special schools. However, people started to question such separate school systems from a human rights perspective. Since the 1980s there has been a movement towards integration of learners with disabilities into mainstream schools in most countries. Lomofsky and Lazarus (2001:306) state that the terms "mainstreaming", "integration" and "inclusion" have been used interchangeably in the literature, but there are differences in values and practices between them. In the light of this, the discussion that follows will highlight the principles of mainstreaming, integration and inclusion. Engelbrecht (1999:156) recognises mainstreaming, integration and inclusion as the three phases towards educating learners with disabilities in mainstream schools.

2.2.2   THE MOVE TOWARDS INCLUSIVE EDUCATION

Swart and Pettipher (2005:4) hold the view that throughout history, changes in society are parallel with new paradigms about human nature. As can be seen in the previous discussion, this has been the case specifically in the field of education of learners with disabilities. The shift from specialised education has led to the policy of

inclusive education. However, according to Engelbrecht (1999:156), the move towards inclusive education has gone through three phases, mainstreaming, integration and inclusion. The discussion that follows will focus on the principles of mainstreaming, integration and inclusion that are referred to in literature.

2.2.2.1 Mainstreaming

Engelbrecht (1999:156) identify *mainstreaming* as the first phase towards educating learners with disabilities in mainstream schools. Since the 1970s and 1980s there has been a progressive move towards mainstreaming. According to Swart and Pettipher (2005:7) mainstreaming is similar to the normalisation principle that indicates that learners with disabilities have the right to life experiences that are the same as those of normal learners in society. Swart and Pettipher (2005:7) further state that the aim of mainstreaming is to return learners with disabilities to the mainstream schools. Countries such as United States and Canada implemented mainstreaming by selecting learners with disabilities who were able to cope academically and emotionally. These learners were included in mainstream schools to increase their social interaction, but their special educational needs were not addressed. They had to adapt to the demands of the curriculum, classroom and school. Agreeing with Brummer (1998:11), Engelbrecht (1999:7) and Lomofsky & Lazarus (2001:306), Swart and Pettipher (2005:7) refer to mainstreaming as "main dumping" because learners with disabilities were often left on their own without the support of their teachers and classmates and their educational goals were not met.

It can be concluded therefore, that mainstreaming reinforced the medical discourse that focused on the disability and readiness of the learner with disability to fit into the mainstream classroom. Swart and Pettipher (2005:7) state that the learners with disabilities had to earn the opportunity to be mainstreamed by proving that they can keep up with the work assigned to other learners in the mainstream class.

2.2.2.2 Integration

Integration, according to Swart and Pettipher (2005:7), focused more on the democratic rights of every learner to mainstream education. Policies leading to integration emerged in the United States, for example the Education of the Handicapped Act of 1995. The aim of integration is to increase social interactions between learners with disabilities and their peers without disabilities. According to

Engelbrecht (1999:8), integration is different from mainstreaming in the sense that educators realised that the learners with disabilities needed more help to adapt to the mainstream classes. Integration involved more extensive participation of learners with disabilities in class activities with support. The curriculum for all learners was not challenged or altered in any way to integrate learners with disabilities and they had to adapt to the existing form of education. Shea & Bauer (1994:41) state that difference was still accentuated because special teachers from time to time instructed the learners with disabilities in separate classrooms.

As can be seen from the above explanation, integration as in mainstreaming focused on how learners with disabilities could be integrated and fit into the existing school system. Swart and Pettipher (2005:7) held the view that integration supports the social and political discourse, with the focus on more extensive and holistic participation of learners with disabilities in mainstream schools.

2.2.2.3 Inclusion

Inclusion, according to Swart and Pettipher (2005:8), can be described as the reconceptualisation of values and beliefs of a society that accepted and celebrated diversity. Inclusive education emerged as a result of international discussions on Education for All. In 1994 representatives of 92 governments, including South Africa, and 25 international organisations formed the World Conference on Special Needs Education held in Salamanca, Spain. They discussed the principles of inclusive education for all learners. The major emphasis was on the human rights of learners with disabilities. The Salamanca Statement (UNESCO, 1994) proclaimed that

- Every learner has a fundamental right to inclusive education,
- Every learner has unique abilities, learning needs, interests and characteristics,
- Schools and educational programs must take the diversity of learners needs into account,
- Learners with special educational needs must have access to regular schools with a system that will meet their needs,
- Inclusive schools are the most effective way of overcoming discriminatory attitudes and creating inclusive communities and building an inclusive society.

It can be seen therefore, that the purpose of the Salamanca Conference was to focus on education as a fundamental human right and to develop an inclusive education

policy. Swart and Pettipher (2005:8) mentioned that according to Lipsky and Gartner (1997:258), the Salamanca Statement provides the clearest vision and model for measuring inclusive progress in schools. Agreeing with Beirne-Smith *et al* (1994:355); Dyson and Forlin (1999:32); Lomofsky and Lazarus (2001:306); Shea and Bauer (1994:41) and Smith *et al* (1998:3), inclusive education focuses on the restructuring of the education system so that all learners with disabilities can be included in the mainstream classes. The teachers are responsible for the education of all learners, including learners with disabilities and the curriculum must be adapted to cope with this diversity.

According to Dyson and Forlin (1999:32) the inclusive education development in South Africa is different from the development in other countries. In the developed countries, as mentioned in the previous section, where mainstreaming, integration and inclusion started, the focus was mainly on education for learners with disabilities. However, in South Africa, there are a significant number of learners with barriers to learning who have no effective access to education. Learners with disabilities are part of the group of learners who were excluded from inclusive education. South Africa has adopted a broader definition for inclusive education that includes all learners, irrespective of race, class, gender, disability, religion, culture or sexual preferences (NCSNET & NCESS, 1997:vi).
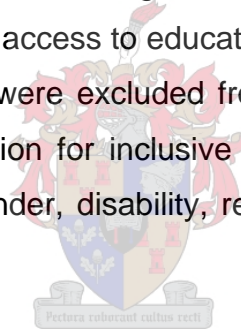
It has become clear in the previous section that the move towards inclusive education internationally, has gone through three phases, mainstreaming, integration and inclusion. The differences in values and practices between them were discussed. Inclusion is therefore a multidimensional and challenging process that shifts the focus from the learner with disabilities having to change to fit into the school system, to the schools transforming themselves to accommodate the diverse needs of all learners, including learners with disabilities. The development of inclusive education in South Africa however, differs from the development in other countries. In the light of this, the section that follows will focus on the history of specialised education and move towards inclusive education in South Africa.

2.3 THE HISTORY OF SPECIALISED EDUCATION AND MOVE TOWARDS INCLUSIVE EDUCATION IN SOUTH AFRICA

In order to understand inclusive education in South Africa it is necessary to obtain an overview of the development of specialised education for learners with disabilities. In this section it will be discussed how political factors influenced specialised education in South Africa. A discussion of the development of an inclusive education and training system for learners with disabilities in South Africa will follow.

2.3.1 THE DEVELOPMENT OF SPECIALISED EDUCATION IN SOUTH AFRICA

Du Toit (1996:7) states that the development of specialised education in South Africa has followed the same trends as in most other countries, as discussed in the previous section. Du Toit (1996:7) and Naicker (1999:12) however argues that there is an aspect that differentiate the development of specialised education in South Africa from that in other countries namely political and philosophical influences. The discussion that follows will focus on the development of specialised education in South Africa according to four time frames, early years, colonial era, apartheid era and the democratic era.
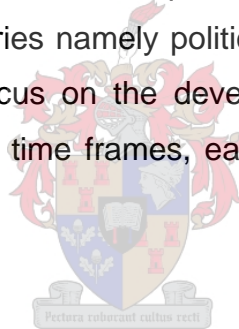
2.3.1.1 Early years

According to Du Toit (1996:8) the Khoi and San tribes as well as the Nguni, Sotho, Venda and Tsonga tribes in South Africa, practised tribal customs that were transferred to the next generation by means of non-formal education. Extermination of disabled children was practised in the early years in South Africa. The traditional tribal customs were to kill children with physical disabilities or twins at birth because they were regarded as a bad omen or as an indication of angry ancestors.

2 3 1 2 Colonial era (1652-1948)

Du Toit (1996:8) holds the view that missionaries established the first schools in South Africa, during the period of Dutch colonisation (1652-1795). Separate schools for white and slave learners were established under control of the church. This was the root of segregated education in South Africa.

Du Toit (1996:8) states that according to Hofmeyr (1982) a formal secular education system was introduced by the arrival of the British in 1806, with English as the official language. After the Anglo-Boer War (1899-1902) the Union of South Africa was formed in 1910 and free education became compulsory for white learners in government schools. Educations for black learners were provided by missionaries and were refer to as "mission education".

Disabled learners were initially not included in formal education in South Africa. It was only towards the end of the nineteenth century that the first school for disabled learners was established. According to Behr (1988), the first school for deaf learners namely the Grimley Institute for the Deaf, was founded in 1863 in Cape Town by six Irish sisters of the Roman Catholic Dominican Order (Du Toit, 1996:8). This school expanded to form the Dominican Grimley School for the Deaf in Cape Town (for white learners) and the Dominican School for the Deaf at Wittebome (for Coloured learners). Further interest in education for blind learners, by the Dutch Reformed Church, led to the establishment of the "Doofstommen en Blinden Instituut" at Worcester in 1881. Soon afterwards, more schools for disabled learners were established by the Dominican Sisters, such as the Dominican School for the Deaf in King William's Town (1886), St Vincent's School for the Deaf in Johannesburg and the Athlone School for the Blind (for coloured learners), in Athlone. These were all private schools and not funded by the government (Du Toit, 1996:8).

Du Toit (1996:8) further notes that the Department of Education became involved in specialised education from 1900, when the Cape Education Department recognised these special schools and offered to pay half of the educators' salaries. In 1928, the above-mentioned schools officially became the responsibility of the Department of Education when the Vocational Education and Special Education Act (Act 29 of 1928) was promulgated. Naicker (1999:30) claims that Act 29 of 1928 provided the first model of special education in South Africa based on the medical model. Several institutions such as homes for the chronically sick, crippled and epileptic learners were established as a result of this legislation. However, according to Du Toit (1996:9) and Naicker (1999:29), black learners were not included in any formal education and no provision was made for educating black disabled learners. The Roman Catholic and Dutch Reformed churches established special schools for these

black disabled learners, such as the Kutlwanong School for the Deaf and the Tshilidzini School for the Physically Disabled.

In 1937, according to Du Toit (1996:9), the Special Schools Amendment Act was passed that required all learners with disabilities to attend existing special schools, regardless the distance of these schools from home. The special schools were equipped with hostels and many disabled learners boarded far away from home from an early age. The government authorised an investigation into the need of specialised education for learners between the ages of 7 and 18. The Report of the Interdepartmental Committee on Deviate Children was published in 1945 that clarified the nature of medical and therapeutic treatment and the social integration of these disabled learners in existing schools. The Special Schools Act followed in 1948, which introduced the medical and mental diagnosis and treatment model.

It can be seen from the above that the foundation for compulsory specialised education for white disabled learners were laid during the first three centuries of colonialism. No special education provision was made by the state for African disabled learners. Churches played an important role in establishing special schools for white and non-white disabled learners.

2.3.1.3 Apartheid era (1948-1994)

Naicker (1999:32) identifies 1948 as the beginning of the institutional apartheid era when the National Party came to power. The 1950 Population Registration Act is the foundation policy of the National Party, which classified the population into four racial groups namely Blacks, Whites, Indians and Coloureds. Furthermore, according to Du Toit (1996:9), ten separate homelands were established and assigned to the different Africans tribal groups. This had critical implications for education as well as special education in South Africa. The separate racial education system called for seventeen different education systems running parallel to one another, under the control of the central government.

Economic, social and educational progress was based on racial groups. According to Du Toit (1996:10), special education for white disabled learners was expanding during the apartheid era. Provision was made to enlarge existing special schools and to establish new schools. Specialised education courses for the training of teachers

were instituted at universities and training colleges. Separate special schools for the deaf, blind, cerebral palsied, epileptic and physically disabled learners were initially established. Education of the learners with minimal brain dysfunction (1969), autistic learners (1971) and severely mentally handicapped learners (1974) followed and special schools for each of these disabilities were established.

Du Toit (1996:10) mentions that the Education Affairs Act was promulgated in 1988. This act defined the handicapped learner as a child that will benefit from a specialised education programme and should not attend an ordinary school because it may be harmful for the disabled learner or the other learners in the class. No provision was made in this act for mainstreaming disabled learners in mainstream schools.

During the 1960's, according to Du Toit (1996:11), special schools for black learners were transferred from the missions to the separate education departments created for each race group. The Coloured Persons Education Act (1963), the Bantu Special Education Act (1964), and the Indian Education Act (1965) administered special education for non-white population groups. The provision of special education for non-white disabled learners developed much slower, according to Du Toit (1996:11), which led to severe discrepancies in the quality and quantity of their special education. The Report of the Work Committee: Children with special educational needs (1981) and Education for the black disabled report (1987) verify these discrepancies against special education for black learners.

Towards the end of the apartheid era, a fragmented specialised education system based on ethnic separation existed. Du Toit (1996:12) further emphasises that there was a lack of co-ordination between different areas of specialisation, such as education, health and welfare. The more privileged received the best services while the disadvantaged sectors had little or no support. The struggle continued until 1994, when the new democratic government made a commitment to an education system for all learners in South Africa.

2.3.1.4 Democratic era (1994 until 2006)

In the past, according to Chambers (2001:16) and Naicker (1999:15), the provision of education for learners with disabilities in South Africa was segregated and diverse

because of apartheid policies, but major changes took place as a result of the new democracy. Since 1994 South Africa has been in the process of social, political, economic and educational transformation. To compensate for the past, Lomofsky and Lazarus (2001:304) state that the Bill of Rights in South Africa's new Constitution declares that all learners, including learners with disabilities, have a right to basic education and to equal access to educational institutions. This was important to learners with disabilities who had little or no access to mainstream education in the past.

In 1995, according to Naicker (1999:43), the South African Federal Council on Disability called for the development of an inclusive education system for South Africa. The President and Minister of Education appointed the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education Support Services (NCESS) in 1996, to investigate and to make recommendations on all aspects of special needs and support services in education. Naicker (1999:90) notes that the NCSNET and NCESS found the provision of existing special education in favour of the white population. They also discover that the majority disabled learners wanted to be educated in mainstream schools. The NCSNET and NCESS were influenced by various international and national documents such as the Salamanca Statement (1994), Constitution of South Africa (1994), White Paper on Education and Training (1995) and the South African Schools Act (1996).

In the 1997 NCSNET and NCESS Reports on "education for all" were promoted, with the development of inclusive and support centres of learning that will enable all learners to participate in the mainstream education process. Chambers (2001:17) and Naicker (1999:16) mention that the following principles were proposed to achieve this:

- Acknowledging and protecting the human rights, values and social justice of all learners.
- Full participation and social integration of all learners in general education.
- Equal access to an inclusive education system, including learners with disabilities.
- Access to the common curriculum through availability of materials and resources.
- Redressing of educational inequalities.

- The whole community should be encourage to become involved in the development of an inclusive education and training system.
- Education and support provision should be cost-effective, implementable and sustainable.
- The principles and values in the Constitution (1994) and the White Paper on education and training (1995) should be accepted.

The above principles formed the foundation for the development of an inclusive education and training system in South Africa. The NCSNET and NCESS Reports refer to inclusive education as a system of education that is responsive to the diverse needs of all learners. The separate systems of education in South Africa need to be integrated to provide one system that upholds the rights of learners with disabilities to belong and learn in mainstream education (Naicker, 1999:19).

Swart and Pettipher (2005:18) emphasise that the findings and recommendations in the NCSNET and NCESS Reports informed the final policy document in inclusive education, namely the Education White Paper 6: Special Needs Education: building an inclusive and training system (2001). The Education White Paper 6 provided the final framework for establishing an inclusive and training system in South Africa. The following principles, according to this policy, are fundamental for an inclusive education system: (Education White Paper 6, 2001:16)

- Acknowledging that all children and youth can learn and need support.
- Accepting and respecting the fact that all learners are different in some way and have different learning needs that are equally valued.
- Enabling education structures, systems and learning methodologies to meet the learners needs.
- Respect differences in learners, whether due to age, gender, language, class, disability, ethnicity or HIV status.
- Acknowledge that learning also occur in the home and community.
- Changing attitudes, behaviour, teaching methodologies, curricula and environment to meet all learners needs.
- Maximising the participation of all learners in the culture and curricula of educational institutions.
- Uncover and minimise barriers to learning.

- Empower learners by developing their individual strengths and enable them to participate critically in the process of learning.

The above principles cannot be achieved without supporting the diverse learning needs of all learners, educators and the school system as a whole. Education White Paper 6 (2001:18) stated that classroom teachers are the primary resource for achieving the goal of inclusive education. This implies that the skills and knowledge of the educators will need to improve and where necessary, new skills have to be developed. According to Swart and Pettipher (2005:18), the educators will require support through staff development, in-service training and from collaborating with special schools, full-service schools and support personnel within the district support services.

Other relevant government initiatives within South Africa, according to Lomofsky and Lazarus (2001:308), that relate directly towards the development and implementation of an inclusive education system for all learners include the:

- White Paper on Education and Training in a Democratic South Africa (Department of Education, 1995a)
- South African Schools Act (1996)
- White Paper on an Integrated National Disability Strategy (Ministerial Office of the Deputy President, 1997).
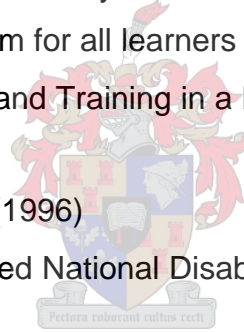
In South Africa inclusive education is considered to be the way forward and the implementation of the above-mentioned policies presents many exiting opportunities as well as challenges for education.

As can be seen from the discussion above, political factors influenced the history of specialised education and the move towards inclusive education in South Africa. As stated earlier, the new Constitution, NCSNET and NCESS Reports and influential policies laid the foundation for implementing inclusive education in South Africa.

It can be concluded that international and national trends regarding disability have undergone a major paradigm shift that influenced the movement towards inclusive education in South Africa. The paradigm shift, according to Naicker (1999:12), moved from a medical debate to a rights debate, as discussed earlier in the chapter, where

learners with disabilities were excluded from mainstream education, social and economic life because of their disabilities, towards inclusion as a basic human right.

2.3.2 IMPLEMENTATION OF INCLUSIVE EDUCATION IN SOUTH AFRICA

The inclusive education movement in South Africa has influenced the old special education system where learners with disabilities were separated from mainstream schools and could only be educated in special schools. Naicker (1999:12) states that major groundwork has been done by the NCSNET AND NCESS in 1996 and 1997 to prepare for the change from special to inclusive education. Agreeing with Lomofsky and Lazarus (2001:314), Naicker (1999:22) points out that inclusive education is considered to be the way forwards but the actual implementation of inclusive education will be a challenge because of the inherited conservative education system of the past.

There are currently many examples in South Africa of learners with disabilities, such as Down syndrome, autism, physically and sensory disabled, cerebral palsy and dyspraxia, who have been successfully included in mainstream schools. Some of these learners with disabilities, according to Brummer (1996:96) and Lomofsky and Lazarus (2001:314), have private facilitators who assist them in the classrooms. There are also numerous independent schools, such as Bridge House Preparatory School, Herzlia Middle School and Somerset College in the Western Cape, that are practising inclusion. Non-governmental organisations (NGOs) are also promoting inclusive education, such as Inclusive Education Western Cape, Disabled Children's Action Group (DiCAG), Parents of Children with Special Needs (Pacsen) and People for Awareness on Disability Issues (Padi), all in the Western Cape.

The National and Provincial Education Departments conducted pilot projects for inclusive education in five most disadvantaged provinces in South Africa, to develop an inclusive education system. These pilot projects will develop and monitor in-service training for educators and develop relevant resource material at district level. South Africa's higher education institutions are also supporting the inclusion movement. They have incorporated the theory and practice of inclusion into the curriculum for pre- and in-service training of teachers (Lomofsky & Lazarus, 2001:314-315).

A new national curriculum, Outcomes-based education (OBE) or Curriculum 2005, has been implemented in South Africa to facilitate in the transformation of the conservative education system towards inclusive education. Naicker (1999:62, 87) emphasises that he OBE system is based on the understanding that all learners can learn and the curriculum can accommodate all learners, including learners with disabilities. He further state that the principles of out-comes based education are compatible with the inclusive approach.

Inclusive education presents many challenges for education in this country. Lomofsky and Lazarus (2001:315) identify the continued problem of poverty in South Africa as a challenge to the implementation of inclusive education. It is difficult to promote inclusive education when basic resources such as sanitation, safe buildings and access to water and electricity are still insufficient. However, strategies to upgrade the well being of all learners of disadvantaged schools are needed to promote the central value of inclusion.

According to Green (2001:6), the implementation of inclusive education is not just about making arrangements for some learners with disabilities to attend mainstream schools, but it is about designing an education system for all learners in such a way that it becomes normal for learners with disabilities to be educated in mainstream schools. The ultimate challenge towards inclusive education is to create inclusive conditions of learning and teaching in all South Africa's education institutions, so that all learners, including learners with disabilities, can flourish and contribute to the regeneration of society, the economy and the country (Department of National Education, 1999:ii).

Swart (2004:238) points out that inclusive education is an ongoing process. The National Department of Education (DoE) in South Africa therefore developed a twenty-year plan for the implementation of inclusive education. The following are draft guidelines outlined in this plan, by the DoE (2002), for the implementation of inclusive education:

- Existing special schools will be strengthened as resource centres to provide support to learners who qualify for high intensity input.
- These special schools will collaborate with district support teams to provide specialised professional support in curriculum adaptation, assessment,

instruction, classroom management and development of learning support material to full-service schools.

- The special class educator's roles will change. They will provide learning support services to educators in full-service schools and give advice on how to adapt to the new Curriculum 2005.

- Ordinary schools will be developed into full-service schools that will be equipped to address the full range of learning needs.

- Thirty full-service schools will be established in the pilot phase and five hundred schools in the final phase.

- Provision of educational support will be based on the intensity and nature of support required.

- District-based professional support teams will be developed that will include psychologists, counsellors, therapists, health workers, social workers, learning support personnel, educators and official.

- Support teams at every full-service school will be developed to provide support to the educators, parents and learners with barriers to learning.

In summary it can be said that the implementation of inclusive education in South Africa will be a challenge because of the inherited conservative education system of the past. The urgent need to upgrade the special education system in South Africa provided opportunities for the implementation of inclusive education. Therefore, in order to succeed, a twenty-year implementation plan was developed by the DoE (2002), which accommodates all learners and identifies and addresses the barriers to learning. Efficient support services need to be developed country wide and on an equitable basis to ensure the effective implementation of inclusive education in South Africa.

2.4 CONCLUSION

In order to understand the complexity of inclusive education in South Africa, this chapter has provided an overview on the development of specialised education and the move towards inclusive education, both internationally and nationally. In South Africa, the Constitution provided the guiding principle for developing a democratic society and influenced policy development and legislation towards inclusive education. The diversity within South Africa adds to the complexity of inclusion, but provided a platform for developing an inclusive education system.

The changeover to inclusive education in South Africa has brought with it an integrated holistic approach to the education of learners with disabilities. The holistic approach towards inclusive education will be discussed in the next chapter.
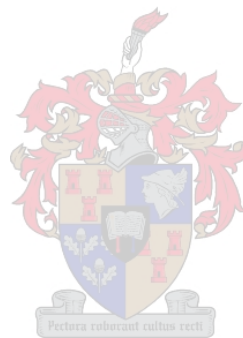
CHAPTER 3

HOLISTIC APPROACH TOWARDS INCLUSIVE EDUCATION

3.1   INTRODUCTION

The changeover to inclusive education in South Africa has brought with it an integrated holistic approach to the education of learners with disabilities. This holistic approach focuses on the learners with disabilities' different dimensions of development and includes the physical, emotional, cognitive, social, moral and spiritual aspects. According to Donald, Lazarus and Lolwana (2002:26,27) the concern should be about the whole context and the environment in which learning occur. The learner with disabilities must be seen as an inseparable part of the society in which they functions. This is an inclusive and integrated way of looking at learners with disabilities' functioning in the classroom, school, community and society. Engelbrecht *et al* (1999:3) also refers to the holistic approach as the meta-approach.

The holistic approach is based on the eco-systemic perspective that has been adapted from the ecological and systems theories. It is a perspective, according to Shea and Bauer (1994:6), in which the learners with disabilities are seen as developing in a dynamic relationship with and as an inseparable part of the social contexts in which they function. The eco-systemic perspective was first presented by Bronfenbrenner in the 1960s and further developed in the 1970s. It is also refer to as the social systems perspective. The eco-systemic perspective is not the only perspective from which inclusive education can be viewed. Shea and Bauer (1994:7) mention that the behavioural, psycho-educational and biophysical theories are among the other perspectives available. However, for this research the eco-systemic perspective was selected as framework because it allows the researcher to study all facets of the learner with disabilities as an inseparable part of the environment. Payne (2005:142) identifies the ecological systems perspective as an important perspective to social work because it emphasises the holistic and integrated approach to such services. The major challenge is to understand the complexity of

the interactions, influences and interrelationships between the learner with disabilities and other systems in inclusive education.

The discussion that follows focuses on the holistic approach towards inclusive education based on Bronfenbrenner's (1970) eco-systemic model of child development and Donald, Lazarus and Lolwana's (2002) eco-systemic model. Inclusive education in South Africa needs to be viewed within the eco-systemic approach and the discussion that follows focuses on the

- Inclusive school,
- Inclusive classroom,
- Inclusive teacher,
- Inclusive curriculum,
- Family and siblings of learners with disabilities,
- Classroom support for learners with disabilities,
- Inclusive school support team,
- Peer support group
- Inclusive community-based support system and the
- District support team.

The advantages of inclusive education for the learner with disabilities, the inclusive school and teachers, parents, non-disabled peers and wider community is explained. Thereafter a discussion follows on the barriers that prevent the inclusion of learners with disabilities in their local community school.

3.2 BRONFENBRENNER'S ECO-SYSTEMIC MODEL OF CHILD DEVELOPMENT

As indicated above, the challenge in inclusive education is to understand the interactions, influences and interrelationships between the learner with disabilities and other systems from an ecological systems perspective. The framework, according to Swart and Pettipher (2005:9), for the ecological systems perspective is based on Bronfenbrenner's model. They further state that Bronfenbrenner's model is an example of a multidimensional model of human development and is useful in understanding classrooms, schools and families as systems themselves.

Bronfenbrenner's model (1960s) suggests that there are layers of interacting systems such as physical, biological, psychological, social and cultural that bring forth change, growth and development. The one system affect and is affected by other systems. Swart and Pettipher (2005:10) identify the following four interacting principals of Bronfenbrenner's 1970s and 1998s model that need to be considered when understanding child development in context:

- Person factors, such as characteristics, that encourage or discourage certain reactions from others.

- Process factors that include the patterns of interaction in a system.

- Contexts that include the family, school, classroom and local community.

- Changes through time because of individual maturity and environmental changes.

These four principals explain the direct and indirect influences on a child's development.

Donald *et al* (2002:51) mention that according to Bronfenbrenner (1970s), child development should be seen as proceeding within four nested systems. He refers to these nested systems as the microsystem, mesosystem, exosystem and macrosystem. They all interact with the chronosystem as illustrated in Figure 3.1. A discussion on the above-identified nested systems will follow, with Figure 3.1 as continuing reference point.
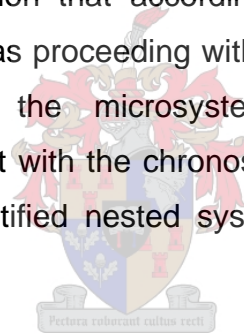
3.2.1 The Microsystem

Agreeing with Shea and Bauer (1994:10), Donald *et al* (2002:51) describes the *microsystem* as a system, such as the family, school and peer group, in which learners with disabilities are in daily face-to-face interaction with. In the family it includes the relationship between the learner with disabilities and his parents, siblings and other family members. In the school, the microsystems include the relationships between the learner with disabilities and the teacher as well as his peers. It can be seen therefore, that the microsystem is a pattern of activities, roles and interpersonal relationships between individuals and systems in which they actively participate.
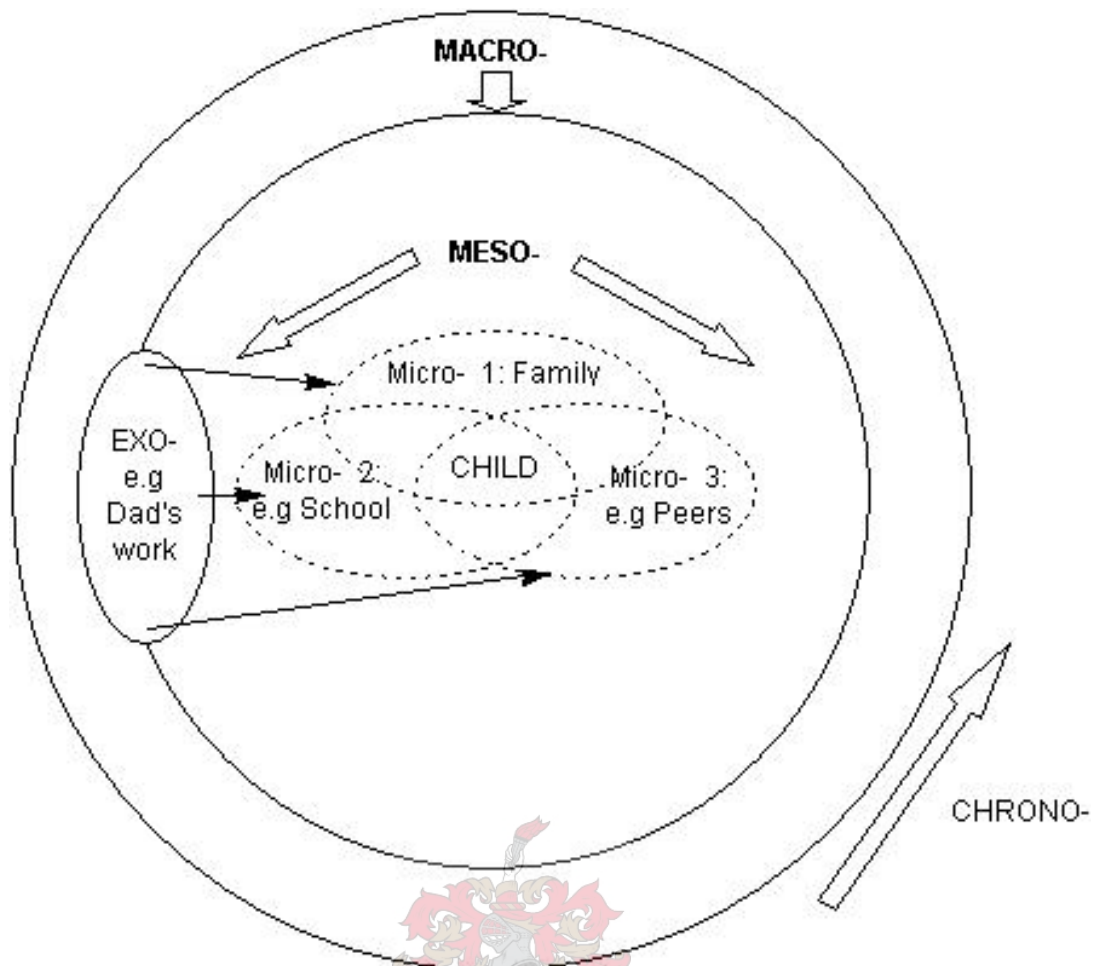
Figure 3.1: Bronfenbrenner's ecological model of learner's development
Source: Donald, Lazarus & Lolwana, 2002:52

3.2.2 The Mesosystem

According to Shea and Bauer (1994:10), the *mesosystem* represents the interaction between two or more microsystems and includes the interrelations among the school and home, home and neighbourhood and school and peer group. Donald *et al* (2002:52) state that what happens at home or in a peer group can influence how learners react at school. They further state that the mesosystem is similar to the local community or what some call the neighbourhood. Swart and Pettipher (2005:11) hold the view that inclusion is not possible without focussing on the development of relationships between the microsystems, for example the partnerships between the school and family.

3.2.3 The Exosystem

Shea and Bauer (1994:11) recognise that the *exosystem* represents settings that do not involve the microsystems directly. Exosystems, according to Donald *et al*

(2002:52,53), include the parent's workplace, the education system, the sibling's classroom, health services, media or local community organisations. It also includes factors such as the availability of inclusive programs, materials and curriculum.

3.2.4 The Macrosystem

The *macrosystem*, according to Swart and Pettipher (2005:12), refers to the beliefs, values, attitudes and ideologies inherent in the systems of a particular society and culture, which have an influence on the above systems. Shea and Bauer (1994:11) mention that the society's general perspective of learners with disabilities, educators, special education, social role of learners and community values all influence learners education. Donald *et al* (2002:53) hold the view that the macrosystem can be referred to as the social system as a whole. Examples of values and beliefs, according to Swart and Pettipher (2005:12), include democracy, social justice and ubuntu.

3.2.5 The Ontogenic system

According to Shea and Bauer (1994:11), Tinbergen suggests that the *ontogenic system* can be included within Bronfenbrenner's 1970s eco-systems perspective. They further state that the ontogenic system includes the personal characteristics of the learners with disabilities and the individual differences that each learner with disabilities brings to their micro-systems. These characteristics include the cognitive, communicative, social and physical abilities of the learners with disabilities. By including the ontogenic system to Bronfenbrenner's (1970) eco-systems perspective, educators are able to focus on the learners' development as transactions among the learner and the environment, not just as a series of cause and effects between the learner and his environment.

3.2.6 The Chronosystem

In addition to these systems, Donald (2002:53) identifies the *chronosystem.* The interactions between the micro-, meso-, exo- and macro-systems and their influences on individual development are all crossed by developmental time frames. Any of the systems in which the learner with disabilities is involved in, may be seen as a process of development itself and is referred to as a chrono-system.

3.3 IMPACT OF THE ECO-SYSTEMIC APPROACH IN INCLUSIVE EDUCATION

The eco-systemic perspective is an integration of both ecological and systemic perspectives. Donald *et al* (2002:44) state that this perspective displays how individuals and groups at different levels of the social context are connected in dynamic, interdependent and interacting relationships. A brief discussion on the ecological and systems theories as identified above, will follow.

The *ecological theory,* according to Donald *et al* (2002:45), is based on the interdependence and relationships between learners and their physical social environment. These relationships are seen as a whole and every part is as important as another. The learners with disabilities are in an interactive relationship with their family, school, community and society. Each of these groups are interacting and influencing the other group within the total ecological system. Figure 3.2 represents the interacting levels of learners in their social environment.
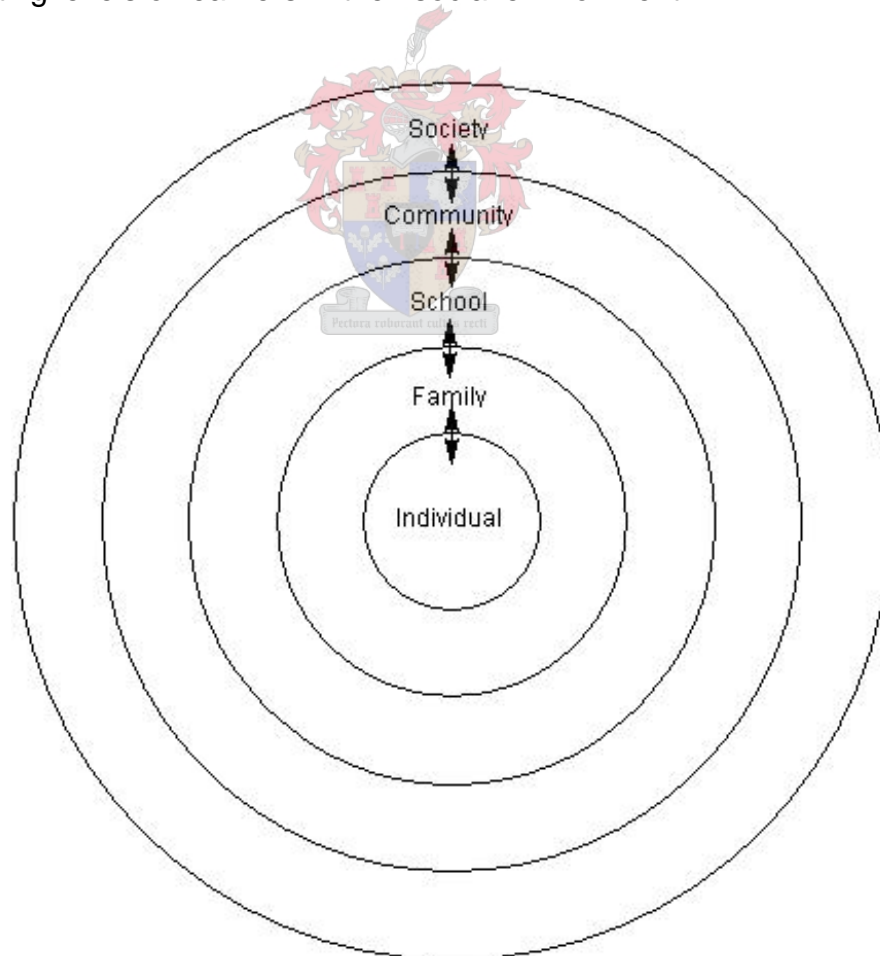
Figure 3.2: Interacting levels in the ecological or social context
Source: Donald, Lazarus & Lolwana, 2002:46

This diagram, proposed by Donald *et al* (2002:46), is therefore based on the concept of learners in an interactive relationship with their family, school, community and society.

Donald *et al* (2002:47-49) explain that the *systems theory* sees the different groups of the social context as systems where the functioning of the whole is dependent on the relationships and interaction between all the systems. These systems have subsystems within them that interact with the entire system. Donald *et al* (2002:48) presents the following diagram, explaining systems, sub-systems and the interaction between them.
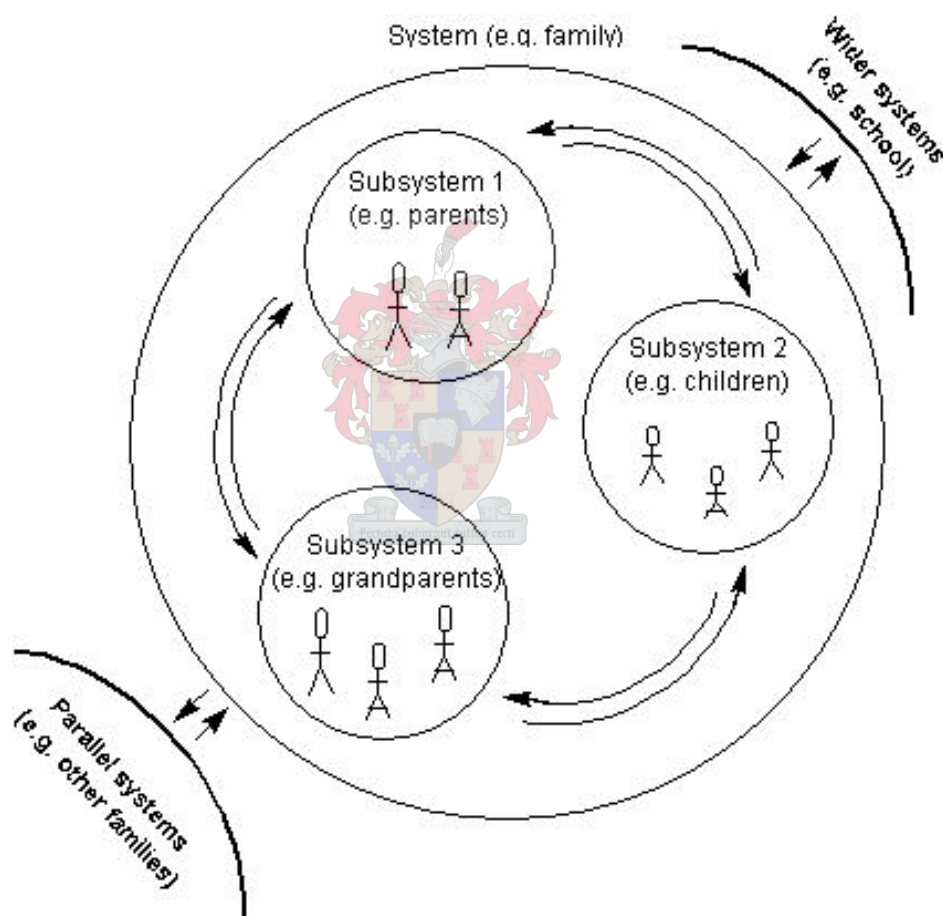
Figure 3.3: Interaction between systems and sub-systems
Source: Donald, Lazarus & Lolwana, 2002:48

An example of a system, according to Figure 3.3, is a family. The family is composed of individual members or subsystems dependent on the interaction between each member. Grandparents, parents and children are subsystems within a family. The

family as a whole also interacts with other parallel or wider systems outside it, such as other families, the school or church.

According to Donald (2002:49) there are several elements and processes that are important for understanding any system. These include:

- Goals and values of the system that influence and are influenced by other systems.
- Subsystems within the system are different and sometimes overlapping with another subsystem.
- Communication patterns within the system.
- Roles within the system.
- Boundaries of the system.
- Time and developmental changes of one system interacts with other systems.

It is therefore important to identify the above-mentioned elements within systems that might influence the interaction between subsystems, the system as a whole and between other systems outside.

As mentioned in the previous section, the *eco-systemic perspective* is an integration of the *ecological* and *systemic* theories. Green (2001:7) points out that Bronfenbrenner's eco-systemic model (1970) helps educators understand the complex influences and interactions apparent in education, schools, classrooms, families and peer groups. The key component of Bronfenbrenner's model (1970), according to Swart and Pettipher (2005:12), is the understanding that learners with disabilities are part of a number of different systems, for example a family system, a school system and a peer system that influence each other. A small change in one system will have an affect on the entire system. According to Green (2001:8) this implies that each learner with disabilities consists of multiple systems in interaction and develops holistically.

3.4   DONALD, LAZARUS AND LOLWANA'S ECO-SYSTEMIC MODEL

Donald, Lazarus and Lolwana (2002:55) developed an eco-systemic model of the different levels of system, and the influences that directly affect the education process. The following section will take a closer look at their eco-systemic model.
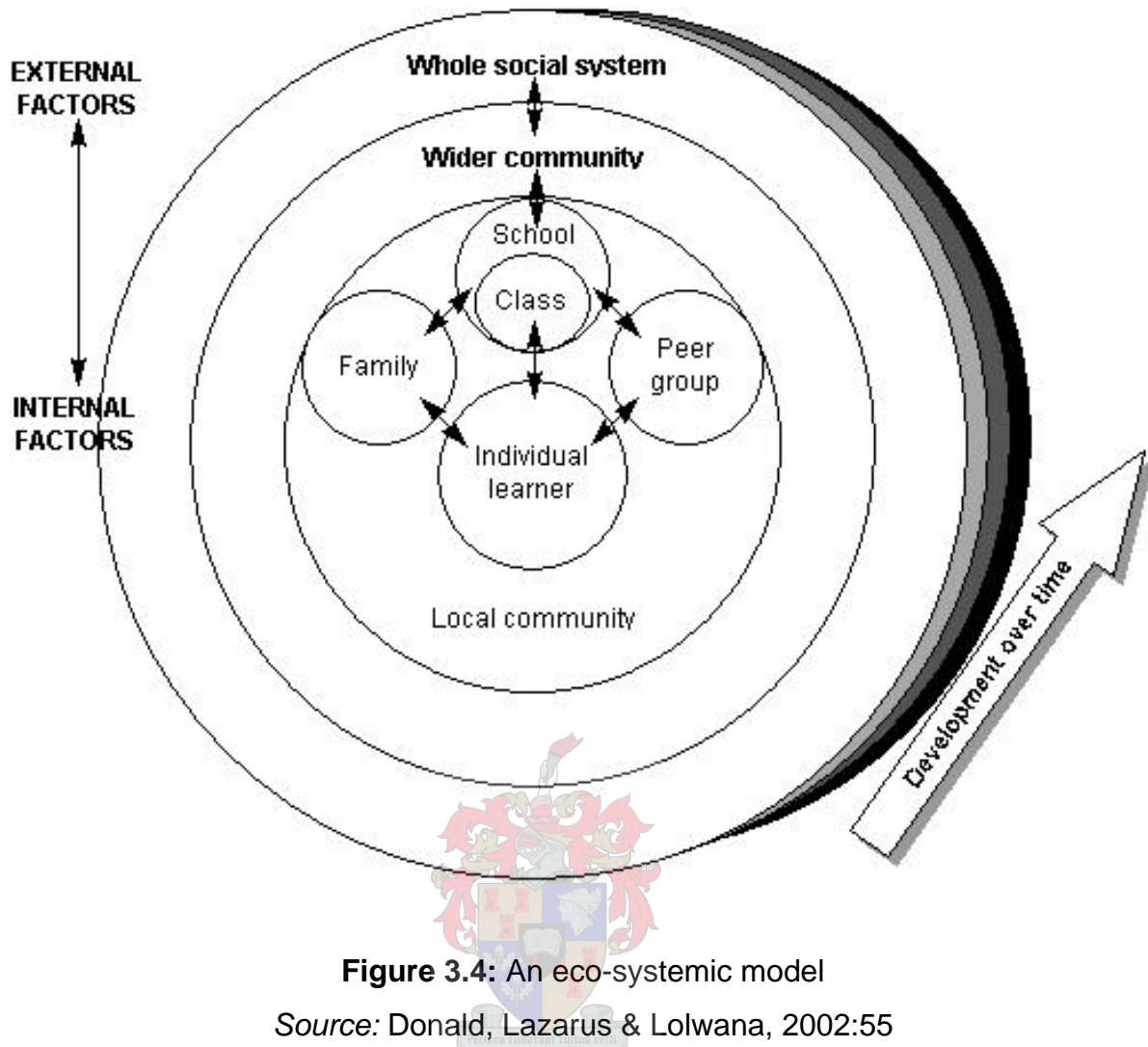
Figure 3.4: An eco-systemic model
Source: Donald, Lazarus & Lolwana, 2002:55

In Figure 3.4 Donald *et al* (2002:55) express the interaction between the different systems in the education process. This diagram can be seen as a broad guide understanding the eco-systemic interactions in the education process and integrates Bronfenbrenner's model (1970) of child development. This diagram should not be seen as replacing Bronfenbrenner's model.

Donald *et al* (2002:55) emphasize that learners with disabilities' development takes place over time. All the different systems, from the learner through to the entire social system, are in continuous interaction with one another in their different phases of development. As in Bronfenbrenner's model, this process is represented by an arrow, but need to be considered in all its complexity.

According to Figure 3.4, the learner with disabilities is part of a number of other systems, for example the family system, school system, peer system and local community. These sub-systems are in constant dynamic interaction and change in one system will have an affect on the other systems and the entire social system. Donald *et al* (2002:56) also mention a range of internal and external factors that might have an impact on the education process at different levels. They refer to internal factors as those factors within the individual system, such as psychological and physical barriers. External factors are factors within the family, peer group, class, school local community and whole social system, such as values, resources, and support.

In conclusion, the eco-systemic model can be seen as a model in which the learners with disabilities are developing in a dynamic relationship with and as an inseparable part of the social contexts in which they function. This model has also relevance to understanding classrooms and schools by viewing these as systems in interaction with the wider social context. The eco-systemic model provides a theoretical framework for understanding the development of learners with disabilities in inclusive education. The question, however, is whether the eco-systemic model can be successfully applied in inclusive education in South Africa. A discussion on implementing inclusive education in South Africa, according to the eco-systemic approach, will follow with the eco-systemic model as reference point.

3.5　INCLUSIVE EDUCATION IN SOUTH AFRICA: AN ECO-SYSTEMIC APPROACH

Implementing inclusion is complex, and therefore inclusive education needs to be viewed within the eco-systemic approach as an important guiding framework. In order to accomplish systemic change towards inclusive education in South Africa, we have to accept that inclusion is not just a reform of special education for learners with disabilities, but it is part of a much wider network of social, political and economic policies. According to Dyson & Forlin (1999:46), the policy paper (1998/ 9) on *Quality education for all: addressing barriers to learning and development,* which has emerged from the NCSNET/NCESS Report (DNE, 1997), declares a commitment to integrate learners with disabilities in mainstream schools and to accommodate the

diverse needs of these learners. This concept is directly linked to the eco-systems approach to understanding problems and development towards inclusive education.

According to the NCSNET/NCESS Report (DNE, 1997), the following are regarded as the most critical barriers to effective learning and development in South Africa:

- Socio-economic barriers, including poverty, lack of basic services and inaccessible environments
- Negative attitudes towards difference of diversity
- An inflexible curriculum
- Factors that place learners at risk
- Inaccessible and unsafe school buildings
- Lack of transport or inappropriate transport
- Barriers arising from disabilities, including physical, cognitive, sensory developmental and learning disabilities
- Lack of parental recognition and involvement
- Inappropriate language and communication channels
- Inappropriate or inadequate provision of support services
- Inadequate or inappropriate development and utilisation of human resources
- Inadequate policy and legislation

A major challenge towards building an inclusive school will be to identify and address these barriers.

One of the fundamental principles of the new Constitution of South Africa (1996) is the principle of diversity that moves towards the development of an inclusive society. In striving to develop inclusive education, the ultimate goal is to built inclusive schools that will contribute towards the development of inclusive societies, where all the members of the societies will be able to fulfil their potential and participate optimally, and where diversity will be respected. The Salamanca Statement (UNESCO, 1994) states that inclusion is a challenge for everyone and requires participation from principals, teachers, school staff, parents, siblings, peers, families and volunteers in communities.

In line with above, the discussion that follows will focus on the different systems related to the inclusive education process, such as the inclusive school, inclusive classroom, inclusive teacher, inclusive curriculum, family, support team, peer group,

community-based support team and district support team. The eco-systemic model will be the reference point of this discussion.

3.5.1 INCLUSIVE SCHOOL

Donald *et al* (2002:143) state that schools are the main micro-systems in which formal education of the society's children takes place. Schools are open systems that are in continuous interaction with other systems outside them, including the local community and the social system as a whole. The move towards inclusive education does not only affect certain micro-systems in the school, but also the whole school system in the local community. This whole-school system development approach, according to Swart and Pettipher (2001:33), involves the development of new conceptions about learning and teaching that reflects a supportive environment that focus on diversity and promotes equal opportunities and access to education for all learners. Muthukrishna (2001:48) points out that inclusive education can be seen as a process of operating a classroom or a school as a supportive community. Through this process, the school has to build its capacity to accept all learners with special needs from the local community.

In order to build an inclusive school, all aspects of the school's development need to be addressed. According to Donald *et al* (2002:139-140) the focus must be on:

- Developing an inclusive school policy that promotes inclusion and equity in terms of race, gender and ability,
- Developing a supportive physical and social environment, including safe facilities for learners with special needs,
- Strengthening local community action and participation within the inclusive school,
- Promoting inclusive education programs for staff and parents development, as well as life-skills education for learners,
- Reorientation and co-ordination of education support services.

When looking at the development of an inclusive school, the above-mentioned aspects need to be pursued. Schools in South Africa are faced with challenges regarding inclusion. Becoming inclusive is, according to Lazarus, Daniels and Engelbrecht (1999:67), part of the broader challenge of building a culture of learning

where quality education becomes a reality. In view of above, an effective inclusive school should have the following characteristics.

3.5.1.1 Characteristics of an inclusive school

An *inclusive school* is a school where:

- The principal plays the key facilitating role in developing a shared vision towards inclusive education,
- All learners, including learners with disabilities, attend the mainstream school and classrooms in their local community,
- Learners diversity are accepted and differences are respected,
- Learners with disabilities or special needs will not be turned away,
- Learners are placed in appropriate age groups,
- Learners have continuous contact with peers in academic and social settings,
- Learners will be empowered by participation in co-operative learning, peer tutoring and decision-making,
- The focus is on the strengths of the learners rather than on their weaknesses,
- There is co-operation among the school staff,
- Teacher support teams have been established,
- The improvement of social skills are as important as the improvement of academic skills,
- There is constant change and development,
- A flexible curriculum meets the diverse needs of all the learners.

(Chambers, 2001:25-27; CSIE, 1997:12-13; Donald *et al*, 2002:143-145; Engelbrecht, 1999:170; Lazarus, Daniels & Engelbrecht, 1999:46-50; Shea & Bauer, 1994:41; Smith *et al,* 1998:24)

When confronting with the challenge of building an inclusive school, the above-mentioned characteristics must be taken into account. It can be seen therefore that the goal of building inclusive schools is to contribute towards the development of an inclusive society where respect and diversity are valued.

3.5.2 THE INCLUSIVE CLASSROOM

The classroom is, according to Donald *et al* (2002:167), the primary environment in the school where learning and teaching takes place. As can be seen in Figure 2.4, the classroom is a sub-system within the inclusive school, and is a reflection of the school, local community and the social system as a whole. It needs to be a safe, productive and inclusive environment. The inclusive classroom could be described in terms of the following characteristics.

3.5.2.1   Characteristics of an inclusive classroom

An *inclusive classroom*:

- Embraces all learners in the learning environment, including learners with physical or sensory disabilities or any other special needs,
- Provides a safe and supportive atmosphere where all learners can develop their full potential,
- Promotes acceptance, tolerance and caring in all learners,
- Nurtures the personal, cognitive and social development of all learners,
- Is accessible to the learners with physical disabilities,
- Provides supplementary aids and assistive devices, for example audio tapes for learners with visual disabilities, radio hearing aid for hearing disabilities, computers for learners with severe physical disabilities
- Promotes co-operation, collaboration, group work and peer tutoring between learners,
- Ensures active learning and meaningful participation in all the class and school's activities.

(Donald *et al*, 2002:167-169; Lomofsky, Roberts & Mvambi, 1999:72-74; Smith *et al*, 1998:24, 36-40; Swart & Pettipher, 2001:40)

From above mentioned characteristics it can be deduced that inclusive classrooms are sub-systems within the inclusive school system. According to Engelbrecht (1999:171), the learners' performances in the classroom are the result of the interaction between the learners and classroom environment.

Engelbrecht (1999:171) further states the systematic approach to adapt mainstream classrooms to full inclusive classrooms called for the INCLUDE strategy. The INCLUDE strategy for including learners with disabilities in inclusive classrooms have the following seven steps:

Step 1: **I**dentify environmental, curricular and instructional demands

Step 2: **N**ote learner's learning strengths and needs

Step 3: **C**heck for potential areas of learner success

Step 4: **L**ook for potential problem areas

Step 5: **U**se information to brainstorm instructional adaptations

Step 6: **D**ecide which adaptations are going to be implemented

Step 7: **E**valuate learners' progress

By following the above mentioned seven steps of the INCLUDE strategy; learners with disabilities can be successfully accommodated in the inclusive classroom.

3.5.3 INCLUSIVE TEACHING

As more learners with disabilities and special needs are included in ordinary classrooms, teaching became more demanding. Teachers play a fundamental role in developing an inclusive learning classroom. They have to make major changes to implement inclusive education in their classrooms. According to Swart and Pettipher (2001:40), teachers feel overwhelmed, frustrated and helpless towards the changes within the education and the inclusive policy that has been imposed upon them. It is therefore important that teachers will be part of the decision-making process with regards to inclusive education in their classrooms. Inclusive education challenges teachers to rethink their roles and responsibilities, learn new skills and gain knowledge in order to adapt to the change. It is important to acknowledge and understand the following characteristics of the inclusive teacher.

3.5.3.1   Characteristics of an inclusive teacher

Inclusive teacher will:

- Be actively involved and contribute towards inclusion in the classroom,
- Plan for the class as a whole, making all activities inclusive,

- Make effective use of the classroom's natural resources, including learners themselves, so that the learners can contribute to each other's learning,

- Use a flexible and diverse range of teaching approaches,

- Be sensitive to the needs of learners with disabilities and special needs,

- Be trained in how to address special education needs,

- View learners with disabilities in terms of their abilities rather than their disabilities,

- Break down walls of isolation and work together with all the role-players to offer all learners equal learning opportunities and support,

- Promote a school-wide and classroom culture that accommodate diversity,

- Adapt the curriculum to each learner's specific needs,

- Focus on learners strengths rather than weaknesses,

- Encourage the input of other professionals and support teams in order to understand the weaknesses of the learners with disabilities and special needs,

- Be responsible for meeting the educational, social and emotional needs of all the learners in the inclusive classroom,

- Need to establish strategies for the modification of the learners behaviour to maintain discipline in the classroom,

- Have to arrange the classroom physically to suit all the learners needs and to create a happy classroom atmosphere,

- Ensure frequent communication between the school and the home.

(Beirne-Smith, 1994:351; Gous & Mfazwe, 1998:46-52; Lomofsky, Roberts & Mvambi, 1999:70-71; Swart & Pettipher, 2001:40-42)

Swart and Pettipher (2001:43) state that the roles of teachers need to be redefined to bring change towards inclusive education. The changing roles can only be understood within the context of above-mentioned characteristics.

3 5 4   THE INCLUSIVE CURRICULUM

The NCSNET and NCESS recommend a new curriculum need to be developed for all education in South Africa. Naicker (1999:21) points out that a new national curriculum, Outcomes-based education (OBE) or Curriculum 2005, has been implemented in South Africa with effect from 1998, to facilitate the transformation of the education system in general. The fundamental aim of the new curriculum,

according to Lomofsky *et al* (1999:75), is for all learners to succeed including learners with disabilities. This curriculum is acceptable to the inclusive policy.

The *inclusive curriculum* can be described as follows:

- It is based on the belief that all learners can learn and succeed, but not necessarily at the same pace.
- It is flexible and creates opportunities for all learners to achieve success.
- It is designed to have the capacity to respond to diversity in learning and to overcome the barriers to learning and development.
- It focuses on preparation for life.
- It can be adapted to suit the learners, rather than have the learners fit the curriculum.
- It views every learner as unique and attempts to understand different abilities.
- It focuses on the learner's emotional, social, intellectual and physical development and learning.

(Lomofsky, Roberts & Mvambi, 1999:75-76; Naicker, 1999:87,115)

The above description of the inclusive curriculum is in contrast to the old curriculum and is designed to have the capacity to respond to diverse learning needs and based on the principle that all learners can learn successfully. The positive aspect of the inclusive curriculum is that it can be used for implementing inclusive education in South Africa.

3.5.5 THE FAMILY IN INCLUSIVE EDUCATION

Inclusive education cannot be fully understood unless educators also look at the involvement of the *family-system* in the inclusion of a learner with disabilities in an inclusive school. According to Donald *et al* (2002:246) the family is the basic source of security and support and the foundation for the physical, emotional, cognitive, moral, social and spiritual development of the learner. A caring, supportive and stable family is the key factor in the lives of learners with disabilities who have to rise above their circumstances.

Lazarus *et al* (1999:55-56) state that, in South Africa, new policies and legislation (White Paper on Education and Training, 1995; South African Schools Act, 1996)

reinforce the optimal involvement of *parents* in the education of their children. The NCSNET/NCESS Report emphasises that parents must be involved in the process of developing an inclusive school, community and society. It is important to include the parents in the assessment of the needs of the learners and for the parents to provide additional support to the school and classrooms. The parents, as part of the school's governing body, have a central role to play in developing an inclusive school policy.

The Working Forum on Inclusive Schools (1994:46) emphasises that the teacher cannot integrate the learner with disabilities alone into the inclusive classroom. Working together as a team with the whole family is the key to success. The parents must provide the teacher with insight into the learner's disability and ability to function in the school's environment. The family is an equal member of the team with regard to planning, decision-making and problem solving.

It is a challenge for teachers to consider diverse and effective ways to involve the families in the education of learners with disabilities. According to Smith *et al* (1998:458), Dunst, Johanson, Trivette and Hamby state that the following six methods can be used by teachers to involve families in the education of their children in an inclusive school:

- Enhancing a sense of community among the families by promoting the coming together of families with shared needs.
- Mobilising resources and support that assist families with parenting responsibilities.
- Sharing responsibilities and collaboration among parents and professionals.
- Protecting family integrity and respect their beliefs and values.
- Strengthening family functioning by promoting their capabilities and competencies.
- Implementing proactive human service practices that support and strengthen family functioning.

It would therefore be expected from the teacher to use the above-mentioned methods to include the family in the education process of learners with disabilities in the inclusive school. Success at school depends on the interaction of the teacher, family and learner with disabilities.

3.5.5.1   Siblings of learners with disabilities

Smith (1998:269) argues that like the parents, brothers and sisters play an important role in the life of a learner with disabilities in inclusive education. They serve as advocates, models and tutors for their sibling with disabilities in inclusive schools. The presence of a child with a disability in a family has an impact on the family structure and dynamics. According to Smith (1998:269), McLouglin and Senn have pointed out that the siblings of children with disabilities also have special needs. They need information about their sibling's disability, need emotional support and need training in the ways they can help their sibling with disabilities function in the inclusive school.

The following are ways, according to Brummer (1996:252) and Smith *et al* (1998:467), which can be applied by teachers and parents to help the siblings of learners with disabilities:

- Inform the siblings of the cause and nature of the disability.
- Openly discuss the disability in the family.
- Involve siblings in support groups where they can share their experiences with other siblings.
- Involve siblings in the process of including the learner with disabilities in the mainstream school.
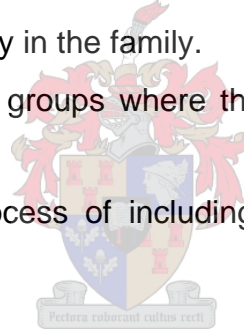
It is important to acknowledge the above-mentioned ways in which teachers and parents can help siblings of learners with disabilities. Smith *et al* (1998:467) further state that the sibling of a learner with disabilities may feel emotionally and economically deprived. Sibling support groups can provide a forum in which siblings can share their experiences and receive support to cope with having a brother or sister with disabilities.

3.5.6 CLASSROOM SUPPORT FOR LEARNERS WITH DISABILITIES

In South Africa, inclusive education became the major responsibility of the mainstream teacher. According to Green, Forrester, Mvambi, Janse van Vuuren and Du Toit (1999:128), this is a change and challenge for teachers who have, in the past, rely on special schools and special education teachers to take responsibility for the education of learners with disabilities. The new curriculum offers the flexibility to

make inclusion a reality, but making a success of inclusion will require more than a change of curriculum. Teachers in inclusive classrooms cannot accommodate learners with disabilities or special needs effectively without support from facilitators, teacher assistants and special needs support teachers.

Green *et al* (1999:129) further state that all learners are important in the inclusive classroom, but the learners with disabilities and special needs make more demands on the teacher. Support for the teachers and learners with disabilities and special needs within the whole-school approach are vital. The Salamanca Statement (CSIE, 1997:15) recognises that learners with special educational needs should receive extra support from classroom aides or support teachers to ensure effective education so that they can benefit from the placement in an inclusive classroom. Smith *et al* (1998:41) refers to the classroom support as para-educators or teacher aids. The para-educators provide direct support to the learner with significant disabilities or special needs. They need to be trained and supervised to provide effective critical assistance and support to these learners in inclusive classrooms.

According to Brummer (1996:5,96) in most other countries, learners with disabilities are accommodated in inclusive classrooms where the schools provide special assistants for these learners. However, in South Africa, the parents are responsible to provide a special assistant or facilitator who accompanies the learner with disabilities or special needs everyday to the inclusive school. Gous and Mfazwe (1998:49) state that the facilitator in the inclusive classroom fulfils an important role in the lives of the learner with disabilities and works alongside the teacher, parents and interdisciplinary team, to support these learners.

It can be seen therefore, that finding ways of working together with learners with disabilities in inclusive classrooms is a challenge, which faces teachers, schools and parents. The success of inclusion however, depends on the support learners with disabilities receive from facilitators, teacher assistants; special needs support teachers and inclusive school support team. The school support team differs from the assistance teams. The assistance team offers direct services and support to the learner with disabilities or special needs, whereas school support teams focus on empowering teachers. A discussion on the inclusive school support team will follow.

3.5 7 THE INCLUSIVE SCHOOL SUPPORT TEAM

The teacher should not be expected to integrate a learner with disabilities and special needs into the inclusive classroom without the support from an inclusive school support team. Working as a team is the key to success. According to Hall, Campher, Smit, Oswald and Engelbrecht (1999:157), support for teachers in their demanding roles within a whole-school approach is important. Working together in inclusive education offers the opportunity to provide quality support for all learners with special needs in the inclusive school. The support system, outlined in the NCSNET/NCESS Report (1997) and Green/White Paper (1998), place the responsibility for addressing the inclusive policy on the school support teams and states that the team must focus on providing support to the inclusive school community.

In South Africa various forms of school support teams have been developed to assist the school, teachers and learners in addressing inclusive education. Hall *et al* (1999:158) refers to an inclusive education support team as a group of people whom possesses particular expertise in areas related to the learner's special needs and hold a common vision towards inclusive education. The learner's special needs can be met through the input from the interdisciplinary team members. Beirne-Smith *et al* (1994:339), Brummer (1998:122) and Hall *et al* (1999:161) point out that the interdisciplinary support team come together to

- Communicate, collaborate and consolidate knowledge,
- Describe, analyse and conceptualise the learners' needs and classroom problems,
- Select and define realistic intervention goals,
- Conduct problem-solving meetings and brainstorming strategies and
- Conduct procedures for effective assessment.

The interdisciplinary support team may consist of the following members:
- General education teachers
- Special education teachers
- Parents of the learner with special needs
- Facilitator or learner's assistant
- Principal or school administrator
- Special Needs Co-ordinator

- School psychologist

- Social worker

- Learning and behaviour consultant

- Occupational therapist

- Speech and language therapist

- Physiotherapist

- School nurse

- Doctor

(Beirne-Smith *et al,* 1994:339; Brummer, 1998:124; Donald *et al,* 2002:19; Hall *et al,* 1999:160; Lazarus *et al,* 1999:54; Shea & Bauer, 1994:67; Working Forum on Inclusive Schools, 1994:10)

From the above mentioned, it can be seen that the major challenge facing the inclusive school support team is to assist the teachers in their demanding roles including learners with special needs and disabilities in their classrooms. Therefore the learners special needs can be met through the input from the interdisciplinary team. In line with above, a discussion will follow on the implementation of the teacher support team.

3 5 7 1   The implementation of the teacher support team

According to Hall *et al* (1999:160) the most important element in the implementation of the teacher support team is the clarification of the different roles of the interdisciplinary team members. Setting up the support team depends on addressing the following questions:

- Who is the target population?

- Who should serve on the support team?

- Who should be the co-ordinator of the support team?

- Who has the responsibility for referral to the support team?

- How should the support team operate?

Schaffner and Buswell (1997:54) state that many inclusive schools support teams designate a member to serve as an inclusive support facilitator for a particular learner with special needs or an entire school or school district. The inclusive education support team facilitator can encourage or formally organise the support teams such as those described. The support team facilitator can help the team utilise strategies

for promoting creative problem solving and ensuring accountability by team members for successfully implementing support for the learner with special needs. The facilitator can also encourage natural support networks for the learners. Particular emphasis is placed on facilitating friendships for the learner with special needs through identifying opportunities for peers to make connections in the classroom and in school activities. In addition the facilitator can function as the team's resource locator who can locate appropriate material and equipment or specialists and consultants who have expertise in a particular area of inclusive education.

Once the support team members have been selected they should meet regularly to maximise effects and to avoid duplication of efforts. Working as a team is the key to the successful integration of learners with special needs in an inclusive school and an inclusive community. Lazarus *et al* (1999:54) state that the school support team will face a further challenge in its attempt to develop an inclusive school by drawing in peer support within the school. It would therefore be expected to take a closer look at peer support groups in inclusive schools.

3.5.8 PEER SUPPORT GROUP

According to Bradley *et al* (1997:384) it is essential for learners with disabilities to form relationships with peers. Traditionally learners with disabilities have been isolated in special schools for their education and had limited interaction with peers other than those with similar disabilities. However, as these learners are increasingly included in inclusive education classrooms, they have more opportunities to develop a wider circle of peer relationships. Kirk, Gallagher and Anastasiow (2000:197) point out that one of the distinguishing features of inclusive education is the emphasis on socialisation of the learner with disabilities within the inclusive setting. To meet this socialisation goal, Kirk *et al* (2000:197,198) mentioned that the teacher or facilitator endorsing inclusion should enhance social contact between the learner with disabilities and their peer group.

Donald *et al* (2002:376) describes the peer group as a group of learners of similar age or developmental level with whom the learner with disabilities has continuous face-to-face interaction with. The peer group is one of the micro-systems of Bronfenbrenner's ecological model (1960) and with whom learners with disabilities

are closely in interaction with. Bradley *et al* (1997:386, 389) and Donald *et al* (2002:224) further state that peers have a powerful influence on the development of the learner with disabilities in the following contexts:

- Give social support
- Strengthen social identity
- Developing of social skills
- Experiencing a sense of belonging and acceptance
- Academic support

According to Mastropieri and Scruggs (2000:246) classroom peers can become involved in supporting learners with special needs from their first placement in an inclusive classroom. In many ways, classroom peers are the key to social acceptance and can provide the necessary support for helping the learners with special needs be more accepted in the classroom. Schaffner and Buswell (1997:54) state that it is helpful to include peers on the inclusive education support team because they can provide the team with practical suggestions regarding how the learner with special needs can become integrally involved in the school and feel welcome, secure and successful in the classroom. Schaffner and Buswell (1997:54) further emphasise that the two major advantages of involving peers on the support teams are that

- they are available to provide assistance and encouragement, and
- they can offer culturally congruent support strategies because they have a better understanding of the needs, desires and interests of their peers.

Mastropieri and Scruggs (2000:250) state that peers can also support the team and the learner with disabilities in the classroom, in the following way:

- Help address the safety issues that includes the handling of potentially dangerous classroom materials,
- Can assist the learner with communication difficulties with speaking tasks,
- Can support the learner in a wheelchair with their physical mobility,
- Can help with their classroom organisational skills,
- Can promote appropriate social behaviour in the classroom.

Bradley *et al* (1997: 401) states that true inclusive education only occurs when learners with disabilities are included physically, instructionally and socially. If

learners with disabilities are expected to participate in community life, they need to have relationships with their peers.

3.5.9 AN INCLUSIVE COMMUNITY-BASED SUPPORT SYSTEM

The NCSNET and NCESS and the Draft White Paper 5 Report (Department of National Education, 2000) recommend a community-based approach to support the developing of an inclusive education and training system. The Report points out that in the context of a developing country such as South Africa, the reality is that there are a small number of specialised professionals in the inclusive education field. This would mean that existing resources and expertise in the community should be approached to develop and support the move towards inclusive education.

According to Lazarus *et al* (1999:55), this includes the development of positive relationships with parents; non-government organisations (NGOs); disability people's organisations (DPOs); neighbouring education institutions; relevant government departments and local government and relevant specialists in the community. There are many NGOs and individual consultants in South Africa who have developed very successful programs that could assist schools in their attempts to meet the inclusive challenge. (See Appendix 1 for a full list with addresses of these organisations.) The DPOs can play a central role in helping the school community to understand the needs relating to a particular disability. They can assist in identifying the special needs and provide resources to address these needs. Existing specialised schools and institutions can also assist in the understanding of the needs of learners with disabilities in inclusive schools. Specialist expertise available through the district support teams can be utilised to support the inclusive school in its capacity-building process.

Lazarus *et al* (1999:57) further emphasise that the following key principles and guidelines for facilitating community partnership are important:

- Identify what resources are available in terms of the needs of the particular inclusive school concerned
- Become aware of the real value of these resources for the school community
- Think through how the school's own resources can benefit the community so that the partnership is of mutual benefit

- Negotiate an acceptable partnership agreement with the community resource involved

- Identify and follow particular practical strategies for involving the community resource in the inclusive school.

The communities within which inclusive schools are located influence the schools development and the school can have an influence on the community. This is a basic eco-systemic understanding. The inclusive school's major contribution to the community is to produce citizens who can play an active economic and social role in the society and who can live with others in a respectful and constructive way.

3.5.10   DISTRICT SUPPORT TEAM

District support teams, outlined in the NCSNET/NCESS report (1997) and the Education White Paper 6 (2001:47), will be established in South Africa to provide a co-ordinated support service to inclusive schools. The district support teams will be established in the 30 districts that form part of the District Development Program. These teams will consist of a core of education support personnel from provincial district, regional and head offices and from special schools. Their primary function will be to evaluate inclusive programs and their effectiveness and to suggest modification. They will build the capacity of schools, early education and basic education and training centres, colleges and higher education institutions to recognise and address severe learning difficulties and to accommodate a range of special learning needs. The district support teams will need to provide curriculum, assessment and instructional support to these institutions in the form of illustrative learning programs, learning support material and assessment instruments.

It can be concluded therefore, that the implementation of inclusive education in South Africa is complex and need to be viewed within the eco-systemic approach, as discussed previously. The discussion focussed on the understanding of the development of learners with disabilities in more holistic and contextually interactive terms. Understanding inclusive schools, classrooms, teachers, curriculum, families, classroom support, support teams and peer groups by viewing these systems in themselves and their interaction in the broader social context. In order to accomplish

systematic change towards inclusive education in South Africa, educators need to accept that inclusion is a challenge for everyone.

3.6   ADVANTAGES OF INCLUSIVE EDUCATION

In this section attention will be given to the advantages of inclusive education for learners with disabilities, for the inclusive school and teachers, for parents, for non-disabled peers and for the wider community. The advantages of inclusive education far outweigh the disadvantages for learners with disabilities, their families, the inclusive school, their peers and for the wider community. Kochhar, West and Taymans (2000:37-39) provided the following summary of the many advantages of inclusive education.

3.6.1   ADVANTAGES OF INCLUSIVE EDUCATION FOR LEARNERS WITH DISABILITIES

According to Kochhar *et al*   (2000:37) the learners with disabilities benefit from inclusive education in the following way:

- Inclusive education provides opportunities for the learner with disabilities to receive specialised support in the inclusive education classroom.
- Inclusion facilitates more appropriate social behaviour because of the higher expectations in the inclusive classroom.
- Promotes a higher sense of personal success.
- Fosters a good self-esteem as a result of interaction with peers.
- Improves ability to keep up with the pace of instruction in the inclusive classroom.
- Creates fulfilment in working with peer teams and being viewed as a contributing member of the class.
- Provide the opportunity to be evaluated according to the same criteria as their peers.
- Increases the learner with disabilities academic achievement levels.
- Offers enjoyment of social interaction in the larger inclusive classes.
- Increases the opportunity for personal decision-making and the setting of personal goals.
- Offers a wide circle of support from the inclusive education team and peers.
- Provides the opportunity to take risks and learn from successes and mistakes.

- Improves the quality of life with more satisfying and meaningful experiences.
- Offers a greater opportunity to complete a regular school curriculum.
- Increases skills in self-determination and self-advocacy for learners with disabilities through peer teams and classroom learning groups.
- Provides opportunities for participation in career-vocational and school-to-work transition activities with their peers.

3.6.2 ADVANTAGES OF INCLUSIVE EDUCATION FOR THE INCLUSIVE SCHOOL AND TEACHERS

Kochhar *et al* (2000:37, 38, 39) emphasises the following advantages of inclusive education for schools and teachers:

- Inclusive education reinforces a holistic (whole-child) view of the learners with disabilities and their specific needs in the school.
- Reinforces the holistic (whole-classroom) view of the teaching and learning environment in which learner diversity is celebrated and built upon to enrich the education process.
- Increases the number of learners with disabilities who are appropriately placed into inclusive education classes and who are able to benefit from the inclusive curriculum.
- Improves the ability of the school and teachers to adapt to different teaching and learning styles.
- Improves the school atmosphere of acceptance for diversity.
- Provides greater teacher awareness of the needs of learners with disabilities.
- Provide the teacher with knowledge about the individualised education program process.
- Increases the teacher's knowledge about how to apply specialised educational strategies to other learners who are not disabled but need extra help.
- Creates an atmosphere conducive to successful curriculum integration across subject areas.
- Shifts the role of the teacher to collaborator and promotes the formation of teams.
- Encourages teachers to demonstrate methods and strategies that promote co-operative learning among learners with and without disabilities.

- Promotes regular teacher in-service training and learning sessions about inclusion.
- Promotes more alternative assessment strategies of the learners with disabilities performance.
- Increases the supply of teachers in a district who are skilled in inclusive education, interdisciplinary planning, curriculum adaptations and team consultation.

3.6.3 ADVANTAGES OF INCLUSIVE EDUCATION FOR PARENTS OF LEARNERS WITH DISABILITIES

Kochhar *et al* (2000:38) explain that the parents of learners with disabilities benefit from placing their child in an inclusive school in the following way:

- Inclusive education provides the parents of the learner with disabilities with a broader support network through contact with parents of non-disabled learners.
- Links parents with teachers and support team and improves ongoing communication.
- Includes parents in the learner with disabilities individualised education planning process.
- Involves the parents as equal partners in the educational planning process of their child with disabilities.
- Strengthen the parents' decision-making, goal setting and self-advocacy in including their children with disabilities in an inclusive school.

3.6.4 ADVANTAGES OF INCLUSIVE EDUCATION FOR THE NON-DISABLED PEERS

Peers, according to Kochhar *et al* (2000:37), can also benefit from inclusive education. They mentioned the following advantages:

- Inclusive education facilitates a greater acceptance of learners with disabilities from their peers, both in and outside the inclusive classroom.
- Promotes a better understanding of the similarities among learners with and without disabilities.

- Increase the peers' knowledge about the range of different types of disabilities and the abilities of such learners to adapt and cope with the inclusive education classes and class work.

- Provides the opportunity to be part of the support team working with the learners with disabilities.

- Offers the advantage of having an extra support teacher or facilitator to help them with the development of their own skills.

- Provides opportunities to mentor, tutor or guide a classmate with a disability.

- Improves greater learner awareness of each other and tolerance for difference.

3.6.5 ADVANTAGES OF INCLUSIVE EDUCATION FOR THE WIDER COMMUNITY

Kochhar *et al* (2000:38,39) further state that the community can also benefit from inclusive education in the following way:

- Inclusive education motivates learners with disabilities to complete school and learn skills they need to live and work in their communities.

- Promotes the development of a business-education partnership to enable the teachers to expand the learning environment to include both the school and community.

- Increase the relevance of education to adult life in the community.

- Establish bridges between schools and community resources, promotes collaboration and the sharing of resources.

- Promotes innovative linkages with the community to provide career-vocational and school-to-work transition services.

- Shifts the focus of vocational support to real-world work environments.

- Provides teachers with knowledge and experience of the workplace requirements and expectations the business community will place on a disabled worker.

- Increases the teachers' knowledge of how to prepare and guide learners with disabilities regarding their options and opportunities in the business community.

The above emphasises the advantages of inclusive education for the learner with disabilities, the school and teachers, parents, the non-disabled peers and the wider community. Although the benefits outweigh the difficulties, focus will now shift to the barriers that prevent the progress of inclusive education for learners with disabilities.

3.7   BARRIERS TO INCLUSIVE EDUCATION

There are barriers that prevent the progress of including learners with disabilities into an inclusive school and classroom. Brummer (1998:13, 54) identified the following barriers that made it difficult for schools to welcome learners with disabilities:

- The lack of training and development of teachers to meet the needs of learners with disabilities.
- Inaccessible and unsafe school buildings.
- Lack of funds and resources to provide support and learning material.
- The rigid demands of the school curriculum.
- Negative attitudes of teachers towards certain disabilities.
- Large classes and the lack of individual attention from the teachers.
- Lack of commitment from parents and teachers.
- Lack of support to meet the challenges presented by the learners with disabilities.

According to Brummer (1998:15), South Africa is still faced with barriers that prevent learners with disabilities to attend their neighbourhood schools. Therefore, many teachers and parents recognises the placing of learners with severe disabilities in specialised schools, as a better option because of these barriers. Brummer (1998:15) further notes that it is important to look at the situation and special needs of every individual learner with disabilities and their family, and the availability of resources and support in their community, before placing the learner in the neighbourhood school.

3.8   CONCLUSION

The framework provided in this chapter focussed on Bronfenbrenner's ecological model as well as Donald, Lazarus and Lolwana's eco-systemic model and formed the reference point for understanding the development of learners with disabilities in more holistic and contextually interactive terms. The eco-systemic perspective has also relevance to understanding inclusive schools, inclusive classrooms and families by viewing these as systems in interaction with the wider social context.

The last section focused on the advantages of inclusive education for learners with disabilities, the school and teachers, parents, peers and the wider community.

Although the advantages outweigh the difficulties, it was also important to focus on the barriers that prevent the progress of inclusion. The lack of formal support to meet the challenges presented by learners with disabilities in inclusive classrooms is one barrier that the whole school system has to face.

The challenge to the inclusive education system in South Africa is therefore to ensure that a support system is developed to assist the learners with disabilities in the inclusive schools. This challenge provides the opportunity for social workers to become facilitators that support learners with disabilities in inclusive classrooms.

In light of this discussion, the following chapter will focus on the development of learners with disabilities, during middle childhood or primary school years, with specific emphasis on the case studies of the researcher.
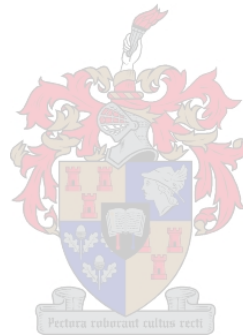
CHAPTER 4

DISABILITIES AND DIFFICULTIES IN LEARNING OF LEARNERS IN MIDDLE CHILDHOOD

4.1   INTRODUCTION

In keeping with the holistic approach towards learners with disabilities in inclusive education, this chapter presents a discussion of middle childhood development according to specific human development theories. According to Donald *et al* (2006:62) understanding human development is essential to any study of education. Human development theories, according to Johnson and Yanca (2004:7) directs the social worker's attention to the critical transition points in the development of learners with disabilities, which can make them more vulnerable than learners without disabilities.

Many theorists have contributed to the understanding of human development. In this chapter developmental theories of Erikson (1963), Kohlberg (1969), Piaget (1932, 1971) and Vygotsky (1962, 1978), will be discussed because of their significant impact on the social worker's understanding of the learner with disabilities.

In order for social workers to understand the development of learners with disabilities in inclusive education, as discussed in Chapter 2 and Chapter 3, they should understand of the normal development that takes place during middle childhood.

The chapter begins with a discussion on middle childhood. According to Feldman (2000:294) middle childhood generally begins at the age of six and continues to the start of adolescences, at around age twelve. Middle childhood is often referred to as the "school years". This chapter presents a discussion of the physical, cognitive emotional, social and moral development during middle childhood and discusses the impact of disabilities on each stage of development.

The discussion that follows gives a basic introduction to the functioning of the brain that enables the social worker to understand the impact of brain damage on normal childhood development.

Thereafter, a discussion follows on the specific disabilities the social worker in inclusive education are confronted with, namely:

- Physical disabilities

- Neurological disabilities

- Cerebral palsy

- Low muscle tone

- Dyspraxia

- Autistic Spectrum Disorder

The definitions causes, specific educational needs and educational support of each of the above mentioned disabilities are addressed in this chapter.

Donald et al (2002:317) state that many learners with disabilities can effectively be integrated and educated in ordinary classrooms, if the right knowledge and approach are used. The aim of this chapter is therefore to provide an understanding of and an insight into the selected disabilities and difficulties in learning, with emphasis on how to address and support the educational needs of learners with disabilities in inclusive education.

4.2   THEORIES OF HUMAN DEVELOPMENT

The human development theories, according to Johnson and Yanca (2004:7) points out that people develop physically, cognitively, socially, emotionally and spiritually over time. Certain criteria can be used to measure the stages of development in each area.

Physically, there are milestones that measure typical development. Blasco (2001:86) mentions that for children with disabilities, the type of disability will affect the achievement of these milestones. Cognitively, the model of Jean Piaget (1962) showed that children develop complex cognitive concepts in stages, such as sensory-motor period (birth to two years), pre-operational period (two to seven

years), concrete operational period (seven to twelve years) and formal operational period (adolescence) (Blasco, 2001:23; Dworetzky, 1996:39; Johnson & Yanca, 2004:7). The cognitive development of children with disabilities occurs at different rates, depending on the disability.

Johnson and Yanca (2004:7-8) further note that in the social-emotional area, Erik Erikson's (1950) work is often used as a reference point to determine whether expected psychosocial development has taken place.

Moral development is another area of development. Lawrence Kohlberg (1969) identified six stages of moral development namely punishment and obedience orientation, instrumental-relativist orientation, interpersonal concordance, law-and-order orientation, social contract legalistic orientation and universal ethical principle orientation. Each of the above mentioned human development theories helps to identify and understand human needs of learners with disabilities.

The social worker needs to consider that learners with disabilities are complex with unique needs. This human development theory directs the social worker's attention to critical transition points in the physical, cognitive, social-emotional and moral development of learners with disabilities, which can make them more vulnerable than learners without disabilities. In responding to the unique needs of learners with disabilities, the social worker should therefore have a thorough understanding of human development in all its aspects.

In working with learners with disabilities in the primary school, the social worker needs an understanding of the different developmental stages of middle childhood. The section that follows will give an explanation of middle childhood in general.

4.3   MIDDLE CHILDHOOD DEVELOPMENT

For the social worker to understand the development of the learner with disabilities in inclusive education, there should first be an understanding of the normal development that takes place during middle childhood.

According to Feldman (2000:294) middle childhood generally begins at the age of six and continues to the start of adolescence, at around age twelve. The period of middle childhood is often referred to as the "school years" because it indicates the beginning of formal education for most children (Feldman, 2000:294).

The middle childhood stage corresponds with Freud's (1963) "psychosexual latency stage". Louw (1992:325) mentions that according to Freud this stage is characterized by the fact that no erogenous zone comes to the front. It is dominated by the child's identification with the parent of the same gender. The child keeps itself busy with friends of the same gender. It is also a stage of informal learning through play and the child recognizes what behaviour is age appropriate.

Erikson (1963) calls middle childhood "the period of industry versus inferiority". He stresses the importance of mutual regulations of behaviour between the parent and child during this period.

Louw, Van Ede and Louw (1998:322) refer to this period as "a period of relative calmness and stability". Louw *et al* (1998:322) further state that although middle childhood is a relatively quiet period in terms of physical development, it is a time of considerable change for cognitive, social, emotional and self-concept development. The school's contribution in middle childhood should not be underestimated, although the influence of the child's parents and family remains fundamentally important. Well-balanced development during middle childhood establishes a solid foundation for subsequent development.

The child has to master several developmental tasks during the middle childhood years. Louw *et al.* (1998:322) and Sheafor *et al.* (2000:489) identify the following developmental tasks that should be mastered in middle childhood:

- Further development of motor skills.
- Extended development of cognitive skills.
- Further development of language skills.
- An increase of knowledge.
- An extension of social participation.
- The growth of greater self-knowledge.
- The consolidation of gender-role identity.

- The further development of moral judgement and behaviour.

It is therefore necessary for a child to master the above-mentioned developmental tasks during middle childhood to be able function adequately in all areas of their school life.

The discussion that follows will focus on the physical, cognitive, moral, emotional and social development of middle childhood and will discuss the impact of disability during this stage of development.

4.3.1   PHYSICAL DEVELOPMENT IN MIDDLE CHILDHOOD

Kaplan (2000:370) state that middle childhood is a time of horizontal change. The physical changes occur at a slower rate and are less obvious than in earlier years. Gradually, the child's forehead and abdomen becomes flatter, the arms and legs more slender, the nose larger, shoulders squarer, and the waistline more pronounced. Other major physical changes, according to Louw *et al.* (1998:323), include the following:

- The brain reaches adult size.
- The respiratory system becomes more elastic and functions more economically.
- Permanent teeth replace the milk teeth.
- A number of psychomotor skills are mastered.
- The heart is smaller in relation to the body than at any other stage of life.

Kaplan (2000:370) states that the growth rate continues to decline during middle childhood. Physically, girls develop more rapidly than boys do in the ages ten to eleven. This is the only phase of life where the girls are physically taller than boys. Boys and girls weigh about the same at eight years of age, but the girls are usually weighing more at about nine or ten and stay heavier than the boys until about fourteen years.

By the time children enter primary school, they have developed many motor skills. Kaplan (2000:370) emphasizes that during middle childhood, motor skills are refined and modified. The child's running speed increases and the ability to jump for distance

improves. The ability to throw accurately improves, as does balance. Boys' motor skills develop usually more rapidly than girls during middle childhood.

During middle childhood children gain a sense of competence that is related then to their physical ability. Successful engagement in physical activities plays a major role in the child's development of self-esteem and personality. Due to the importance of competence gained in relation to physical ability, the social worker as facilitator for middle-aged children with disabilities needs an understanding of the "normal" physical development of children during middle childhood.

4.3.2 COGNITIVE DEVELOPMENT IN MIDDLE CHILDHOOD

The school experience is so important that the middle childhood years are often called the "school years", as mentioned in the previous section. The social worker as facilitator in inclusive education needs to understand what the cognitions of the middle-aged child should be, to be able to approach learners with disabilities accordingly.

Green (2001:81) states that in contrast to physical development, cognitive development is an invisible phenomenon, only observable indirectly through the actions and speech of children. Cognitive development theorists are interested in how children acquire more effective and complex ways of thinking, as they grew older. Cognitive development begins with an intact brain and nervous system in the early years. There are different perspectives about cognitive development in middle childhood. The following section will focus on two major theorists' perspectives regarding cognitive development in middle childhood, namely Piaget and Vygotsky (Donald et al, 2002:62; Green in Engelbrecht & Green, 2001:81).

4.3.2.1   Cognitive development in middle childhood: Explanation of Piaget

Green (2001:81) states that, according to Piaget (1971), by early middle childhood children are capable of new and different quality of thought, which is refined over the next four to six years. Piaget refers to the nature of cognitive development during middle childhood as "concrete operational thought". He claims that cognitive development is a process by which the child becomes able to reason logically about increasingly abstract contents. Donald *et al* (2002:67) recognise that this is a "change

of gear" to the level of concrete operations where the child becomes perceptually dominated.

Donald *et al* (2002:67), Engelbrecht and Green (2001:82) and Louw *et al* (1998:326-330) emphasize that the following are distinctive characteristics of Piaget's concrete operational period:

- **Classification**

The child is able to classify objects simultaneously on the basis of a specific quality.

- **Decenting**

Decenting is the child's ability to consider various aspects of a matter. The child's reasoning is more logical.

- **Conservation**

The child understands that the quantitative relationship between things does not change unless something is added to or taken away from it. Cause and effect are better understood and the child can grasp logical explanations.

- **Number concept**

During middle childhood, the child masters the number concept and comprehends concepts of time, causality, space and measurement.

- **Seriation**

The child is able to arrange objects in a systematic way, from small to large or vice versa.
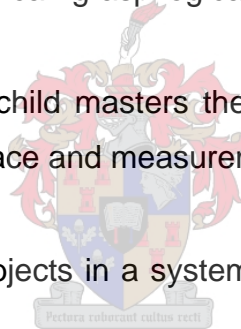
Donald et al (2002:67) argue that all these above-mentioned characteristics give children more flexible tools to think with. They further argue that things learned in one situation can be generalized to other situations on the basis of a "rule". Based on Piaget's (1971) theory, it can be concluded that the middle-aged child is able to reason and think logically and is able to view the world realistically.

4.3.2.2 Cognitive development in middle childhood: Explanation of Vygotsky

Agreeing with Green (2001:83), Donald et al (2002:69) state that Vygotsky (1978) provides some different, but equally important insights into the process of cognitive development in middle childhood. Vygotsky agrees with Piaget that there is a progression across childhood towards more complex and abstract thinking abilities. The most important contribution from Vygotsky's theory regarding cognitive

development is the emphasis on the social-cultural nature of learning. Middle childhood, for Vygotsky, is a period when the child continues developing the cognitive and social skills that have been developed as a result of interaction between the child and the people with whom the child has regular contact.

Three important dimensions of Vygotsky's (1978) theory of cognitive development in middle childhood are: the role of social context, language and meditation (Donald et al., 2002:69-72; Engelbrecht & Green, 2001:83-84; Louw et al., 1998:340). These will now be explained.

- **The role of social context in middle childhood**

Vygotsky (1978) is concerned with how cognitive development takes place through social relationships. He states that middle-aged children develop cognitively through their interaction with parents, peers, teachers and others in their particular social context.

- **Language development in middle childhood**

Language, according to Vygotsky (1978), is an important tool of cognitive development that permits the structuring and refinement of experience and thought in middle childhood. Language also facilitates increasingly complex social interactions with teachers, parents, family and peers. Vygotsky claims that, by middle childhood most children have mastered the basic structures and vocabulary of at least one language and can speak it fluently. Middle childhood is a crucial period for consolidating and expanding spoken and written language.

- **Mediation**

In Vygotsky's theory of cognitive development, mediation is the engine that drives development. Vygotsky (1978) states that a child cannot always understand something alone, but has the potential to do so through interaction with another person who does have the capacity to understand. A parent, teacher, family member or peer acts as a mediator in helping the child to construct a new level of understanding. Therefore, cognitive development in middle childhood is not a process that the child accomplishes alone.

In concluding this section on cognitive development, it is clear that Piaget (1971) and

Vygotsky's (1978) theoretical insights may assist the social worker in inclusive education to understand the areas of difficulty in cognitive development in learners with disabilities. Vygotsky's notion of the importance of social context in cognitive development in middle childhood is particularly important to the social worker.

4.3.3 PERSONAL AND SOCIAL DEVELOPMENT IN MIDDLE CHILDHOOD

Personal development, according to Green (2001:86), is generally understood as becoming emotional mature. The development of characteristic behaviour patterns is sometimes referred to as personality. Green (2001:86) further state that the development of a sense of identity, the achievement of a sense of competence, increasing personal management of oneself and one's emotions, contribute to the emotional maturity in middle childhood. Emotional maturity in turn promotes social maturity.

As in the case of cognitive development, both personal and social development involves the interaction of inherited temperaments, contextual factors and the structuring mind of the developing middle-aged child. The personal and social aspects of development are not independent of the child's physical and cognitive development (Green, 2001:86).
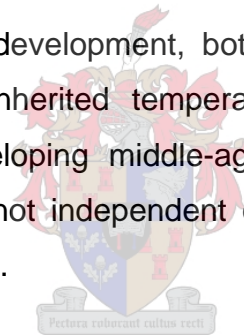
The development of a sense of identity, a sense of competence, self-management, the control of emotions and social competence in middle childhood will be discussed in the next section.

4.3.3.1   A sense of identity

Kaplan (2000:421) mentions that in middle childhood, especially after age eight, a shift from physical to psychological conceptions of the self takes place and personality characteristics are prominent. A sense of identity in middle childhood, according to Kaplan (2000:421), develops from a combination of feedback the child receives from teachers, parents, family, peers and the child's valuation of his own subjective experiences. The situation becomes complicated in middle childhood because the child receives feedback from many sources.

One of the most influential theories of identity development, according to Donald et al

(2002:75) is the psychosocial theory of Erikson (1963). The importance of Erikson's theory therefore, comes from his integration of both psychosocial and social insights, as well inclusion of the active role of children in their own development. Erikson defines eight stages of psychosocial development over the life span and refers to the middle childhood stage as the "industry versus inferiority" stage (Donald *et al*, 2002:77; Green, 2001:87).

Erikson (1963) claims that the child's sense of own unique identity is an important requirement for the development of friendships and other intimate relationships. The challenge at this stage, according to Erikson, is to begin to take on tasks and to acquire the basic skills that are required for adulthood. A sense of industry results from success at these tasks, and a sense of inferiority results from failure at these tasks. Depending on the balance of experience, the child will take a sense of competence forward to the next developmental stage.

It can be seen that this stage spans the primary school years and the role of the social worker as facilitator with disabilities learners is to ensure that the experience some success in tasks and skills to enable the child to develop a positive self-esteem and a sense of competence.
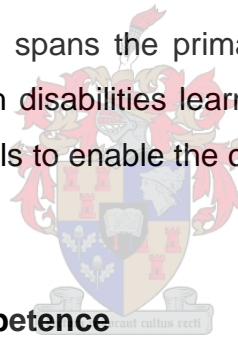
4.3.3.2   A sense of competence

According to Green (2001:88), Erikson (1963) states that the main developmental task for the child in middle childhood is to develop a sense of competence. An important source of competence is when others recognise and respect the child's abilities. The level at which children can display competence vary from child to child and by the same child in different circumstances. Children obtain competences by observing and copying adults' behaviour and through formal instruction in areas such as scholastic activities, sport, art, music, creative activities and technology (Donald *et al.* 2002:78; Green, 2001:88). It can be seen therefore, that children who persevere, complete tasks, overcome difficulties and achieve success, will experience a sense of competence.

4.3.3.3   Self management in middle childhood and the control of emotions

Green (2001:89) states that it is expected from children in middle childhood to know how to control their emotions and how to behave appropriately. It is also expected

from the middle-aged child to be able to deal with disappointment and manage anger appropriately. The middle-aged child becomes more independent and shows greater emotional maturity and self-control.

4.3.3.4 Social competence in middle childhood

During middle childhood, children are exposed to many new social learning experiences. According to Green (2001:89), the middle-aged child develops social skills and awareness of the norms, rules and regulations of society. Social development requires self-management skills, mentioned in the previous section, and the ability to consider the views of other people. It is expected from the middle-aged child to interpret the meaning of others' emotions and behaviour and to develop an understanding and sensitivity for different social norms.

Peer relationships are very important during middle childhood and create a sense of belonging. Green (2001:90) states that in order for friendships to develop, children need a capacity for intimacy and for coordinating their own needs with those of others. Middle-aged children must be able to compete and cooperate with their peers.

Dworetzky (1996:426-427) and Louw et al (1998:367) point out that the middle-aged child generally forms close friendships with peers of the same gender and age. Throughout the middle-aged school years, children rely on their peers as important sources of information and the child measures his own standards accordingly. The middle-aged child also tends to view his peers as models of behaviour and relies on his friends for social and moral support.

From the above discussion it can be seen that, during middle childhood, children are exposed to many new social learning experiences. Peer relationships are very important during this stage and provide the middle-aged child with social, emotional and moral support.

4.3.4 MORAL DEVELOPMENT IN MIDDLE CHILDHOOD

The ability to differential and judge behaviour in a society as "good" or "bad" is one of the most important developmental tasks to be mastered during the middle childhood years. According to Dworetzky (1996:466-468) and Kaplan (2000:441-446), Piaget

(1932) and Kohlberg (1969) have contributed extensively to the understanding of children's moral development. They state that moral development in children corresponds with cognitive development and takes place over a period of time.

4.3.4.1   Piaget's theory of morality

Piaget (1932) viewed morality in terms of how children develop a sense of justice and a respect for social order (Kaplan, 2000:441). According to Piaget, moral development takes place in a particular sequence. Piaget's different stages of moral development will be discussed in the following section:

- Pre-school children and children in the early school years consider rules as sacred and initiated by an all-powerful authority figure. This stage is called "moral realism". Rules are viewed as inflexible and children believe in the absoluteness of values.

- During the "intermediate stage" (age seven and eight), children interact with their peers and develop a give-and-take understanding. What is fair is more important that the position of authority. Punishments may or may not be fair, depending on the rules that are broken.

- At about age eleven or twelve the "moral relativism" stage emerges. During this stage children become more flexible and allow rules to be changed according to circumstances (Dworetzky, 1996:466; Kaplan, 2000:441-442).

Kaplan (2000:442) points out that according to Piaget, children gain a better understanding of morality through social interaction and cognitive growth.

4.3.4.2   Kohlberg's theory of moral reasoning

The most complete theory of moral reasoning, according to Kaplan (2000:422), was developed by Kohlberg (1969). Kohlberg proposed a three-level, six-stage model that describes the development of moral reasoning during middle childhood. These stages are sequential and universal and will be discussed in the following section (Dworetzky, 1996:467-469, Kaplan, 2000:422-444).

- **LEVEL 1: Pre-conventional Morality**

At this level, children make decisions on the basis of reward or punishment and the satisfaction of their own needs.

Stage 1: Punishment and obedience orientation

The child in stage one avoids breaking rules because it might lead to punishment. The interests of other people are not considered.

Stage 2: Instrumental-relativist orientation

In stage two the child will act according to satisfies his own needs. Helping others will only be to benefit him at a later stage.

- **LEVEL II: Conventional morality**

At this level, conformity is the most important factor. The child conforms to the expectations of others and the general social order.

Stage 3: Interpersonal concordance

During this stage, living up to the expectations of others and being good are the important considerations of the child. The emphasis is on gaining approval from others.

Stage 4: Law-and-order orientation

During this stage, the child is concerned about authority and the maintaining of social order. The emphasis is on showing respect for authority.

- **LEVEL III: Post-conventional morality**

Moral values have been internalised during this level. Values are individualized and do not depend on any particular group.

Stage 5: Social contact, legalistic orientation

Correct behaviour in stage five is defined in terms of the individual and the consensus of society. The emphasis is on personal legal values and opinions.

Stage 6: Universal ethical principle orientation

Correct behaviour in this stage is defined as a decision of conscience according to self-chosen ethical principles.

According to Louw (1992:360), Kohlberg described moral development in middle childhood as hovering between phases where the child obeys rules to receive rewards, or later to be accepted. It can be concluded that during middle childhood, the child develops the ability to differentiate and judge behaviour as good or bad. The child becomes aware of certain social rules, develops the means and makes the effort to keep the rules.

In summary, it can be seen that middle childhood involves the ages of approximately six to twelve years and is recognise as the primary school years. Although it is a relatively quiet period in terms of physical development, it is an active period as far as cognitive, social, emotional and moral development. For the social worker to understand the development of middle-aged learners with disabilities in inclusive education, it would be necessary to understand the normal development of middle childhood.

Having a sound knowledge of the normal development of children in middle childhood, focus will now shift to specific disabilities and the effect these disabilities have on the development of learners in middle childhood.

4.4   DISABILITIES AFFECTING DEVELOPMENT OF LEARNERS IN MIDDLE CHILDHOOD

When working with children with disabilities, it is useful to categorise the different disabilities to be able to address the specific educational needs related to these disabilities. This section will focus on the different categories of disabilities.

4.4.1 CATEGORIES OF DISABILITIES
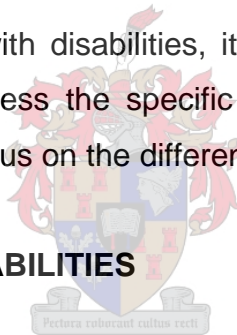
According to Donald et al (2002:317) and Du Preez (in Eloff & Ebersöhn, 2004:55), disabilities can be categorise into six main groups, namely:

- Physical disabilities: Disabilities affecting movement or use of limbs
- Sensory disabilities: Visual or hearing disabilities
- Neurological disabilities: Brain lesions, damage or dysfunction such as cerebral palsy, spina bifida and epilepsy.
- Chronic diseases and infections: Malnutrition, chronic respiratory infections, chronic otitis media, allergies and asthma, parasite infection, HIV-infection and tuberculosis.
- Autistic spectrum disorders: Severe disorder of thinking, communication, interpersonal relationships and behaviour.

Knowledge and an understanding of the different categories of disabilities, as mentioned in the previous section, will enable the social worker to acquaint her more

easily with specific disabilities and how to identify, understand and deal with these disabilities of children she facilitates in an inclusive school.

Although a wide range of disabilities can affect learning, the following discussion will be concerned with specific disabilities the social worker in inclusive education is dealing with. For most learners with disabilities, learning problems and exclusion occur, when their particular disability and learning needs are not met due to a lack of knowledge of teachers, facilitators, the school and community. It is therefore important for the social worker to focus on the nature and causes of specific disabilities and the impact of these disabilities on learning of disabled children.

The following section will discuss specific disabilities namely:

- Physical disabilities
- Neurological disabilities

4.4.2. PHYSICAL DISABILITIES

Perceptions of physical disabilities are often associated with the inability to walk or move. Physical disabilities are more than just the inability to walk. It is important to have a broader knowledge of this particular disabling condition.
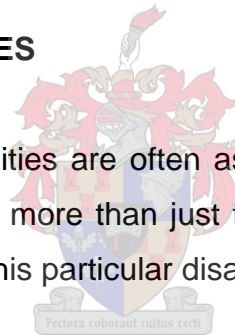
4.4.2.1 Description of physical disabilities

There are a number of physical disabilities that present special considerations. According to Feldman, Gordon and Snyman (2001:121), learners in this group may be diagnosed with degenerative conditions such as spinal muscular atrophy or muscular dystrophy, neuro-motor impairments such as cerebral palsy; spina bifida or spinal cord injuries. In addition, there will be learners with muscular skeletal disorders or limb deficiency who will require special motor and mobility considerations. Donald *et al* (2002:319) explain that the above-mentioned disabilities usually are related to different degrees of loss of movement in the body or legs. This may range from the loss of a limb or limbs to conditions where the muscles are affected so that the child cannot adequately control his body position or movement.

Feldman *et al* (2001:122), state that learners with disabilities may have a number of problems which impact on their ability to perform educational activities. In line with

the above, it is necessary to understand the causes of physical disabilities, as will be discussed in the following section.

4.4.2.2   Cause of physical disabilities

According to Botha (2005:288) physical disabilities are caused by factors, which affect the not yet fully-grown brain prior to or during birth, or during the early postnatal period. Other causes, according to Dare and O' Donovan (2002:11) are injuries to the brain and spiral cord that affect the control of movement.

4.4.2.3   Types of physical disabilities

As mentioned in the definition, physical conditions, according to Feldman et al (2001:21) include:

- Cerebral palsy
- Spina bifida
- Cystic fibrosis
- Muscular dystrophy
- Spinal muscular atrophy

When looking at the different types of physical disabilities, it can be seen that physical disabilities are more than just the inability to walk.

4.4.2.4   Key points of physical disabilities

The following key points of physical disabilities must be taken into consideration:

- The effects of every physical disability will vary from child to child.
- Disability extends beyond wheelchair users and includes degenerative conditions such as muscular dystrophy or spinal muscular atrophy.
- Physical disabilities are permanent.
- Physical disabilities are not contagious.
- Children with physical disabilities are not necessarily mentally challenged.
- Most children with physical disabilities can benefit from being placed in regular classrooms.
- Children with physical disabilities are usually cognitively, socially and emotionally the same as other children and have the same requirements for love, security and protection (Botha, 2005:288; Dare & O'Donovan, 2002:3-9; Donald et al, 2002:319-321; Feldman et al, 2001:121-122; Snyman, 1999:26-28).

It would therefore be expected from the social worker in inclusive education to have knowledge and understanding of the causes, types and key points of physical disabilities to be able to address the specific educational needs of the learners the social worker facilitates.

4.4.3 NEUROLOGICAL DISABILITIES

This section contains a basic introduction to neurology, the purpose of which is to describe the structure and function of the human brain and related nervous structures. An understanding of basic neurology will enable the social worker to understand above-mentioned physical disabilities, in particular cerebral palsy, which will be discussed later in this chapter.

Botha (2005:239) and Feldman *et al* (2001:122) argue that the central nervous system is the first system to develop in the foetus and is completed by the twelfth week of gestation. The spinal cord and the brain is part of the central nervous system. The nervous system consists of nerve cells or neurons. Feldman *et al* (2001:122) explain that the human baby is born with a complete number of neurons. Botha (2005:239) states that neurons come in different shapes and sizes and fulfil different functions, the primary one being to generate and transmit nerve impulses.
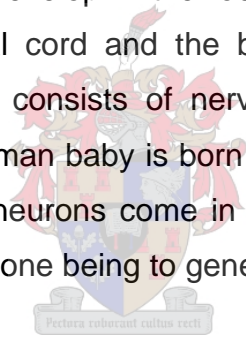
In order to understand the functioning of the nervous system as a whole, it is essential to know what occurs in the single nerve cell or neuron. Attention in the next section will be given to the structure of a single neuron, with Figure 4:1 as reference point.

4.4.3.1   The structure of a neuron

Agreeing with Feldman et al (2001:122), Botha (2005:240) recognises that the nervous system consists of various nerve cells, of which only the neurons will be discussed in the following section. The neuron is a cell body consisting of protoplasm and a nucleus. The nucleus determines the functions and survival of the neuron. On both sides of the nerve cell are offshoots. On the one side of the nerve cell is the axon and on the other side are dendrites. The area where the axon of one neuron meets the dendrites of another neuron is called the synapse. The axon ends in a swelling or synaptic knob filled with a transmission fluid, which causes the impulse to

be transmitted to the dendrites (Botha, 2005:240-242; Feldman et al, 2001:122-233).

Feldman et al (2001:122) further states that stimulation does not increase the neurons but increases the number of connections between the neurons through the increase in the number of dendrites. It is important to note that although the neuron is a cell like any other cell in the body, the neuron cannot regenerate as others cells do.

In the previous section the structure of neurons as building blocks in the nervous system were discussed, with Figure 4:1 as reference point. The functioning of the neuron only becomes significant once it forms part of the nervous system as a whole. The primary function of neurons therefore, is to generate and transmit nerve impulses in the brain and the spinal cord.
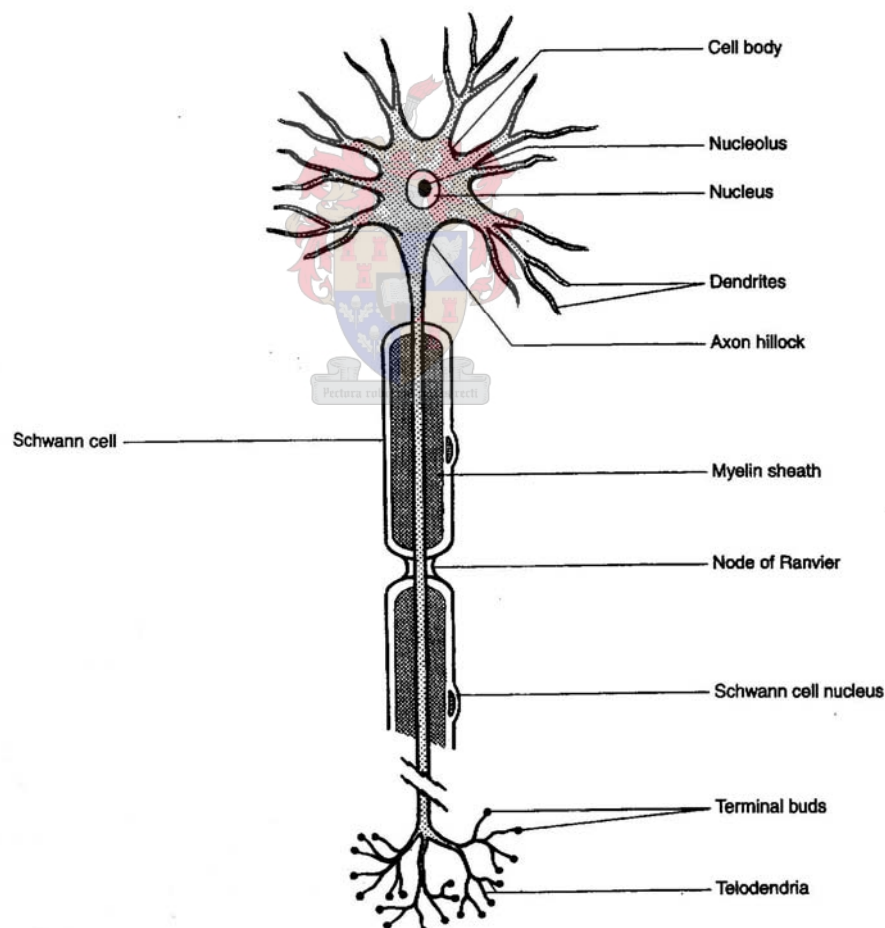
Figure 4:1   A highly simplified representation of a neuron.
Source: Landsberg, Kruger and Nel, 2005:241

The following section will be taking a closer look at the basic functioning of the brain, with special reference to the significance of the dysfunction of the brain and injuries that causes cerebral palsy.

4.4.3.2 The functioning of the brain

Attention in the next section will be given to the basic functioning of the brain, with Figure 4:2 as reference point.

Feldman *et al* (2001:122) point out that the brain consists of millions of neurons with many interconnections. They state that the brain is organised into four main areas namely the cerebrum, cerebellum, brainstem and spinal cord. The cerebrum makes up the largest part of the brain and consists of two hemispheres separated by a longitudinal fissure. The right hemisphere and left hemisphere are mirror images of each other, although they differ in function. The surface of the brain is made up of grey matter and is referred as the cortex. The cortex consists of ridges and valleys. Two important valleys are the central sulcus at the top of both cortexes and the lateral sulcus on the side of both cortexes. Three layers of membranes, called the meninges, cover the entire brain, to protect the brain and to carry the main blood vessels.
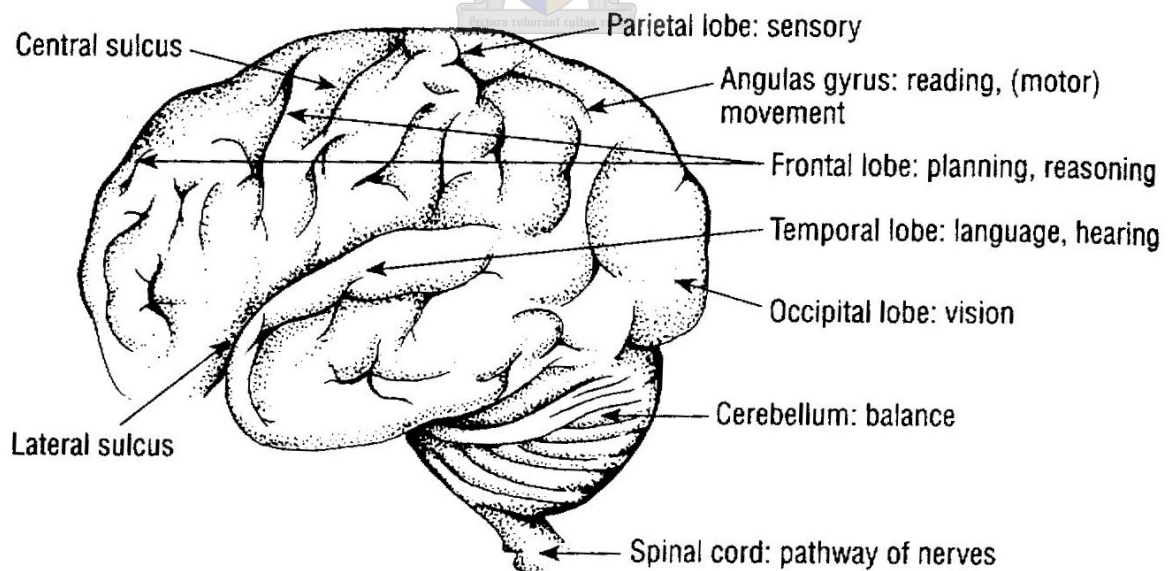
Figure 4:2   Left hemisphere of the brain.
Source: Feldman *et al,* 2001:124

According to Feldman *et al* (2001:124), each hemisphere is divided into four primary lobes, namely the frontal, pariental, temporal and occipital lobes. For better understanding of the symptoms of cerebral palsy, knowledge of the basic functions of the different lobes and spinal cord is important.

- The frontal lobe is located in front of the central sulcus and contains the motor area concerned with movement, reasoning and problem solving.
- The parietal lobe is immediately behind the central sulcus, and contains the sensory area concerned with perception and somatic sensation.
- The temporal lobe lies under the lateral sulcus and contains the auditory areas and the language association area.
- The occipital lobe lies at the back of the cortex and contains the area of vision.
- The cerebellum is located below the occipital lobe and behind the brainstem. The brainstem consists of two hemispheres and its primary concern is with the coordination of motor activities and maintenance of equilibrium. It controls muscle tone and causes reflex reactions to light, sound, pressure and tough (Botha, 2005:243-251; Feldman et al, 2001:122-124).

In the section above the basic functioning of the brain were discussed, with Figure 4:2 as reference point. The following section will focus on the general causes of brain damage.
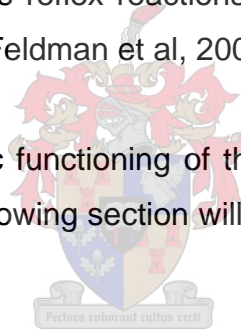
4.4.3.3   General causes of brain damage

Botha (2005:257) emphasises that brain damage or injury is often the cause of disabilities. This includes cerebral palsy, intellectual, visual and hearing disabilities. There are only a few ways in which brain cells (neurons) can be injured or damage. Botha (2005:257) refers to these injuries as the basic causes of brain damage and include:

- *Tissue damage*: Destruction of brain tissue through physical force.
- *Anoxia*: the lack of oxygen.
- *Ischaemia*: The local deficiency of blood.
- *Haemorrhage*: The damaging of the walls of the blood vessels.
- *Agenesis*: Imperfect development of the brain.
- *Dysplasia*: Incorrect or defective development of tissue.
- *Neoplasms* (Tumour): The growth of new tissue that grows in places where it does not belong, such as in cancerous growths.

It has become clear in the previous section that damage or injury to the brain is often the cause of disabilities.

4.5   CEREBRAL PALSY

Cerebral palsy is one of the most common forms of physical impairments that are neurologically related. Becoming informed with the medical terms related to cerebral palsy will better the social worker's understanding of the special needs of learners with disabilities in inclusive classrooms.

4.5.1   DESCRIPTION OF CEREBRAL PALSY

According to Lewis and Doorlag (1999:74, 388), cerebral palsy is essentially a physical disability. Botha (2005:289) and Fieldman et al (2001:130) define cerebral palsy as a disorder of movement and posture. It is a non-progressive disorder; it is not a disease, is not contagious or infectious and cannot be cured. Donald et al (2002:324) argue that cerebral palsy is a condition that relates to the functioning of the central nervous system and affects areas such as physical movement and co-ordination.
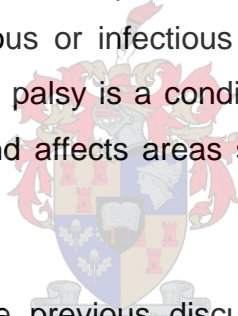
It has become clear from the previous discussion that there is more than one description for cerebral palsy. A suitable description, according to Botha (2005:289) should include the following three core aspects:

- Inadequate development of a section of the brain before the brain is fully grown.
- Visual signs of the motor system being affected because of inadequate development.
- Various degrees of severity in the manifestation of the disability.

In line with the above discussion it can be said that cerebral palsy has many complex variations relating to the specific areas of the central nervous system, as well as to the type of movement or co-ordination involved.

4.5.2 CAUSES OF CEREBRAL PALSY

Feldman et al (2001:130) state that cerebral palsy is caused by the damage to the brain either before or during birth, or in early childhood. It is not always possible to identify the cause of cerebral palsy. However, the following are some of the known causes of cerebral palsy:

- Anoxia – lack of oxygen to the brain.

- Maternal infection – e.g. rubella or German measles.

- Trauma during delivery.

- Pre-maturity and complications such as respiratory distress syndrome.

- Cerebral haemorrhage – bleeding in the brain.

- Head trauma.

- Meningitis and encephalitis.

- Motorcar accidents – traumatic brain injury.

- Genetic abnormalities contributing to brain malformation in early stages of embryo development.

- Near-drowning

(Botha, 2005:289-290; Dare & O'Donovan, 2002:368; Donald *et al*, 2002:324; Feldman *et al*, 2001:130; Snyman, 1999:30-32).
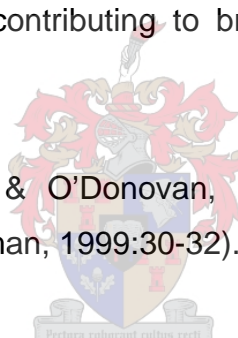
According to Botha (2005:290) the causes of cerebral palsy does not lie in spinal damage or in damage to a specific muscle group, but in a lesion or mal-development of the motor control system of the brain. Although there are physical, and sometimes associated learning and social difficulties, children with cerebral palsy have similar needs as other children without disabilities.

4.5.3 CLASSIFICATIONS OF CEREBRAL PALSY

According to Feldman et al (2001:130) there are three primary methods for classifying cerebral palsy:

- By distribution – topographical
- By type – physiological
- By degree of severity.

The physiological and the topographical classification systems will be discussed in the next section, with Figure 4:3 as reference point.

4.5.3.1   The topographical classification system

Topographical classification, according to Botha (2005:290), is the classification of cerebral palsy according to the specific motorially parts of the body that are affected. Botha (2005:290-291) classifies cerebral palsy as follows (see Figure 4:3):

- *Monoplegia* – One limb is affected.

- *Hemiplegia* – The arm, leg and face on the same side of the body is affected.

- *Triplegia* – Three limbs are affected – usually both legs and one arm.

- *Paraplegia* – Both legs are affected – not arms.

- *Diplegia* – Usually all four limbs are affected – but mostly the legs.

- *Quadriplegia* – All four limbs are affected.

- *Choreoathetoid* – One hand and foot is affected – looks like a dancing action.
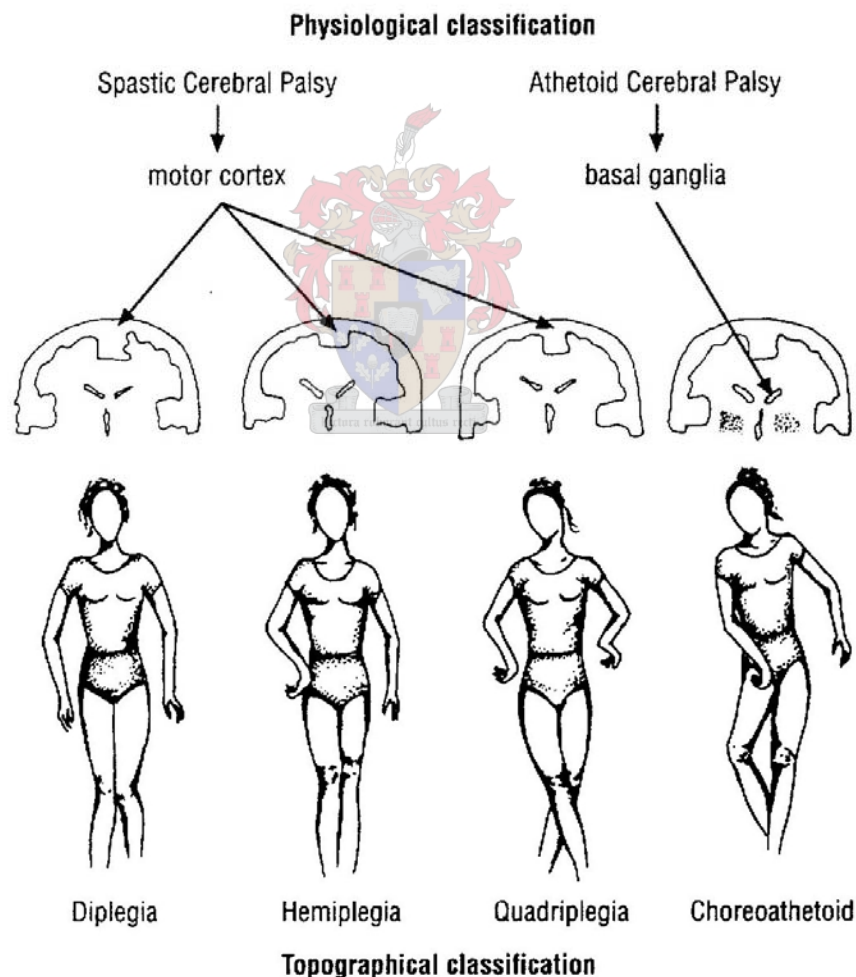
Figure 4:3 Topographical classifications

Source: Feldman *et al*, 2001:131

It can be seen from the above discussion that cerebral palsy can be classified according to the different parts of the body that are motorially affected. In the following section the physiological classification of cerebral palsy will be discussed, with Figure 4.3 as reference point.

4.5.3.2   The physiological classification system

Botha (2005:292) states that the physiological classification system is also referred to as the motoric classification. Depending on the area of the brain that is damaged, three main types of cerebral palsy can be identified, namely spasticity, athetosis and ataxia.

Spasticity is seen as the main form of cerebral palsy. It is caused by the damage to the motor cortex in the frontal lobes and the pyramidal tracts of the brain. Movements of the limbs are stiff and strong muscle spasms and contractions occur. Speech is difficult to understand due to the stiffness of the speech muscles. Flexion in the wrist and elbow causes the lower arm to bent up stiffly against the upper arm. There is also flexion of the knee and equines in the foot. The thumb is folded into the palm with the other fingers clasped over it. Primitive and pathological reflexes are common in spasticity (Botha, 2005:292-293; Feldman *et al*, 2001:130; Snyman, 1999:30).

Athetosis is less common and is caused by damage to the area of the basal ganglia in the brain, which organises the motor activity of the body. Movements are uncoordinated and speech may be difficult to understand. Drooling and dribbling occur and the muscles of the face are usually distorted. Rigidity and floppy muscle tone are other symptoms of athetosis. These learners often have a normal to high intelligence (Botha, 2005:293; Feldman *et al*, 2001:130; Snyman, 1999:30).

Ataxia is characterised by poor coordination, usually because of the disturbances of balance, body posture and kinaesthetic feedback processes. Ataxia is caused by damage to the cerebellum and only a few cerebral palsied children are affected. The movements are shaky and fine motor coordination is poor associated with a lack of gross motor coordination and clumsiness. The muscles of a child with ataxia are normal, though the muscle tone may be lowered. Imbalance of the eye muscle often occurs, which makes reading difficult. Typically slurred speech is possible in children with ataxia (Botha, 2005:294; Feldman *et al*, 2001:131; Snyman, 1999:31).

4.5.3.3   Mixed cerebral palsy

According to Snyman (1999:31) damage to both the motor cortex and basal ganglia regions in the brain may cause a mixed type of cerebral palsy, for example the legs might be spastic while the arms are rigid.

It is clear from the above discussion of the classifications of cerebral palsy that the development of learners with cerebral palsy shows profound differences in development levels from one domain to the next.

4.5.4 ADDRESSING THE SPECIFIC EDUCATION NEEDS OF LEARNERS WITH CEREBRAL PALSY

Addressing the specific educational needs of learners with cerebral palsy in inclusive education requires teachers and facilitators to provide reasonable solutions to obstacles in the classroom, in the curriculum and to use assisstive devices. These will be discussed in the next section.

4.5.4.1   THE IMPLICATIONS OF CEREBRAL PALSY ON LEARNING

Cerebral palsy has severe implication for the learner's education. Botha (2005:294) states that retarded motor function in learners with cerebral palsy has the following implication for their education and socialisation:

- For writing, if the arms and hand muscles are affected.
- For speech, if the mouth, chewing and swallowing muscles and also control of breathing are affected.
- For vision, if the eye muscles effect focusing or eye movement.
- For socialisation, if the facial muscles are affected.
- For independent walking, eating, washing, bathing, dressing and using of the toilet, if the posture, sitting and gait muscles are affected.

It can be seen from the above discussion that cerebral palsy has severe implications for learners' education and socialisation. It is therefore important that the social worker in inclusive education understands these implications and addresses the learner's specific needs accordingly.

4.5.4.2 EDUCATIONAL PLACEMENT OF LEARNERS WITH CEREBRAL PALSY

According to Snyman (1999:36), current legislation promotes inclusion of all learners with disabilities in mainstream schools and includes learners with cerebral palsy. Inclusive education has been discussed in depth in Chapter 2 and Chapter 3. It can be seen that learners with cerebral palsy can benefit from inclusive learning opportunities with their peers. However, adjustments will have to be made in the inclusive classroom, which will be discussed in the following sections.

Under certain conditions learners with cerebral palsy could be accommodated in a special school, designed for their specific needs. Snyman (1999:36) states that these special schools should make their resources and knowledge accessible to the community, and also assist mainstream schools with learners with physical disabilities. Resource rooms, special classes, part-time classes, itinerant teachers and home schooling are some of the other options to optimise learning, according to Snyman (1999:36).

4.5.4.3 EDUCATIONAL ADAPTATION FOR LEARNERS WITH CEREBRAL PALSY IN INCLUSIVE EDUCATION

In addressing the educational needs of learners with cerebral palsy in inclusive education, certain adaptations need to be made for optimal functioning. The next section will focus on mobility, physical management, positioning, assistive devices, curriculum, and classroom support for learners with cerebral palsy.

- **Mobility**

The mobility needs of the learner with cerebral palsy, according to Feldman et al (2001:135), reflect the means by which the learner moves in the school throughout the school day. Teachers should address the mobility needs according to the learner's specific disabilities. Snyman (1999:38) argues that the school building should be accessible for wheelchairs and walking aids. The classroom must be wheelchair friendly and enough space should be available for the wheelchair to move freely. Extra time should be allowed for learners with disabilities to move from one location to another.
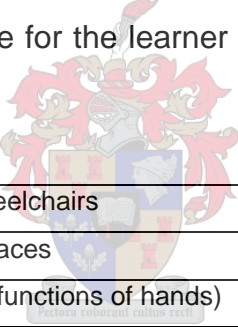
- **Physical management and positioning**

Feldman et al (2001:135) state that proper physical management and positioning of the learners with cerebral palsy is necessary in order to carry out educational activities and daily routines. Physical management refers to the assisting and lifting of the learner with cerebral palsy without hurting the learner or oneself in the process.

According to Snyman (1999:36) the correct posture of the learner with cerebral palsy is very important in order to learn and work optimally. By sitting correctly, the learner with cerebral palsy's balance can be stabilised and he will have better control over his limbs and head. The learner with cerebral palsy's position must change frequently to promote blood circulation and to prevent further stiffness. Feldman et al (2001:136) argue that appropriate positioning is critical to preventing motor regression and further deformity.

- **Assistive devices available for learners with cerebral palsy**

There are various aids available for the learner with cerebral palsy as are presented in Figure 4:4:

Walking frames and wheelchairs
Crutches, splints and braces
Head pointers (perform functions of hands)
Adapted computer, mouse and keyboard
Voice – or eye-activated computer programs
Diapers for incontinence
Orthopaedic footwear
Specially designed crockery and cutlery
A variety of specially designed pillows
Adapted toilets
Communication boards
Non-slippery floors, rails and ramps
Velcro to hold a book in place
Non-slip pad under book and pencil grips
Sloped or cut-out desk

Figure 4:4 Assistive devices for learners with cerebral palsy

Source: Botha, 2005:295-296; Feldman *et al*, 2001:137; Snyman, 1999:39

4.5.4.4   Classroom support for learners with cerebral palsy

According to Botha (2005:297), Kruger and Groenewald (2004) suggest the following educational support for learners with cerebral palsy:

- It is essential to adjust the curriculum regarding the volume of work, as long as the learners can prove that they have mastered the work.

- An adapted typewriter or computer for written work can be used.

- Mouthpiece, foot-mouse or a head movement image-controlled computer mouse can be used if the learner cannot use his hands.

- Advice from the physiotherapist or occupational therapist regarding the learner's physical management, positioning and posture can be received.

- The learner with cerebral palsy's workstation must be functional.

When dealing with a child with cerebral palsy, it is necessary for the social worker in inclusive education to become acquainted with the description, causes, classifications, specific educational needs and how to address these needs in the inclusive classroom. A better understanding of cerebral palsy will enable the social worker to address the specific needs of learners with cerebral palsy.

The following sections will focus on the specific educational needs of learners with low muscle tone, learners with dyspraxia, learners with autism, specifically Asperger Syndrome and the role of the social worker as facilitator for these learners in inclusive education.

4.6   LOW MUSCLE TONE

The aim of this discussion is to get a better understanding of low muscle tone and the impact of low muscle tone on the middle aged child.

4.6.1 DESCRIPTION OF LOW MUSCLE TONE

Snyman (1999:43) states that low muscle tone is not a paralysis. The muscles function, but the tone in the muscles is lower than required for normal movement and posture.

4.6.2 CAUSES OF LOW MUSCLE TONE

According to Snyman (1999:43), the following are some of the known causes of low muscle tone in children:

- Slow development of the neural tracts of the central nervous system.
- Damage to the sensory-motor area of the cortex of the brain may also contribute to low muscle tone.
- Degenerative factors cause muscle degeneration.

To understand the causes of low muscle tone it may be helpful to consider how the brain works and what parts of the nervous system fulfil different functions. The basic neurological function of the brain was already discussed in a previous section of this chapter and needs to be taken in consideration for understanding the causes of low muscle tone.

4.6.3 SYMPTOMS OF LOW MUSCLE TONE

Snyman (1999:43) acknowledges the following symptoms of low muscle tone:

- The learner's posture is affected and the learner often lies on his arms or desk when working.
- The learner's mouth tends to hang open and the tongue might protrude.
- The learner's pace is slow.
- The learner's fine motor control is poor.
- The quality and quantity of written work is affected.
- Speech is slurred and slower.

It is important to acknowledge the different causes and symptoms of low muscle tone, as discussed in the previous section, to be able to address the specific educational needs related to low muscle tone.

4.6.4 EDUCATIONAL SUPPORT TO LEARNERS WITH LOW MUSCLE TONE

The most important support needed by learners with low muscle tone, according to Snyman (1999:44), is to allow enough time for the learner, to complete any given tasks in the classroom. Physiotherapy, occupational therapy and speech therapy can contribute to the improvement of muscle tone in learners, if the muscle tone is not degenerative.

4.7   DYSPRAXIA

The aim of this discussion is to get a better understanding of dyspraxia and the impact of dyspraxia on the middle aged child's learning.

4.7.1   DESCRIPTION OF DYSPRAXIA

Until recently, when the word "dyspraxia" was mentioned, many people assumed it was referring to dyslexia. According to Dare and O'Donovan (2002:271) and Kirby (1999:1), dyspraxia is the term given for difficulty or immaturity in the organisation of movement. Dyspraxia is known under a variety of different terms including developmental co-ordination disorder (DCD), clumsy-child syndrome or motor learning difficulty. Kirby (1999:1) also refers to dyspraxia as the "hidden handicap". The child with dyspraxia is often of average or above average intelligence.

4.7.2   CAUSES OF DYSPRAXIA

To understand the causes of dyspraxia it may be helpful to consider how the brain works and what parts of the nervous system fulfil different functions. The basic neurological function of the brain was already discussed in a previous section of this chapter and needs to be taken in consideration for understanding the causes of dyspraxia.

Dare and O'Donovan (2002:273) point out that dyspraxia is due to the immaturity of the nervous system or damage to the nerve links in the brain that organise the messages received from other parts of the body – the motor sensory system. According to Kirby (1999:177) dyspraxia could have a genetic basis.

Kirby (1999:177-178) identifies the following developmental co-ordination disorder cycle. According to Kirby (1999:177-178) the child is born with increased low muscle tone (bendiness) and therefore tends not to crawl. Because the child did not crawl, he did not have the opportunity to strengthen the muscles around his hips and shoulder joints. The child's understanding of time and direction as well as poor gross motor function and body awareness is affected because the muscles were not strengthened. Poor gross motor function and poor stability in the shoulders have an

impact on fine motor function such as handwriting. Failure to function well in the classroom has a social impact on the child and his self-esteem is affected as well as his ability to organise himself. The child can therefore be disorganised in everyday activities. Therefore, dyspraxia may occur at one level of development, but have an impact on other levels of development.

As mentioned above, the child with dyspraxia will experience difficulty in fine and gross motor development. Skills in these areas seem hard to learn and recall.

4.7.3 IMPACT OF DYSPRAXIA ON MIDDLE CHILDHOOD DEVELOPMENT AND LEARNING

Dare and O'Donovan (2002:271-273) mention that as the child with dyspraxia grows and develops, the following areas of difficulty may be present:

- Lateness in reaching physical milestone.
- Poor balance, frequent falls, slowness and hesitation in actions.
- Difficulties in managing dressing, particularly with fastening zips, buttons and laces.
- Difficulties in kicking, catching and throwing balls and games needing co-ordination.
- Lateness in achieving bladder and bowel control.
- Delay in fine motor development with poor control of tools, immature artwork and delayed writing skills.
- Difficulties in linking the message his senses convey to his actions.
- Difficulties in planning and organising thoughts.
- Poor articulation or unclear speech.
- Delayed speech development may occur.
- Limited attention span, anxiety and distractibility may occur.
- Confusion over socially acceptable behaviour may occur.

It has become clear from the above difficulties that dyspraxia has an impact on the normal developmental stages of child development. It is therefore important for the social worker in inclusive education to identify these difficulties associated with dyspraxia to be able to facilitate learners with dyspraxia more effectively.

4.7.4 ADDRESSING THE EDUCATIONAL NEEDS OF LEARNERS WITH DYSPRAXIA DURING MIDDLE CHILDHOOD

Addressing the educational needs of learners with dyspraxia in middle childhood requires a sound knowledge of the areas of development that affects the child's progress in school. All children need to practise emerging physical skills and this is especially important for a child with dyspraxia. The child with dyspraxia has co-ordination difficulties in several areas in which other children learn to manage once they have gone to school.

Kirby (1999:92-105) emphasises that the middle-aged child with dyspraxia may experience difficulty in the following learning areas:

- Fine motor co-ordination – pencil grip, handwriting, cutting and using a ruler.
- Bilateral integration – the ability to move both sides of the body together.
- Laterality – right or left hand dominance – (poor with both).
- Gross motor co-ordination – large movements (ball skills), walking up and down stairs at school, and physical education.
- Social skills – peer problems – have been bullied or bully friends.
- Sequencing – have a problem to follow instructions, learn timetables and finding school items.
- Perception – difficulty discriminating position in space, time and distance.

It is therefore important that the social worker is aware of the above mentioned difficulties the middle-aged child with dyspraxia may experience, to be able to address the child's specific educational needs in the inclusive classroom.

4.7.5 EDUCATIONAL SUPPORT TO LEARNERS WITH DYSPRAXIA IN MIDDLE CHILDHOOD

Dyspraxia makes a learner more vulnerable to frustrations and tension and he needs more purposeful guidance to adjust and accept his developmental co-ordination disorder. Kirby (1999:63) mentions that the child with co-ordination difficulties needs to be understood by his teacher, parents and peers. A sensitive approach will allow the child to reach his full potential in the classroom.

According to Dare and O'Donovan (2002:275), Kapp (2005:285) and Kirby (1999:63-66), learners with dyspraxia in middle childhood may require the following learning support:

- Adjust the curriculum.
- Allow extra time to complete tasks and do not punish the child when work has not been completed.
- Make sure the desk and chair are at the right height – feet on the floor and desk at hip height.
- Given clear instructions.
- Assist learners with planning of their work, breaking instructions down into simple tasks.
- Structure the learning environment according to a set routine.
- Work from the concrete to the abstract.
- Link previous work to current work.
- Revise work frequently.
- Allow extra time for tests.
- Appoint a buddy that can act as a mentor and helper to the learner.
- Grant learner a special position in the class with extra working space.
- Make sure that any homework is written down and that correct homework books are in his bag.
- Accept that fidgety and clumsy behaviour is not his fault but part of his disability.
- Make sure the learner's clothes are clearly marked so that he can identify them easily.
- Velcro on shoes will speed up the process.
- Use a clock to remind the learner of work that needs to be completed and in tests

In order for a learner with dyspraxia to be successfully integrated in an inclusive school and to reach his full potential, the teacher and facilitator needs to understand how to support the learner, as discussed above.

When confronted with the challenge to facilitate a learner with dyspraxia in an inclusive school, the social worker needs to have a sound knowledge of dyspraxia in

general and the impact of this developmental co-ordination disorder on the child's learning and functioning in the classroom.

4.8   AUTISTIC SPECTRUM DISORDERS (ASD)

The aim of this discussion is to get a better understanding of the autistic spectrum disorder with particular emphasis on Asperger Syndrome. Autism and Asperger Syndrome are considered together under the umbrella term autistic spectrum disorder (ASD).

4.8.1   DESCRIPTION OF AUTISTIC SPECTRUM DISORDERS (ASD)

Dare and O'Donovan (2002:278) point out that Autistic Spectrum Disorders (ASD), or pervasive developmental disorders, are a range of complex lifelong developmental disabilities, which vary in severity. They include autism and Asperger Syndrome. Leo Kanner was the first person that identified the Autistic Spectrum Disorder, in 1943 (Cook & Golding, 1998:7). Kanner (1943) refers to learners with this pervasive developmental disorder as "autistic". Hans Asperger wrote a paper in 1944, describing a group of learners with neurobiological disorders, with similar characteristics as the learners Kanner (1943) described, but these learners had normal intelligence and normal language development. These learners described by Asperger (1944), are now known as Asperger Syndrome.

Koudstaal (2005:307) mentions that Autism and Asperger Syndrome represent the main impairments of pervasive development disorders, although indicated as separate from each other; they share most of the core characteristics.

The intention of this section is to concentrate mainly on Asperger Syndrome because the researcher is facilitating learners with Asperger Syndrome in an inclusive school.

4.8.1.1   Autism

Lewis and Doorlag (1999:338) point out that Autism is usually considered a severe disability and learners with autism have special needs in a number of areas. Autism, according to Koudstaal (2005:307), can be described as a complex, variable, biologically based, pervasive developmental disorder, which influences both the

development as well as the functioning of the brain. Typically related characteristics are present which support the identification of autism that will be discussed in the next section.

4.8.1.2 Asperger Syndrome

Dare and O'Donovan (2002:278) agree with Cook and Golding (1999:7) that Asperger Syndrome is part of the Autistic Spectrum disorders and has features in common with autism. However, the child with Asperger Syndrome has less difficulty with language and can speak fluently. A child with Asperger Syndrome is often of average or above average intelligence. Koudstaal (2005:308) states that the development of skills and abilities of learners with Asperger Syndrome are uneven, in comparison to neuro-typical learners of the same age.

Descriptions of first accounts of autism by Kanner (1943) and Asperger (1944) created a wealth of information on which the current understanding of Autistic Spectrum Disorder is firmly based. The characteristic features of ASD will be discussed in the following section.

4.8.2 CHARACTERISTIC FEATURES OF AUTISTIC SPECTRUM DISORDER (ASD)

As mentioned in the previous section, typically related characteristics are present in the Autistic Spectrum Disorder (ASD), which support the identification of autism and Asperger Syndrome. Gould and Wing defined a set of typical characteristics of ASD in the 1970's (Cook & Golding, 1998:7; Koudstaal, 2005:308). Gould and Wing refer to these typical characteristics of ASD as the "Triad of Impairments". The triad of impairments provides a useful framework for understanding autism and Asperger Syndrome (Figure 4.5).
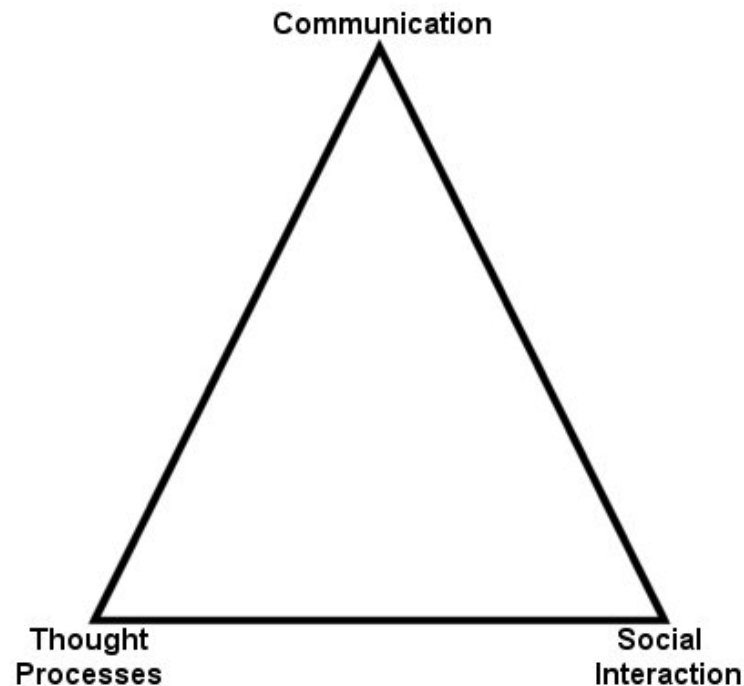
Figure 4:5 Gould and Wing's "Triad of Impairments"
Source: Koudstaal, 2005:309

4.8.2.1 The Triad of impairments

Gould and Wing (1970's) identified a "triad of impairments" which refers to three important dimensions common in all learners with autism and Asperger Syndrome. The three aspects of the triad of impairments can be summarised as follows:

- Impairment of reciprocal social interaction.
- Impairment of language and reciprocal communication.
- Impairment of imagination and social understanding (flexible thinking)

(Cook & Golding, 1998:7; Koudstaal, 2005:309).

Koudstaal (2005:309-310) explains the implications of these three impairments. It is necessary to realise that the triad of impairments may manifest to different degrees, and also interact with each other in different ways. Koudstaal (2005:309) illustrates the interrelatedness and complexity of the different dimensions concerning the triad of impairment in Figure 4.6. When a learner experiences difficulties with regards to the development of appropriate social skills, it will be equally difficult for the learner to initiate spontaneous interaction with his peers while playing on the playground.

Furthermore, effective communication as well as the development of flexible, creative imaginary thinking skills will be influenced by the limitations of the learner's social development.

Communication
Syntax and speech well developed - impaired social use

Social Interaction
Solitary and withdrawn

Thought processes
Limited imagination. Unable to distinguish between reality and imagination

Thought Processes
Ritualistic and routine Bound. Imaginative Play delayed / absent

Communication
Language and speech severely impaired

Social Interaction
Seeks attention but responds inappropriately

Figure: 4.6 Interrelatedness and complexity of the different dimensions concerning the triad of impairments.
Source: Koudstaal, 2005:309

Therefore, as can be seen in Figure 4.6 the dimensions of the triad should not be seen as separate developmental entities, but rather as having continuous interaction with each other. Agreeing with Dare and O'Donovan (2002:278), Koudstaal (2005:309) claims that some learners on the autistic spectrum seem to be more severely affected than those with Asperger Syndrome. The difference lies in the variation of manifestations on each dimension of the triad (Figure 4.6). Asperger Syndrome seems to project no significant language or developmental delays. Koudstaal (2005:310) further claims that although the presence of the full triad of

impairments applies to both autism and Asperger Syndrome, it is probably easier to include Asperger Syndrome group in inclusive classes because these learners project no significant language or developmental delays.

Therefore, it can be seen that learners with autism or Asperger Syndrome will need high levels of consistent support, structure, an adapted curriculum and programmes to address their specific educational needs.

Many associated features are evident in learners with autism or Asperger Syndrome and seem to be extended manifestations of the main areas of the triad. There are several other areas of difficulty that may be added to the triad of impairments and these include the following:

- Sensory-motor development impairment – unusual reactions to physical sensations such as being overly sensitive to touch, sight, sound, smell, taste, heat and cold or under-responsive to pain and speech.

- Odd movements – walking on tiptoe, flapping of hands, jumping up and down, rocking and poor coordination are often observed.

- Poor muscle tone – affects body posture negatively.

- Sleeping and eating disturbances – sleeps only a few hours and will compulsively eat anything.

- Behaviour difficulties – mood swings are common. May be overactive or very passive. Throws tantrums, shows aggressive or violent behaviour and self-injury.

- Poor listening skills.

- Attention and concentration difficulties – difficult to focus on more than one thing at a time. May be hyperactive that will create additional difficulties.

- Lack of spontaneous or imaginative play – does not imitate others' action and does not initiate play.

- Resists change – needs order and predictability.

- Rigid thoughts and actions – pre-occupations and obsessions.

- May display extremely well develop skills – memorising exact information, dismantling and assembling objects, very musical or artistic, and computer and visual–spatial skills.

- Intellectual impairments – project general delays in most areas of intellectual development.

- Depression, obsessive-compulsive behaviour, semantic-pragmatic behaviour, attention deficit hyperactive behaviour, Tourette Syndrome, epilepsy and non-verbal learning disabilities may overlap autism and Asperger Syndrome

(Cook & Golding, 1998:9-20; Dare & O'Donovan, 2002:278-281; Lewis & Doorlag, 1999:338; Koudstaal, 2005:315-317).

It can be seen from the above discussion that learners with autism and Asperger Syndrome display many areas of difficulty that can be added to the triad of impairment. The degrees of severity of the above mentioned areas of difficulties would vary from child to child.

4.8.3 POSSIBLE CAUSES OF AUTISM AND ASPERGER SYNDROME

Despite ongoing research, uncertainty still remains about the exact causes of autism and Asperger Syndrome. There seems to be no single cause. Most researchers believe that autism and Asperger Syndrome has a variety of biological causes, perhaps all affecting the same area of brain functioning. The following are possible causal factors, according to Dare and O'Donovan (2002:280) and Koudstaal (2005:317-318):

- Complex neurological functions of the central nervous system are affected by impaired neuro-development, which results in possible brain dysfunction. Lesions of the temporal lobes, frontal lobes, cerebellum and brainstem are suggested.

- An environmental factor such as toxins, pre-natal viral infections (rubella) or postnatal herpes encephalitis, appears to put children at risk for the development of autism and Asperger Syndrome.

- Possible food metabolic disturbances or irregularities may cause autism and Asperger Syndrome, for example toxic responses to specific proteins such as gluten in wheat and casein in dairy products.

- Genetic factors play a prominent role, although no "autism specific" genes or chromosomes have yet been identified.

- Negative reactions to vaccinations and pollutants may cause autism and Asperger Syndrome.

It is important to note that there is nothing linking autism and Asperger Syndrome to parental attitudes or the manner in which parents nurture their children. According to Koudstaal (2005:318) there appears to be no difference concerning the prevalence of autism and Asperger Syndrome with regard to social classes or different cultures. Koudstaal (2005:318) further states that males are affected far more than females.

It has become clear in the previous discussion that there is no single cause to autism and Asperger Syndrome and that uncertainty still remains about the exact causes.

4.8.4 ADDRESSING THE EDUCATIONAL NEEDS OF LEARNERS WITH AUTISM AND ASPERGER SYNDROME DURING MIDDLE CHILDHOOD

Education plays a major role in meeting the diverse needs of learners with autism and Asperger Syndrome during middle childhood. Koudstaal (2005:324) states that most learners with Asperger Syndrome attend ordinary public or private inclusive schools. Although learners with Asperger Syndrome receive full-time education in an inclusive classroom, their ability to function is influenced by the triad of impairments. The difference lies in the degree of severity of these impairments. On the other hand, learners with autism may attend special schools for learners with specific learning disabilities.

The following principles should be taken in consideration when learners with autistic spectrum disorders (ASD) are accommodated in an inclusive school.

- The entire staff should have a sound knowledge and understanding of ASD.
- Parents should be seen as partners.
- Teachers should be skilled in identifying and recognising emerging skills and special needs.
- Teachers should respect, understand and identify the different ways in which learners with ASD project their thinking and learning styles.
- The curriculum and learning programmes should be adapted according to the specific needs of the learners with autism and Asperger Syndrome. (Triad of impairments).
- It should be understood that different degrees of severity occur in learners with ASD.
- Teachers must help learners with ASD to reach their full potential.
- Teachers should have a vivid imagination and be attracted to differences.

- Teachers should be prepared to work in a team.
- The learning environment should be structured so that it is predictable and consistent.
- Alternative communication such as signing, writing, using the computer or facilitated communication should be used.
- Teachers should give one instruction at a time and not a sequence.
- Teachers should provide visual clues and visual schedules

(Cook & Golding, 1998:10-47; Dare & O'Donovan, 2002:281-282; Lewis & Doorlag, 1999:339; Koudstaal, 2005:318-320).

It would therefore be expected from the teachers to consider the above-mentioned principles when learners with autistic spectrum disorders are accommodated in their classrooms. This will not only challenge the teachers' knowledge and understanding of autistic spectrum disorder, but also the teachers' ability to adapt their own teaching approaches to accommodate these learners.

4.8.5 DIFFERENT APPROACHES TO AUTISTIC SPECTRUM DISORDERS

There is a wide range of different approaches that may be followed when working with learners with autistic spectrum disorders. According to Koudstaal (2005:320) the following approaches to address the specific needs of learners with ASD are implemented the UK, USA and South Africa:

- Interactive approaches – singing, music and music therapy.
- Approaches to communication – semantic – pragmatic approaches
  - Augmentative and alternative communication systems
  - Carol Gray's Social Stories
  - Hahnen Programme
- Educational approaches – Treatment and Education of Autistic and Communication Handicapped Children (TEACCH-approach).
- Higashi: Daily Life Therapy (physical exercises).
- Diet interventions and supplements.
- Behaviour approaches – Lovaas: Applied Behaviour Analysis (ABA-programme).
- Sensory approaches – neuro-sensory motor integration therapy
  - Movement therapy

- - Aromatherapy and reflexology
  - Auditory integration therapy
  - Audio psychophonology
- Art therapy
- Play therapy
- Information Technology
- Medical interventions.

Koudstaal (2005:320) points out that a combination of the above mentioned approaches may be implemented in an effort to address the specific needs of learners with autism and Asperger Syndrome. It is therefore important for the social worker to have a sound knowledge of the above-described approaches to be able to implement the different approaches successfully.

In conclusion it can be seen that Autistic Spectrum Disorder is a lifelong impairment. However, the severity and intensity of the barriers to learning for learners may change over time. Learners belonging to the Asperger Syndrome group may be successfully integrated into an inclusive school with support from a facilitator. The role and effects of education, combined with the learners' personality, ability to compensate for the difficulties they experience, as well as the availability and access to early learning support approaches will play an important role in assisting the learners to reach their full potential.

4.9   CONCLUSION

For the social worker to address the specific needs and difficulties of learners with disabilities in inclusive education, knowledge and an understanding of normal development that takes place during middle childhood, is necessary. From the discussion in this chapter it can be seen that middle childhood begins at the age of six and continues to the age of twelve. This period indicates the beginning of formal school education and development is fairly stable regarding physical development, but rich in cognitive, social and emotional development.

In this chapter, selected disabilities were discussed in order to provide the social worker with insight into the nature of the disabilities and the effects of the disabilities

on learning and development of learners with disabilities in inclusive education.

As can be seen from this chapter learners with specific disabilities, such as cerebral palsy, low muscle tone, dyspraxia and autistic syndrome disorder, may have a number of difficulties which have an impact on their ability to perform educational activities as well as complete daily tasks.

It seems clear from discussions in previous chapters that learners with disabilities can successfully be included into inclusive schools if certain adaptations are made by the school for their optimal functioning. However, Green et al (1999:129) state that all learners are important in the inclusive classroom, but the learners with disabilities make more demands on the teacher. Support for learners with disabilities in inclusive classrooms is vital.

The Salamance Statement (CSIE, 1997:15) recognises that learners with disabilities need extra support from facilitators to ensure effective education and that the learner with disabilities can benefit from placement in an inclusive classroom. According to Brummer (1996:5, 96) in most other countries, learners with disabilities are accommodated in inclusive classrooms where the schools provide special assistants or facilitators for these learners. However, in South Africa, the parents are responsible to provide a facilitator who accompanies the learner with disabilities everyday to the inclusive school. Gous and Mfazwe (1998:49) state that the facilitator fulfils an important role in the lives of the learner with disabilities and work alongside the teacher, parents and interdisciplinary team to support these learners.

In light of this discussion, the following chapter will focus on the role of the social worker as facilitator in inclusive education, from different theoretical perspective.

CHAPTER 5

THE SOCIAL WORKER AS FACILITATOR IN INCLUSIVE EDUCATION FROM DIFFERENT THEORETICAL PERSPECTIVES

5.1   INTRODUCTION

Johnson and Yanca (2004:1) state that Social Work practice is complex, with a wide variety of applications of interventions. Because of this, there are different theoretical perspectives that can be utilised in regarding social work practice. To understand the complexity of the role of the social worker with regards to learners with disabilities in inclusive education, it is necessary to focus on the purpose and function of social work in general. This chapter focuses on the basic understanding of the nature of social work in inclusive education in the South African context.

As indicated in chapter 3, the challenge to the social worker is to understand the interactions, influences and interrelationships between the learner with disabilities and other systems in inclusive education. According to Hepworth, Rooney, Dewberry-Rooney, Strom-Gottfried and Larsen (2006:3), social workers attempt to understand these interactions of the learner with disabilities and other systems in inclusive education, by assessing the use of those interactions from different theoretical perspectives. This chapter discusses social work intervention perspectives that are viewed as a guide to intervention with learners with disabilities.

This chapter contains a review and summary of selected literature about the different theoretical perspectives and roles of the social worker that are relevant to the needs of learners with disabilities in inclusive education in South Africa.

This chapter begins with a discussion of the purpose of social work in general and will explain the reason for the social work endeavour in inclusive education. Thereafter a discussion follows on the two schools of thought, namely the medical and social models of disability that influenced social work intervention with learners with disabilities. The discussion that follows focuses on the different theoretical

perspectives of social work that are relevant to intervention with learners with disabilities in inclusive education. Thereafter a discussion follows of the guidelines for social work intervention with learners with disabilities, according to Guiterrez (1990). A discussion on the characteristics of the social worker, that are considered to be an integral part of the helping process in inclusive education, is included. The different roles and functions performed by the social worker in inclusive education are also explained.

The aim of this chapter is therefore to provide an insight into and an understanding of the role of the social worker as facilitator in inclusive education from various theoretical perspectives.

5.2 THE PURPOSE OF SOCIAL WORK IN INCLUSIVE EDUCATION

In order to develop a better understanding of the role of the social worker, rendering services to learners with disabilities in inclusive education, it is necessary to focus on the purpose of social work in general. Pincus and Minahan (1973:9) state that the social worker is concerned with the interaction between people and systems in their social environment. The primary concern of the social worker, according to Hepworth *et al* (2006:5), is to improve human well-being and to help people to meet their basic needs with particular attention to the needs and empowerment of people who are vulnerable, oppressed and who are living in poverty. Johnson and Yanca (2004:14) emphasise that social workers identify unmet needs of people by using their knowledge about human development, human diversity, social systems, ecosystems and strengths. The focus is on helping individuals to cope and to promote their healthy social functioning. Sheafor, Horejsi and Horejsi (2000:5) mentioned that social workers are especially concerned with the improvement of the social functioning of people in interaction with their environment.

Based on the above discussion, Potgieter (1998:28) and Hepworth *et al* (2006:5-8) differentiate the following purposes of social work:

- To protect and care for vulnerable individuals and groups in society by improving human well-being and alleviating poverty, oppression and other forms of social injustice

- To improve the social functioning of individuals, families, groups, organisations and communities by involving them in achieving goals, developing resources and preventing distress

- To focus on planning, formulation and implementation of social policies, services, resources and programs needed to meet the basic human needs and to support the development of human abilities

- To promote social and economic justice

- To focus on the development and testing of professional knowledge and skills related to the above-mentioned purposes.

The above purposes explain the reason for the social work endeavour in inclusive education. It focuses on the social worker as facilitator's interest in, regard for, and care about the well being of learners with disabilities in inclusive schools and on the environmental factors that influence their social functioning. Bearing this in mind, the researcher is of the opinion that social work can be relevant within the diverse inclusive education setting.

5.3 SCHOOLS OF THOUGHT THAT INFLUENCED THE SOCIAL WORK INTERVENTION WITH LEARNERS WITH DISABILITIES IN INCLUSIVE EDUCATION

During the last two decades social workers' understanding of disability has been transformed. This transformation has influenced the social work intervention with people with disabilities. The medical and social models of disability, according to Dare and O'Donovan (2002:31) and Shakespeare and Watson (1999:14), are two different schools of thought that provide a framework to explain disability. These two models will be discussed in the following section.

5.3.1 MEDICAL MODEL OF DISABILITY

Dare and O'Donovan (2002:31) state that the medical model of disability sees the disabled person as a problem because of their disability. It focuses on what disabled persons cannot do and therefore labels them as ill and in need of treatment. This model fails to take the disabled persons' own views and feelings into account, leaving them powerless, without choice and dependent on others. The medical model

encourages dependence on professionals, family and friends. This leads to overprotection and social isolation (Dare & O'Donovan, 2002:31; Shakespeare & Watson, 1999:14).

Dare and O'Donovan (2002:32) further state that, within the medical model, society responds to disability by determining where disabled children should go to school, where they should live and what type of work is suitable for them. This attitude reinforces disabled children's dependence on others and denies them opportunities to make their own choices. This dependence forced on people with disabilities by professionals and society has, according to Mackelprang and Salsgiver (1996:9), led to great dissatisfaction. Thus, in the last decade of the 20th century, people with disabilities started to reject the medical model of disability and demanded the right to take control of their own lives. This subsequently led to the development of the disability movement and the social model of disability (Mackelprang & Salsgiver, 1996:9).

Agreeing with Shakespeare and Watson (1999:15), Dare and O'Donovan (2002:32) point out that the disability movement rejects the medical model of disability because it discriminates against disabled people. This movement campaigned for equal rights, opportunities and choices for disabled people and suggested that the social model approach to understanding disability must be followed.

5.3.2 SOCIAL MODEL OF DISABILITY

The social model of disability developed within the disability movement, as mentioned in the previous section. According to Shakespeare and Watson (1999:15), this social movement towards disability started in the 1970s, in Britain. The social model of disability rejects the medical model of disability but does not deny the disabled person the need of medical care. Dare and O'Donovan (2002:32) state that according to the social model, the society has the problem, not the disabled child or adult. The society excluded children and adults with disabilities from mainstream functioning by discrimination, negative attitudes, rejection and insignificant social organisation.

The social model of disability recognises those with disabilities as people first and foremost. This model emphasises the need for structural and social change to enable disabled children and adults to take control of their own lives in a society that is inclusive, accessible and supportive of their personal rights, choice and freedom (Dare & O'Donovan, 2002:32; Shakespeare & Watson, 1999:16).

Shakespeare and Watson (1999:16) mention that the social model of disability is the key concept underlying current approaches to disability. The authors identified three principles that are important, according to the social model of disability, in approaching disabled children. These are the principle of equality, the principle of inclusion and the principle of autonomy (Shakespeare & Watson, 1999:16-18).

- *The principle of equality*

According to the social model, the social experience of disabled children can be understood in terms of disadvantages and social restriction, not their physical disability or weakness. The concept of equality suggests that disabled children have the right to full citizenship and to equal treatment with non-disabled children.

Dare and O'Donovan (2002:35) claim that all children with disabilities are equal and must be accepted; valued and respected for who they are. Although children with disabilities may require special learning programmes or special therapies, they also need equal opportunities to play, make choices and interact with their family, friends, peers and environment. In promoting equality for children with disabilities, priority should be given to removing social barriers.

- *The principle of inclusion*

The principle of inclusion, according to Shakespeare and Watson (1999:16), portrays the ways in which the environment and policies have been actively excluding disabled children from the society. This principle states that structures and systems need to be developed which do not exclude disabled children. Historically children with disabilities have been excluded from education and were educated in special schools. The disability movement and parents of disabled children demanded access to mainstream schools. The inclusion principle implies that the society and legislation should change and systems should be established to include children with disabilities in mainstream schools.

The principle of inclusion, according to Dare and O'Donovan (2002:48), means sharing equally; removing barriers to participation in society; making sure children with disabilities have the same chance to be part of society and contribute to it at their own particular level of ability. In an inclusive environment and society, children with disabilities must have equal access to:

- The physical environment - indoor and outdoors.
- The learning environment - all levels of education.
- Appropriate health and social care provision.
- Training and employment opportunities
- Information about available services
- Sport, leisure and holiday facilities.

The above emphasises the importance of promoting the principle of inclusion when working with children with disabilities. The development of inclusive education and implementation of inclusive education in South Africa were discussed in chapter 2.

- *The principle of autonomy*

According to Shakespeare and Watson (1999:17), the principle of autonomy advises that disabled people should have authority over their own lives. It suggests that professionals such as doctors, social workers, therapists and teachers may become obstacles to the self-development and liberation of children with disabilities, by taking control of their lives and by making decisions for them. However, the principal of autonomy does not suggest that professionals should be disregarded in assisting children with disabilities, but rather that the child with disabilities should set the agenda for the assistance to be given.

The principle of autonomy, according to Dare and O'Donovan (2002:102), state that professionals should listen to children with disabilities, take their views into account, allow them to exercise choices and involve them in the planning and decision-making procedures in the intervention process. It can be seen therefore that, according to the principle of autonomy, children with disabilities have the right to be heard and to be given a sense of control over their own lives.

The medical and social models of disability, as discussed in the previous section, are two different schools of thought that provided a framework to explain disability to the social worker, working with children with disabilities in inclusive education.

5.4   THEORETICAL PERSPECTIVES OF SOCIAL WORK AS IT RELATES TO LEARNERS WITH DISABILITIES IN INCLUSIVE EDUCATION

According to Sheafor *el al* (2000:49) it is not possible to separate theory from practice in social work. Therefore practice in social work is the process of using knowledge and applying theory in order to facilitate change that will benefit clients. Sheafor *et al* (2000:50) further state that a theoretical perspective can be seen as a lens through which the social worker can view human behaviour and social structures. A theoretical perspective also guides the selection of intervention strategies. Using a specific theoretical perspective depends on the nature of the problems, characteristics of the client, the phase in the helping process and the setting of the client system, and in this research, the learner with disabilities in inclusive education.

Sheafor *et al* (2000:50) point out that social workers may combine several theoretical perspectives and might shift from one to the other as they are moving through the phases of the helping process. To identify and understand the needs of learners with disabilities in inclusive education, it will be necessary for the social worker to have knowledge about human development, human diversity, the strengths approach, empowerment, systems perspective, ecological perspective and the ecological systems perspective. The different theoretical perspectives of social work as it relates to learners with disabilities in inclusive education will be discussed in the following section.

5.4.1 HUMAN   DEVELOPMENT   PERSPECTIVE   IN   SOCIAL   WORK INTERVENTION WITH LEARNERS WITH DISABILITIES

The first perspective that can be used in social work intervention with learners with disabilities is the human development perspective. The human development perspective, according to Johnson and Yanca (2004:7), points out that people develop physically, cognitively, socially, emotionally and spiritually over time. There are criterions that can be used to measure the stages of development in each area.

Physically, there are milestones that measure typical development. Blasco (2001:86) mentions that for children with disabilities, the type of disability will affect the achievement of these milestones. Cognitively, the model of Jean Piaget (1962) showed that children develop complex cognitive concepts in stages (Blasco, 2001:23; Johnson & Yanca, 2004:7). Children with disabilities go through cognitive development at different rates than other children, depending on the disability. Johnson and Yanca (2004:7-8) further note that in the social-emotional area, Erik Erikson's (1950) work is often used as a reference point in determining whether expected psychosocial development has taken place. Lawrence Kohlberg (1969) identified six stages of moral development and James Fowler (1981) identified seven stages of faith development. Each of the above mentioned human development perspectives help to identify and understand the human needs of disabled children.

The social worker needs to understand that learners with disabilities are complex with unique needs. The human development perspective directs the social worker's attention to critical transition points in the development of learners with disabilities, which can make them more vulnerable than learners without disabilities. In responding to the unique needs of learners with disabilities, as discussed the social worker should therefore have a thorough understanding of human development in all its aspects.
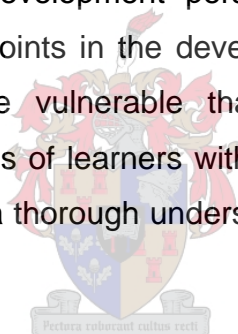
5.4.2   HUMAN DIVERSITY APPROACH IN SOCIAL WORK INTERVENTION WITH LEARNERS WITH DISABILITIES

The second perspective that can be used in social work intervention with learners with disabilities is the human diversity approach. Agreeing with Potgieter (1998:6), Johnson and Yanca (2004:8) state that the human diversity approach is important in social work because it emphasises the need to individualise and to approach every person and situation differently. Potgieter (1998:6) also mentions that this approach is the basis to any helping process and a central value of social work profession. To understand human needs, the social worker must have knowledge about the factors that have an affect on the development and functioning of individuals in their own society.

Johnson and Yanca (2004:8) explain that the way in which human needs are fulfilled is influenced by cultural factors, socio-economic factors, age, gender or sexual orientation, physical and mental disability, and discrimination against certain groups in society. The human diversity approach promotes an appreciation for differences among people and an understanding about development and functioning of human beings in a multicultural society.

According to Berger, McBreen and Rifkin (1996:53), people are characterised by their biological and psychological characteristics and how they are seen in the social world in which they function. Berger *et al* (1996:54) further note that, when society values specific personal characteristics, people with those characteristics will be supported and encouraged. When these characteristics are seen as negative by society, those people will experience discrimination and be devalued. For example, people with physical and mental disabilities may be viewed in terms of their disabilities, rather than their abilities and therefore experience discrimination and be devalued.

The social worker needs to keep in mind that a great deal of diversity exists within inclusive education. The human diversity approach helps the social worker, working with learner with disabilities in inclusive education, to understand and respect the dignity of each learner with disabilities. It also assists the social worker to identify the sources of discrimination, to remove obstacles, and to support inherent resources.

When confronted with this challenge, Berger *et al* (1996: 59) point out that the social worker needs to:

• Understand and appreciate diversity through obtaining knowledge;

• Understand the nature and the use of power against discrimination;

• Help people to identify their own power and support their acts of empowerment;

• Remove personal, group, ethnic and cultural discrimination;

• Work for social justice to ensure equal access to opportunities and resources.

It would therefore be expected from the social worker to understand, support and care for the diverse needs of the learners with disabilities in an inclusive school environment. The social worker also needs to challenge any attitude or behaviour that discriminate against the learner with disabilities in inclusive education.

5.4.3 STRENGTHS APPROACH IN SOCIAL WORK INTERVENTION WITH LEARNERS WITH DISABILITIES

The third theoretical perspective that can be used in social work intervention with learners with disabilities is the strengths approach. Johnson and Yanca (2004:13) point out that, in a strengths approach, the social worker focuses on the abilities and assets of clients, rather than on their deficits. The development of the strengths approach has been led by Dennis Saleeby (1999) stating that every individual, group, family and community has untapped reserves of strengths, and every environment has resources that should be recognised and used in the change process (Johnson and Yanca, 2004:13; Miley *et al*, 2001:77; Sheafor *et al*, 2000:75). If these strengths are recognised and used in the change process, the social worker can increase the client's motivation and potential for positive change. According to Potgieter (1998:9,150), clients need assistance to believe in them selves. The social worker therefore, needs to focus on clients' potential and should believe in their ability to grow and to develop. This approach enhances the self-esteem of the client.

In view of the above, the strengths approach could be used when working with learners with disabilities during all the phases of the facilitating process. The focus of the facilitator should not be on the disability of the learner, but rather on the learner's positive attributes and abilities, talents, resources and aspirations. The social worker should assist the learners with disabilities in identifying their strengths and resources in themselves and in the inclusive school environment. The learner with disabilities can then use these strengths to respond to their specific needs. In responding to the strengths of the learner with disabilities, the social worker provides realistic hope for growth and perseverance in the learning process and enhances the learner's self-esteem.

5.4.4 EMPOWERMENT APPROACH IN SOCIAL WORK WITH LEARNERS WITH DISABILITIES

The fourth perspective that can be used in social work intervention with learners with disabilities is empowerment. Potgieter (1998:9) notes that the most important objective of social work practice is to help people to help themselves through empowerment. According to Potgieter (1998:216), empowerment is a process that

allows individuals, families, groups and communities to improve their quality of life by developing personal and interpersonal power. Hepworth *et al* (2006:358, 411) and Johnson and Yanca (2004:263) point out that the process of empowerment involves the full participation of clients in decision-making, which promotes their ability to take control over their lives. Empowerment also enables clients to gain capacity to interact with their environment in ways to expand the resources available to meet their needs. This will enhance the clients' well-being, potential and life satisfaction. Empowerment, according to Reamer (1994:398), shifts the attention away from viewing clients as targets of charity, towards an attitude that recognises them as fellow citizens with equal rights to education, employment and full participation in the mainstream culture.

Using an empowerment approach, as described above, requires establishing mutual respect, building on learners with disabilities' strengths and sharing information and knowledge of resources. In the process of empowering learners with disabilities, the social worker enables learners with disabilities to reach their goals, enhance positive thinking, positive actions and a positive self-esteem. Through empowerment, the social worker can assist learners with disabilities to become more assertive about meeting their needs in the inclusive environment. The learners with disabilities will therefore be given a sense of control over their own lives and improve their competence and self-esteem (Potgieter, 1998:9).

5.4.5 SYSTEMS APPROACH IN SOCIAL WORK INTERVENTION WITH LEARNERS WITH DISABILITIES

The fifth perspective that can be used in social work intervention with learners with disabilities is the systems approach. The idea of systems in social work developed, according to Payne (2005:143) and Sheafor *et al* (2000:89), in the 1940s and 1950s and was comprehensively formulated by Bronfenbrenner in the 1960s. Bronfenbrenner's model (1960s) suggests that there are layers of interacting systems such as physical, biological, psychological, social and cultural that bring forth change, growth and development. The one system affects and is affected by other systems.

Swart and Pettipher (2005:10) identify the following four interacting principles of Bronfenbrenner's 1970 and 1998 model that need to be considered in order to understand child development in this context:

- Person factors, such as characteristics, that encourage or discourage certain reactions from others.
- Process factors that include the patterns of interaction in a system.
- Contexts that include the family, school, classroom and local community.
- Changes through time because of individual maturity and environmental changes.

These four principles explain the direct and indirect influences on a child's development.

Donald *et al* (2002:51) mention that according to Bronfenbrenner (1970), child development should be seen as proceeding within four systems. He refers to these systems as the micro-system, meso-system, exo-system and macro-system. They all interact with the chrono-system as illustrated in Figure 3.1. A description of Bronfenbrenner (1970s) identified nested systems were discussed in Chapter 3. Agreeing with Sheafor *et al* (2000:9), Hepworth *et al* (2006:14) also identify the above-mentioned micro-, meso- and macro-systems as levels at which social work intervention can happen.

Pincus and Minahan (1973:53-63) have adapted the systems approach to social work practice. They introduced the idea of four basic systems in social work practice and state that the intervention of the social worker can be viewed in relation to these four systems. They are the *client* system, *target* system, *action* system and *change agent* system. Figure 5.1 represents the interaction between the four systems in social work practice.
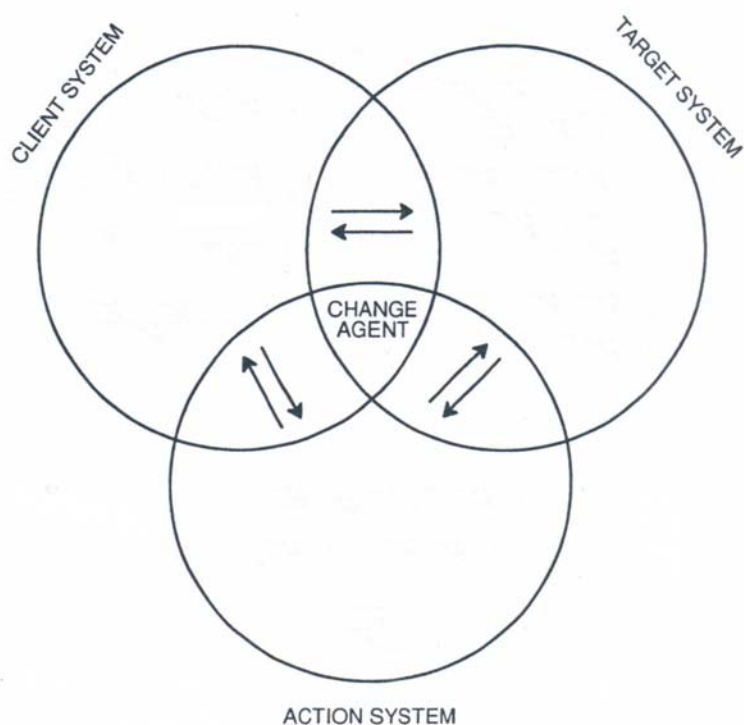
Figure 5.1: Client, Action and Target Systems: Interaction with each other and with a Change Agent
Source: Chetkow-Yanoov (1997:92)

The ***client system***, according to Chetkow-Yanoov (1997:90), Compton and Galaway (1999:132-133), Pincus and Minahan (1973:53-63) and Potgieter (1998:61), refer to those individuals, families, groups, organisations and communities who are requesting a change, authorised it, are expected to benefit from it and contract to receive help. In inclusive education this may include the learner with disabilities, their family, the inclusive school and inclusive community. The social worker as facilitator's intervention should be directed to all systems that are involved with the learner with disabilities in the inclusive school. Chetkow-Yanoov (1997:91) states that the size or components of any client system can be enlarged or reduced during the change process.

Pincus and Minahan (1973:58) hold the view that the ***target system*** consists of those individuals, families, groups, organisations and communities whose behaviour must be changed in order to accomplish set goals. Compton and Galaway (1999:133) point out that the target system and client system often overlap when the client system is identified as the target that needs to change. However, the client

system is not always the system that needs to change. The social worker may work with or on behalf of the client system with the target system toward desired change. For example, if the learner with disabilities (*client system*) initiates a problem situation because of discrimination or exclusion from activities in the school, the social worker as facilitator might intervene with the school (*target system*) to bring forth the necessary change. In inclusive education, the family, siblings, peer group, teachers, other parents, support team, curriculum and community may be target systems, depending on the nature of the changes desired by the learner with disabilities.

Agreeing with Pincus and Minahan (1973:61), Hepworth *et al* (2006:18) use the term ***action system*** to describe those formal and informal resources and persons with whom the social worker needs to co-operate with, to accomplish the tasks and achieve the goals of the change effort. The action system, according to Potgieter (1998:62), includes members of different teams, neighbourhood groups and family members who are involved with the client system to bring about change. Chetkow-Yanoov (1997:92) mentions that the action system is different from the client system in that it consists of more people with technical expertise. The action system may also include some target system members. In working with learners with disabilities, the action system might be the interdisciplinary support team, district support team, Education Department or Non-governmental organisations (NGOs) as discussed in Chapter 2.
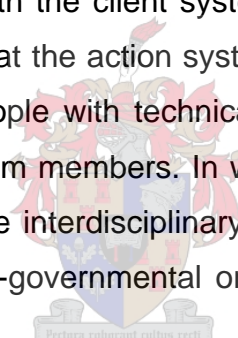
Compton and Galaway (1999:132) as well as Pincus and Minahan (1973:54) believe that social workers can be seen as ***change agents***, specifically employed to facilitate the process of planned change within a particular system. They further state that the agency or organisation that employs the social worker or of which they are part of is called the ***change agent* system**. Chetkow-Yanoov (1997:94) mentions that in a process of deliberate change, the above three systems interact dynamically with each other and that a change agent facilitates the interaction between the different systems as illustrated in Figure 5.1. The change agent usually functions as part of the action system. In inclusive education, the change agent might be the facilitator, specifically employed by the parents to provide assistance and support to the learner with disabilities in an inclusive school and co-ordinates the interaction between the different systems. Figure 5.1 attempts to clarify the relationship between the client system, its action system, target system and the change agent.

Johnson and Yanca (2004:12) mention that the social systems approach is useful to social work because it provides a means of conceptualising linkages and relationships between different individuals, family, small groups agencies, communities and societies. The needs of learners with disabilities in inclusive education cannot be considered apart from the larger systems in which they function. Therefore, it is important for the social worker working with learners with disabilities in inclusive schools to consider these relationships.

5.4.6 ECOLOGICAL PERSPECTIVE IN SOCIAL WORK INTERVENTION WITH LEARNERS WITH DISABILITIES

Johnson and Yanca (2004:12) point out that the ecological perspective is closely related to the social systems perspective as discussed in the pervious section. The term ecology comes from the biological theory that studies the relationship between organisms and environment. Carol Meyer (1983) and Carel Germain (1991) are seen as major contributors to the development of the ecological perspective in social work (Johnson and Yanca (2004:12).

The ecological perspective in social work focuses on the relationship between a person and the environment. Johnson and Yanca (2004:12) state that people and their environment have needs and resources. These needs are met when the environment responds to the needs of a person in a way that satisfies the person's needs and the person responds to the environment in a way that satisfies needs in the environment. According to Germain and Gitterman (1980, 1996), this exchange between people and their environment is also called the *person in the environment fit* (Payne, 2005:150). Miley, O'Melia and Du Bois (1995:36) also recognise humans as initiators within their environments as well as responders to those same environments.

In applying the ecological perspective to learners with disabilities, Hepworth *et al* (2006:17) relate to the difference between the medical and social model. Rather than be defined in medical terms, disability is currently defined in psychosocial terms. Learners with disabilities are viewed by their interactions with society, the attitudes that society has towards them, as well as by the architecture, means of transportation and social organisations constructed by able-bodied people. Environmental

resources may correspond to the special needs of learners with disabilities. Examples of this, according to Hepworth *et al* (2006:17), are rehabilitation programs, special physical accommodation, inclusive education and social support systems.

The social worker as facilitator in inclusive education helps learners with disabilities meet their special needs by connecting them with or developing essential resources. This includes interdisciplinary consultations, implementation of inclusive education policies, building adaptations and alterations (ramps), curriculum development and development of special aids and equipment. Therefore, the social worker supports the learners with disabilities to develop a dynamic relationship with and become an inseparable part of the social contexts in which they function.

5.4.7 ECOLOGICAL SYSTEMS PERSPECTIVE IN SOCIAL WORK INTERVENTION WITH LEARNERS WITH DISABILITIES

Agreeing with Johnson and Yanca (2004:13) and Sheafor *et al* (2000:91), Hepworth *et al* (2006:16) state that the ecological systems theory in social work adapted concepts from both the social systems and ecological theories. The social systems theory developed from the natural sciences whereas the ecological theory developed from the environmental movement in biology. In the understanding of the ecological systems model, the discussion of the systems theory as well as the ecological theory in the previous sections must be taken into account.

According to Hepworth *et al* (2006:17), the ecological systems theory suggests that individuals continuously interact with other individuals and systems in their environment and the systems influence each other. Payne (2005:142) identifies the ecological systems perspective as an important perspective to social work because it emphasises the holistic and integrated approach to such services.

Johnson and Yanca (2004:10) state that in order to understand human needs, the social worker has to focus on the effects of the environmental factors on the development and functioning of individuals. Johnson and Yanca (2004:17) further state that from the ecological systems perspective the satisfaction of human needs require adequate resources in the environment and positive transactions between people and their environment.

The social worker as facilitator in inclusive education helps the learners with disabilities to meet their needs by linking them with or by developing essential resources. Assessment from an ecological systems perspective, according to Hepworth *et al* (2006:18), requires knowledge of the diverse systems involved in interactions between the learners with disabilities and their environments. The social worker therefore requires knowledge about the following:

- Subsystems of the learner with disabilities (biophysical, cognitive, emotional, behavioural, motivational).
- Interpersonal systems (parent-child, family, siblings, peers, neighbours, community).
- Organisations, institutions, communities.
- The physical environment (school buildings, transport).

These systems and their interactions in inclusive education were discussed in Chapter 3.

In applying the ecological systems perspective to inclusive education, effective learning by learners with disabilities requires:

- Adequate inclusive schools
- Competent inclusive teachers
- Adequate inclusive curriculum
- Parental and family support
- Adequate school support team
- Peer support group
- Inclusive community support system
- Adequate District support team

The above-mentioned requirements of effective learning were discussed in Chapter 3. The eco-systemic model provides a theoretical framework for the social worker in understanding the development of learners with disabilities in inclusive education.

It can be seen that the social worker responds to the concerns and needs of the learners with disabilities in inclusive education, by using the knowledge of the different theoretical perspectives, as discussed in the previous section. According to the researcher the ecological systems perspective is most suitable for the social work intervention with learners with disabilities. However, the social worker may use

several theoretical perspectives together that shift from one to another as the social worker moves through the phases of the helping process.

5.5   GUIDELINES FOR SOCIAL WORK INTERVENTION IN INCLUSIVE EDUCATION

As mentioned in the introduction of this chapter, the challenge to the social worker as facilitator is to understand the interactions, influences and interrelationships between the learner with disabilities and their physical and social environments. According to Hepworth, Rooney, Dewberry-Rooney, Strom-Gottfried and Larsen (2006:3) social workers attempt to understand these interactions of the learner with disabilities and families with their social environment, by looking at those interactions from an ecological systems perspective, as discussed in the previous section.

According to Beaulaurier and Taylor (2001:82), Guiterrez (1990) suggested that the social worker could follow the following guidelines in the intervention process with people with disabilities in general. The focus in this research is on learners with disabilities:

- The social worker should assist the learners with disabilities by taking control of their educational needs and understand the limitations that the school environment places on their disability. The social worker must have access to resources that can address the need of the learners with disabilities.

- The social worker should be a partner or assistant to the learners with disabilities regarding the limitations of their disability and addressing the problems relevant to the change process.

- The social worker should help the learner with disabilities to build self-confidence.

- The learners with disabilities should be assisted to uncover potential strengths.

- The social worker should help the learners with disabilities to understand the inclusive school system, people and other systems with whom they must interact in order to reach their full potential.

When confronting with the challenge of facilitating learners with disabilities in inclusive education, the social worker should follow the above-mentioned guidelines in the intervention process.

5.6   CHARACTERISTICS OF THE SOCIAL WORKER

The primary function of the social worker, according to Hepworth *et al* (2006:5), is to improve human well-being and meets their basic needs with particular attention to the needs and empowerment of people who are vulnerable, oppressed and living in poverty. According to Johnson and Yanca (2004:110) the interactions between the social worker and the client are the centre of the social work endeavour. In this research, the interactions between the facilitator and the learner with disabilities in inclusive education are also the centre of the social work endeavour.

Johnson and Yanca (2004:110) further emphasise that the social worker is a helper who can effectively use herself with other people to enable them to meet their needs or solve problems more adequately. The helping process focuses on the needs and interactions between learners with disabilities and systems in their environment. To establish the type of partnership that will facilitate change, Potgieter (1998:99) states that the social worker as helper of individuals, families and communities are supposed to manifest particular characteristics. A brief discussion on the characteristics of the social worker, that are considered to be an integral part of effective helping, will follow.

5.6.1 THE CHARACTERISTICS OF THE SOCIAL WORKER IN INCLUSIVE EDUCATION

Johnson and Yanca (2004:93) state that, according to Combs, Avila and Purkey (1971), the social worker must have the following characteristics:

- Be able to identify with people
- Be adequate
- Be trustworthy
- Be friendly
- Freeing rather than controlling
- Be involved rather than alienated
- Be process oriented rather than goal oriented
- Be altruistic rather than narcissistic.

When looking at the above-mentioned characteristic of the social worker it can be seen that the social worker should be trustworthy, friendly, adequate, and process oriented rather than goal orientated while working with learners with disabilities.

Compton and Galaway (1999:290-292) identify the following six qualities that are seen as central to effective social work functioning:

- Maturity (assessment of own strengths and weaknesses)
- Creativity (originality, expressiveness and imagination)
- Capacity to observe self in interaction with others (self-awareness)
- Sensitivity for others needs
- Desire to help increase the ability of people to choose for themselves
- Courage and strength to become involved

It would therefore be expected from the social worker to have the above-mentioned qualities to be able to function effectively in inclusive education. The social worker should be mature, creative, have courage and strength and be sensitive to the needs of the learners with disabilities in inclusive schools.

With reference to David Johnson (1999), Johnson and Yanca (2004:94) also mentioned that the social worker should have the following characteristics:

- Ability to self-disclose while being self-aware and showing concern
- Quality of honesty, genuineness and authenticity
- Capacity to trust which entails warmth, acceptance and support
- Have good communication skills
- Ability to express feeling
- Ability to confront others constructively
- Capacity to reinforce and model appropriate behaviour
- Be realistic about human situations.

When confronting with the challenge of being a facilitator for learners with disabilities in inclusive education, the above-mentioned characteristics of the social worker are important in the helping relationship.

5.7   THE ROLES AND FUNCTIONS PERFOFMED BY THE SOCIAL WORKER IN INCLUSIVE EDUCATION

According to Sheafor *et al* (2000:55) every occupation is expected to perform occupational roles. When functioning as a facilitator in inclusive education, the social worker is expected to think and behave in a manner consistent with the expectations of a social worker. Although there is an unique approach to how the social worker performs her role as facilitator in inclusive education, there are also boundaries that control what can and cannot be done (see aAppendix 1).

Hepworth *et al* (2006:5) point out that the perspectives taken by social workers in their professional roles will influence how the client's needs are conceptualised and addressed. The National Association of Social Workers (NASW, 1999), according to Hepworth *et al* (2006:5), argues that the primary role of the social worker is to enhance human well being, to meet the basic human needs of clients and to empower clients who are vulnerable, oppressed and living in poverty.

Potgieter (1998:164) mentioned that, according to Du Bois and Miley (1996), the social worker's roles could be viewed as expected patterns of professional behaviour that select certain behaviours and prescribe appropriate responses. Potgieter (1998:164) further state that every role fulfilled by the social worker includes cognitive components, affective components and social components and is affected by the expectations and responses of client system. For the best fulfilment of the profession's obligations, social workers are specifically trained in a manner that equips them to be effective in their different professional roles.

Social work practice is characterised by performance of multiple professional roles. Those roles are carried out at several levels, depending on the level of the concern addressed. Various authors such as Compton and Galaway (1994:427-437), Germain and Gitterman (1996:342-365), Hepworth, Rooney, Dewberry-Rooney, Strom-Gottfried and Larsen (2006:27-31), Miley, O'Melia and DuBois (1995:16-25), Potgieter (1998:165-170) and Sheafor, Horesji and Horesji (2000:56-66) offer discussions on the different professional roles of social workers. It is within the context of their viewpoints that the following section is based.

According to Hepworth *et al* (2006:27-31), Lister (1987) categorised the roles of the social worker in five main groups and distinguishes between direct service providing roles, system linkage roles, system maintenance roles, system development roles and research roles. Under each main category are different roles subsumed. A discussion on the different professional roles of the social worker will follow, with Figure 5.2 as continuing reference point.
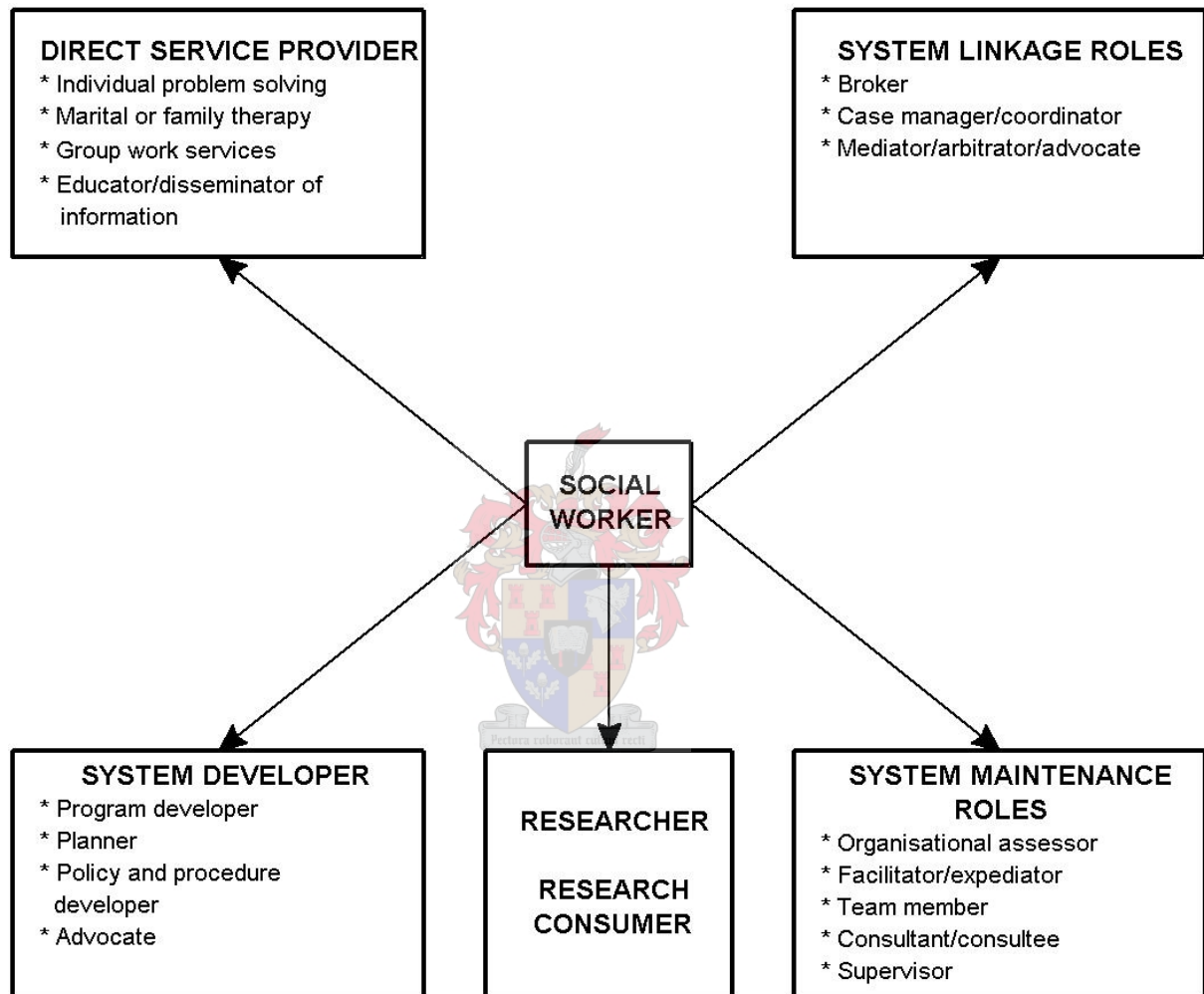
Figure 5.2: Roles social workers play (Lister, 1987)

Source: Hepworth, Rooney, Dewberry-Rooney, Strom-Gottfried & Larsen, 2006:27

5.7.1   DIRECT SERVICE PROVIDER

Hepworth *et al* (2006:27) recognise the roles under this category as those in which the social worker meets face to face with the client system. These roles are primary in the work of most direct service social workers and include individual counselling, marriage and family therapy, group work services and educator. The direct service provider roles of the social worker will be discussed in the following section.

5.7.1.1   Individual casework or counselling

The role of the counsellor, according to Sheafor *et al* (2000:59), is to help the client to improve their social functioning by assisting them to understand their attitudes, change their behaviour and teach them to deal with problematic situations. Potgieter (1998:169) mentioned that the counsellor provides support on an extended basis and includes activities to help the client systems to understand the relationship between themselves and other systems. Miley *et al* (1995:17) state that the enabler role can be associated with the counsellor role. Social workers enable clients by focusing on their strengths, recognising their potential for change and enhancing their capabilities. The emphasis, according to Potgieter (1998:169), falls on the ability, involvement, strength and efforts of the client, with the social worker in a counselling and supporting role.
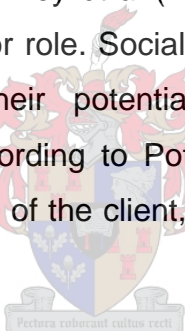
In view of above, the social worker as counsellor should help the learner with disabilities to focus on their strengths, recognise their potential for change and improve their social functioning in the inclusive school.

5.7.1.2   Marriage and family therapy

Hepworth *et al* (2006:240) point out that social work from its professional inception has been concerned with the family as a unit and as a focus of direct intervention. Social workers counsel families in a variety of settings and with a range of problems. In the inclusive education setting, the social worker focuses on the health, safety and education of the learner with disabilities in the inclusive school. The family in inclusive education has been discussed in Chapter 3 of this research.

5.7.1.3 Group work services

Hepworth *et al* (2006:27) state that the direct social work services with groups may include support groups, therapy groups, self-help groups, task groups and skill development groups. The social worker in inclusive education plan and lead support groups and skill development groups with a number of people who share similar interests in learners with disabilities and special needs.

5.7.1.4 Educator/disseminator of information

Agreeing with Compton and Galaway (1994:432) and Sheafor *et al* (2000:58), Hepworth *et al* (2006:27) mentioned that the social worker empowers the client system with essential information for coping with problem situations and practising new behaviours or skills that will enhance their social functioning. Potgieter (1998:168) recognises that information is a powerful tool that helps the client system to master life tasks, improve their functioning and affect their quality of life. The social worker can empower the teachers, parents, siblings and peers with information regarding the special needs of the learner with disabilities in the inclusive school that will enhance the learner's quality of life.

5.7.2 SYSTEM LINKAGE ROLES

Potgieter (1998:165) points out that the lack of material; social or psychological resources affect the physical, emotional, cognitive, spiritual and social development of the client system. Pincus and Minahan (1973:113) hold the view that the social worker's roles in this area should focus on ways to assist the client system to obtain the needed resources or services. The social worker's roles in linking the client system to appropriate resources and services, according to Hepworth *et al* (2006:28), include the role of broker, case manager/co-ordinator, mediator/arbitrator and advocate. A discussion on the system linkage roles of the social worker, as identified above, will follow.

5.7.2.1 Broker

Miley *et al* (1995:21) and Potgieter (1998:166) state that as brokers, social workers link clients with available community resources by providing information about resources and by making appropriate referrals. To carry out the broker role, Sheafor *et al* (2000:56) point out that the social worker identifies the clients' needs, assesses

their motivation and ability to use different resources and assists them to gain access to community resources. According to Compton and Galaway (1994:429) and Hepworth *et al* (2006:28), serving as a social work broker requires general knowledge of community resources and services as well as an understanding of the procedures for accessing those resources.

It would therefore be expected of the social worker as broker to identifies the special needs of learners with disabilities, assesses their ability to use various resources and helps them to gain access to the most appropriate resources.

5.7.2.2   Case Manager/Co-ordinator

The social work role of case manager, according to Sheafor *et al* (2000:60), is important for clients who have to use multiple resources and services provided by several different programs or agencies. They further state that the case manager has to develop, implement and monitor a social service plan to meet the needs of the client system. Hepworth *et al* (2006:28) mention that the case manager assesses the needs of the client system and arranges and co-ordinates the services provided by the different community resources. They further note that in the case manager role, the social worker co-ordinates the interaction between the client system and the environment more than in any other role.
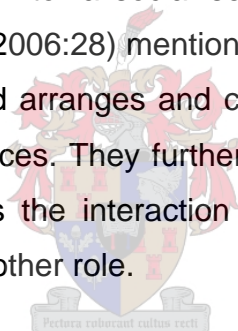
In inclusive education, the social worker as facilitator co-ordinates group discussions and decision-making sessions among relevant professional team members such as the teacher, occupational therapist, physiotherapist, speech and hearing therapist and the parents of the learner with disabilities, to formulate goals and design an integrated intervention plan.

5.7.2.3   Mediator/Arbitrator

Hepworth *et al* (2006:28) emphasise that the social worker as mediator eliminates obstacles to service delivery, when disputes occur between the client system and service providers. According to Compton and Galaway (1994:433) and Potgieter (1998:170) the mediator serves as an arbitrator who assists clients to negotiate a mutual satisfying understanding with regards to their differences with other people. Potgieter (1998:170) further states that social workers are mediators and act as peacekeepers, peacemakers and peace builders. Hepworth *et al* (2006:28) also

mention that the mediator aims at removing barriers, clarifying possible misunderstandings and working through negative feelings between the client and other services. When serving as a mediator, Potgieter (1998:170) asserts that the social worker must listen carefully to the facts and feelings from both parties to determine the cause of the breakdown.

The above emphasises the importance of the social worker's role as mediator in inclusive education. The social worker as facilitator serves as a mediator between the learner with disabilities and their peers in the inclusive school when disputes occur. The social worker also removes barriers, clarifies possible misunderstandings and works through negative feelings between the teachers, parents and other team members involved with the learner with disabilities.

5.7.2.4   Client Advocate

Sheafor *et al* (2000:57) mentioned that Mickelson (1995) defines social work advocacy as the act of directly representing, defending, intervening, supporting and recommending intervention on behalf of the client system with the goal to obtain social justice. According to Hepworth *et al* (2006:29), the social worker as advocate engages with and on behalf of the client system to obtain services and resources that would not otherwise be provided and ensure that the client system have access to the services for which they qualify. Potgieter (1998:167) feels that the role of the advocate should be performed in a diplomatic manner whenever possible. The social worker should base her actions on a thorough understanding of the agency structure, authority and procedures.

In line with above, the social worker as advocate acts as intermediator between the parents of the learner with disabilities and the inclusive school to protect the inclusive rights of the learner. The social worker functions as spokesperson on behalf of the learner with disabilities and their parents in the bureaucratic inclusive education structure.

5.7.3 SYSTEM MAINTENANCE AND ENHANCEMENT ROLES

Hepworth *et al* (2006:29) recognise the roles under this category as those in which the social worker as staff member of a social agency accept the responsibility for

evaluating structures, policies and functional relationships within the agency. The social workers roles in system maintenance and enhancement, according to Hepworth *et al* (2006:29-30), include the roles of organisational analyst, facilitator/expediter, team member, consultant/consultee and supervisor. A discussion on the system maintenance and enhancement roles of the social worker, as identified above, will follow.

5.7.3.1 Organisational Analyst

The role of the organiser analyst, according to Hepworth *et al* (2006:29), entails identifying factors in the agency structure, policy and procedures that impair effective service delivery. Hepworth *et al* (2006:29) further state that the organiser analyst uses knowledge of organisational and administrative theory to perform this role effectively.

When performing this role in inclusive education, the social worker is the chief administrative officer and co-ordinator of the facilitators working with learners with disabilities in the same inclusive school. The social worker is responsible for implementing policies, programs and procedures made by the inclusive school, for the effective service delivery of the facilitators of learners with disabilities. The social worker also defines the purposes and establishes guidelines for these facilitators. (Refer to Appendix 1)
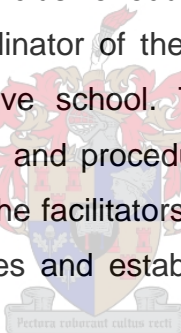
5.7.3.2 Facilitator/Expediter

Hepworth *et al* (2006:29) state that the responsibility of the social worker as facilitator is to plan and implement ways to improve service delivery of the agency. Hepworth *et al* (2006:29) further state that this may include relevant input to agency boards and administrators, co-ordinating staff meetings to address problems, encouraging and participating in in-service training sessions. Sheafor *et al* (2000:63) mention that the purpose of this role is to facilitate the professional development of agency staff through training and staff management. The tasks require to perform the facilitator's role, according to Sheafor *et al* (2000:63), are specifying job expectations, orientating staff members to the organisational policies and procedures, and teaching helping skills and techniques.

In view of above discussion, the social worker in inclusive education is often involved with the in-service training and orientation of new facilitators for learners with disabilities in inclusive schools.

5.7.3.3 Team Member

Hepworth *et al* (2006:29) point out that in many agencies and institutional settings, for example health care, education, rehabilitation and mental health, practitioners function as members of clinical teams, assessing clients' problems and delivering services together. Such teams, according to Hepworth *et al* (2006:29), may consist of a social worker, educator, occupational therapist, speech and hearing therapist, psychiatrist, physician, psychologist, nurse, physiotherapist or rehabilitation counsellor, depending on the setting. Members of the team have different expertise to draw from, for example formulating assessments, planning and implementing therapeutic interventions. Potgieter (1998:168) holds the view that as team members, social workers often provide information and knowledge directly to other team members to meet the needs of the client system.

As a case manager of such a team, the social worker in inclusive education focuses on the co-ordination of services to ensure that the team members contribute their specific expertise for the benefit of the learner with disabilities.
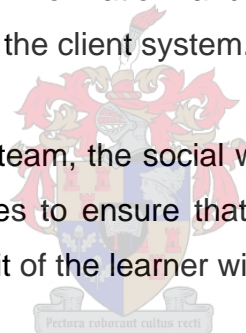
5.7.3.4 Consultant/Consultee

According to Hepworth *et al* (2006:30), consultation is a process whereby an expert assists a consultee to deliver services more effectively to a client system by increasing, developing and modifying the consultee's knowledge, skills, attitudes or behaviour. Social workers serve as consultants to members of other professions who are in need of their special expertise. Hepworth *et al* (2006:30) further state that the social worker take on the consultee role when they need expert knowledge from doctors, psychologists, psychiatrists and other social workers regarding certain types of problems with the client system.

The social worker in inclusive education provides consultation to educators, families, team members, other facilitators and peers who need assistance in understanding and coping with learners with disabilities in the inclusive school. The social worker

also takes on the consultee role when expert knowledge is needed from other professionals.

5.7.3.5   Supervisor

Hepworth *et al* (2006:30) state that supervisors play a very important role in the support of quality casework performed by social worker practitioners. According to Sheafor *et al* (2000:63), the supervisor is responsible for overseeing and directing the activities of other staff members to improve the quality of services they provide to the client system. The supervisor makes sure that agency rules and regulations are followed. Hepworth *et al* (2006:30) further state that supervisors assist staff members in linking assessment with intervention plans and evaluation. Supervisors also take the responsibility in securing resources for staff members and facilitate communication with other organisations.

As supervisor, the social worker in inclusive education is responsible for overseeing and directing the activities of the other facilitators to improve the quality of services they provide to the learners with disabilities in the inclusive school. The social worker also makes sure that the facilitators follow the rules and regulations of the inclusive schools.
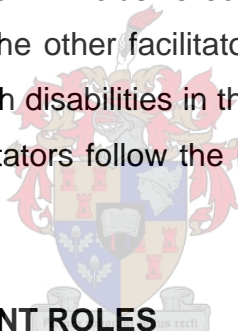
5.7.4   SYSTEM DEVELOPMENT ROLES

According to Hepworth *et al* (2006:31), social workers have opportunities to improve or expand agency services based on assessment of the clients unmet needs, needs for preventive services, or research indicating that more successful results might be achieved by expanded services. Hepworth *et al* (2006:31) recognise the roles under this category as those in which social workers improve, expand or develop new systems. These roles include the role of program developer, planner, policy and procedure developer and advocate. The system development roles of the social worker will be discussed in the following section.

5.7.4.1   Program developer

According to Potgieter (1998:165), client systems are affected in their role performance by the lack of materials, social and psychological services. Hepworth *et al* (2006:31) note that social workers have opportunities to develop services in

response to the client system's emerging needs. Such services may include education programs, support groups and skill development programs.

The social worker in inclusive education develops support programs and services for the learner with disabilities and their parents in response to emerging needs. These programs aim to promote optimum learner development.

5.7.4.2 Planner

The role of the planner, according to Potgieter (1998:165), emerges when the need or concern affects a number of people. The aim of the social worker as planner is to improve, expand or create new services or facilities, to provide client systems with the services they need to accomplish life tasks or satisfy their needs. Agreeing with Sheafor *et al* (2000:61), Hepworth *et al* (2006:31) state that in this role, the social worker works formally or informally with experts in the community, to plan programs or services that will meet the client systems needs. Such needs could include child care services, recreational and health care programs and parent support groups, to name a few.

The main aim of the social worker in inclusive education as social planner is to work with experts in the field of inclusive education in establishing parent support groups. The social worker also encourages the parents of learners with disabilities and other team members to join these support groups.

5.7.4.3 Policy and Procedure developer

Hepworth *et al* (2006:31) argue that social workers should actively be involved in the decision-making process related to policies and procedures of agencies. The social worker participates in policy development concerned with the needs of a broad community.

As policy and procedure developer, the social worker in inclusive education makes presentations to the inclusive school board to explain the special needs of learners with disabilities and therefore become involved in the decision-making process regarding policies and procedures for inclusive education. The social worker is actively involved in producing inclusive policies that will increase the learning and

participation of all learners with disabilities and increases the capacity of the inclusive school to respond to pupil diversity.

5.7.4.4   Advocate

Social workers as advocates, according to Hepworth *et al* (2006:31), join client groups, other social workers and professionals in their efforts to influence and confront the effect of legislation and social policies on groups. Advocates aimed at providing needed resources and enhancing social justice where groups and communities are unable to act effectively on their own. Hepworth *et al* (2006:430) identify skills required in advocacy as group facilitation, policy analysis, interviewing and the ability to gather and analyse multidimensional and systematic information.

In line with above, the social worker as advocate for inclusive education represents, defends, intervenes and support inclusive education policies in order to promote social justice for learners with disabilities.

5.7.5 RESEARCHER/RESEARCH CONSUMER ROLE

Miley *et al* (1995:25) point out that as researchers and research consumers, social workers contribute to the professional theory base by conducting their own empirical research and draw upon research related to human behaviour and social development. Therefore, research link social work practice and social work theory. According to Hepworth *et al* (2006:30), the social workers are responsible to select interventions that can be evaluated, evaluate the effectiveness of their interventions and systematically monitor the progress of their clients. Implementing these processes requires social workers to conduct research and draw from research.

The social worker in inclusive education contributes knowledge, gained from working with learners with disabilities in an inclusive school and from research conducted, to team members, colleagues, support groups and students through presentations at workshops, seminars, meetings, courses and other programs.

In conclusion it can be seen that it is expected from the social worker as facilitator in inclusive education, to think and behave in a manner consistent with the expectations of a social worker in general. Although there is a unique approach in how the social

worker performs her role as facilitator in inclusive education, there are also boundaries that control what can and cannot be done. Social work practice in inclusive education is therefore characterised by the performance of the multiple professional roles as discussed in the previous section.

5.8   CONCLUSION

In order to understand the complexity of the role of the social worker in inclusive education, this chapter discussed the purpose of social work in general. From the discussion in this chapter it can be seen that the social worker within the inclusive education setting, needs to have a thorough knowledge of the theoretical perspectives in social work, which will enable the researcher to render a competent service to the learner with disabilities.

The response of social work to people with disabilities has changed over the years. Two different schools of thought, namely the medical and social models of disability, have influenced this change in attitude. The medical and social models of disability, as discussed in this chapter, provided a framework for the social work intervention with learners with disabilities in inclusive education.

The rendering of social work services to learners with disabilities relies heavily on the professional characteristics of the social worker. Throughout this discussion it was evident that the social worker needs guidelines and should have certain characteristics that need to be considered as integral part of the helping process.

It seems clear that the social worker does not need an entirely new array of skills and characteristics in order to facilitate learners with disabilities in inclusive education. The social worker can draw on already existing skills, as discussed in this chapter.

The social worker encompasses a wide range of roles as facilitator for learners with disabilities in inclusive education. The last section of this chapter focussed on the multiple professional roles performed by the social worker in inclusive education.

CHAPTER 6

THE SOCIAL WORKER AS FACILITATOR FOR LEARNERS WITH DISABILITIES IN INCLUSIVE EDUCATION: CASE STUDIES OF BOYS IN MIDDLE CHILDHOOD

6.1   INTRODUCTION

The changeover to inclusive education in South Africa has brought with it an integrated holistic approach to the education of learners with disabilities, as discussed in Chapter 3.1. This holistic approach focuses on the learners with disabilities' different dimensions of development and includes the physical, emotional, cognitive, social, moral and spiritual aspects. According to Donald *et al* (2002:26,27) the concern should be about the whole context and the environment in which learning occur. The learner with disabilities must be seen as an inseparable part of the society in which they functions. This is an inclusive and integrated way of looking at learners with disabilities' functioning in the classroom, school, community and society.

The holistic approach is based on the eco-systemic perspective that has been adapted from the ecological and systems theories. It is a perspective, according to Shea and Bauer (1994:6), in which the learners with disabilities are seen as developing in a dynamic relationship with and as an inseparable part of the social contexts in which they function, as discussed in Chapter 3. The eco-systemic perspective is not the only perspective from which inclusive education can be viewed. Shea and Bauer (1994:7) mention that the behavioural, psycho-educational and biophysical theories are among the other perspectives available. However, for this research the eco-systemic perspective was selected as framework because it allows the researcher to study all facets of the learner with disabilities as an inseparable part of the environment. Payne (2005:142) identifies the ecological systems perspective as an important perspective to social work because it emphasises the holistic and integrated approach to such services, as can bee seen in Chapter 5.4.7. The major challenge for the researcher is to understand the complexity of the interactions,

influences and interrelationships between the learner with disabilities and other systems in inclusive education.

Donald, Lazarus and Lolwana (2002:55) developed an eco-systemic model of the different levels of system, and the influences that directly affect the education process (see Chapter 3.2.3).
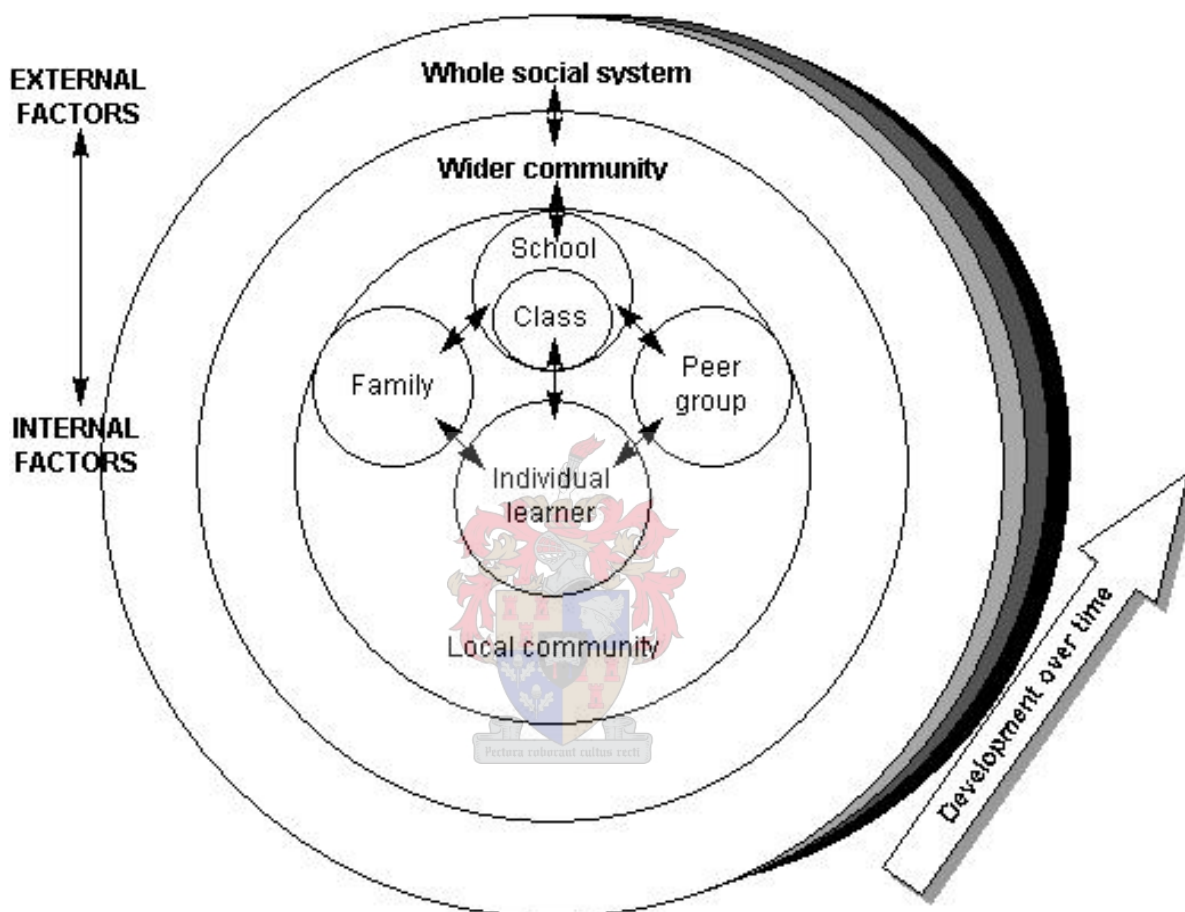
Figure 6:1: An eco-systemic model
Source: Donald, Lazarus & Lolwana, 2002:55

In Figure 6.1 Donald *et al* (2002:55) express the interaction between the different systems in the education process. This diagram can be seen as a broad guide understanding the eco-systemic interactions in the education process and integrates Bronfenbrenner's model (1970) of child development.

Donald *et al* (2002:55) emphasize that learners with disabilities' development takes place over time. All the different systems, from the learner through to the entire social

system, are in continuous interaction with one another in their different phases of development.

According to Figure 6:1, the learner with disabilities is part of a number of other systems, for example the family system, school system, peer system and local community. These sub-systems are in constant dynamic interaction and change in one system will have an affect on the other systems and the entire social system. Donald *et al* (2002:56) also mention a range of internal and external factors that might have an impact on the education process at different levels. They refer to internal factors as those factors within the individual system, such as psychological and physical barriers. External factors are factors within the family, peer group, class, school local community and whole social system, such as values, resources, and support.

The case studies in this chapter will be presented according to Donald *et al* (2002:55) eco-systemic model that has much relevance in the field of inclusive education and was discussed in Chapter 3. The eco-systemic model has characteristics of an eco-map as can be utilize in social work (Johnson & Yanca, 2004; Potgieter, 1998).

6.2   EMPIRICAL STUDY
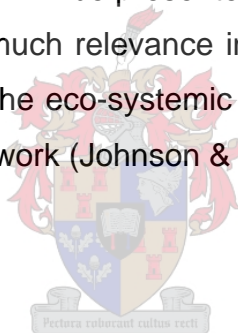
The empirical investigation was based on the literature study and was aimed at exploring and describing the role of the social worker as facilitator for learners with disabilities in inclusive education. This section will explain the research design used and the methods used in collection of the data.

The researcher has nine years experience as social worker in the field of inclusive education in the Western Cape. During this period she worked as a facilitator in an inclusive classroom with a learner with cerebral palsy (quadriplegic), learner with autism, learner with dyspraxia and learner with Asperger Syndrome. Arising from the researcher's involvement as facilitator for above-mentioned learners, the researcher is of the opinion that the social worker, on account of her field of knowledge, can perform the role of facilitator successfully in inclusive education. The researcher holds the view from personal experiences, that a social worker does not need an entirely new array of skills and characteristics in order to facilitate learners with

disabilities in inclusive education, as discussed in Chapter 5.6. A personal interest in learners with disabilities in inclusive education, the lack of relevant literature, and the fact that there is an increasing need for facilitators for learners with disabilities in inclusive education (Chapter 3), has motivated the researcher to conduct this research. The research topic therefore emerged from the social worker's daily intervention as facilitator for learners with disabilities in inclusive schools in the Western Cape.

6.2.1 RESEARCH DESIGN

For the purpose of this study, a qualitative, non-experimental method of research was used. By utilizing a qualitative method, an attempt was made to understand the learner with disabilities from a subjective perspective.

As discussed in Chapter 1, Hepworth *el al* (2006:340) state that the aim of qualitative information is to ensure credibility, dependability and confirmability. Qualitative measurements in this study required systematic observation. One of the major distinguishing characteristics of qualitative research, according to Mouton (2005:188), was the fact that the researcher attempted to understand learners with disabilities in terms of their own definition of their world.
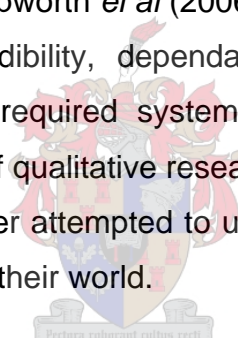
The researcher developed an interest in the study through her daily experience as facilitator for learners with disabilities in inclusive education. Throughout her role as facilitator she experienced growth in knowledge as each day build upon the experiences of the previous day. The researcher's active participation in the study influenced her thoughts, actions and dialogue. Significant knowledge of the learners with disabilities was generated primarily through reciprocal encounters between the researcher and learners with disabilities as well as environmental factors.

In view of above the researcher developed an interest in the participatory action research design for her study, as described in Chapter 1. Mouton (2005:151) points out that the participatory action research (PAR) can successfully be applied in education action research in classrooms and schools. Agreeing with Babbie and Mouton (2001:56), De Vos *et al* (2005:335) state that the researcher's presence and active participation is considered to be an integral part of action research process.

The relationship between the researcher and participants results in an active process where knowledge is produced. This new paradigm in research involved much closer relationships between the researchers and researched. Therefore, the participatory action research (PAR) design was chosen of this study, as methodological framework.

6.2.2 RESEARCH METHOD

As described in Chapter 1, a case study method was used for this research. According to Mouton (2005:149) case studies are usually qualitative in nature and the aim is to provide an in-depth description of a small number of cases. De Vos *et al* (2005:272) also regard a case study as an exploration or in-depth analysis of a single case over a period of time. Mouton (2005:149) further states that case studies are most applicable in social work research. Yin (in Merriam, 1998:27) describes a case study as an empirical enquiry that investigates a contemporary phenomenon within its real-life context.

A reflection on the social worker's facilitating experiences with learners with disabilities at an inclusive school was given during the process of this study. The instrumental case study method was used, as described in Chapter 1.4.3. The research was conducted at inclusive schools in the Western Cape. The researcher specifically focused on learners with specific disabilities namely, cerebral palsy (quadriplegic), dyspraxia, low muscle tone and Asperger Syndrome, that are currently learners in inclusive schools. The target group was boys in middle childhood, between the ages of six and eleven, in junior primary school. The researcher facilitated these boys in inclusive schools over a period of nine years. The purpose of these instrumental case studies was merely to facilitate the researcher to gain knowledge about the role of the social worker as facilitator for learners with disabilities in inclusive schools.

6.2.3 DATA COLLECTION AND ANALYSIS

Participant observation as a qualitative research procedure was chosen to collect data for this research, as discussed in Chapter 1.4.4. Strydom (2005:275) mentions that participant observation is a typical qualitative approach to data, which implies

that data cannot really be reduced to figures. Participant observation can be described, according to Strydom (2005:275), as a procedure that studies the natural and every day set-up in a particular community or situation.

In this research, the researcher investigated the inclusion of learners with disabilities during middle childhood, into primary inclusive schools, and her role as facilitator to these learners. The researcher collected data while observing and facilitating learners with disabilities in inclusive schools for the past nine year. The data for this research was gathered, analyzed and presented in two case studies in accordance with the qualitative method of research. Comprehensive field notes were documented throughout the period of the research. The data the researcher collected from the case studies were used for this study. The researcher also collected data from her own experiences as facilitator for the learners with disabilities as well as her contact with the parents, teachers and interdisciplinary support team of these learners. Participation in this research was voluntary and confidentiality was guaranteed.

6.3   RESULTS OF THE STUDY

In the case studies, the information that was gathered during the study will be presented according to criteria, namely description of the disability, causes of the disability, specific educational needs of learners with disabilities and educational support to these learners with disabilities. These criteria were chosen as they correspond with the themes in Chapter 3.2.1, on the eco-systemic model of child development, and Chapter 4.5, on the discussion of specific disabilities of learner in inclusive education and the impact of these disabilities on normal middle childhood development. The role of the social worker as facilitator in inclusive education was discussed in Chapter 5.7, according to different theoretical perspectives. The researcher did however try to incorporate guidelines; characteristics, roles and functions performed by the social worker in inclusive education in Chapter 5.7, and can be incorporated as part of the empirical study. The case studies will be presented according to above-mentioned criteria in the following section.

6.3.1 CONTEXTUALISATION OF CHILD 1 AS MICRO-SYSTEM

The researcher was Bryan's facilitator for three years, during his grade two, grade three and grade four primary school years. The researcher collected data while observing and facilitating Bryan in the inclusive classroom and inclusive school over this period of time. The researcher evaluated her role as social worker in the development of the learner with cerebral palsy (the micro-system) in inclusive education from a developmental perspective, which was then integrated within an eco -systemic framework, as discussed in Chapter 3. Viewing the learner with cerebral palsy from a developmental perspective includes identifying information, description of disability, explanation of learner's special educational needs and educational support for the learner in the inclusive classroom, as discussed in Chapter 4.

6.3.1.1 IDENTIFYING INFORMATION OF CHILD 1

Name: Bryan*

Grade: Grade 10

Date of birth: O1/O3/1989

Sex: Male

Home language: Afrikaans

Language of Education: Afrikaans

(*Not his real name. A pseudonym has been used for ethical reasons.)

6.3.1.2 CONTEXT OF FAMILY

Bryan is the elder of two children (17 years) and is currently in grade ten with the assistance of a facilitator. His younger brother (16 years) attends the same local school as himself and is currently also in grade ten. Bryan lives with his mother, father and brother in a suburban area with an average socio-economic status. His mother is a house executive and runs a support group for parents with disabled children and his father works at a local private company. Bryan attends a local inclusive school in the Western Cape. The family was first located in Pretoria before they relocated in the Western Cape.

Extended family history

There is no known history of learning or developmental problems in either his mother or father's family.

6.3.1.3   DEVELOPMENTAL HISTORY

EARLY HISTORY

Bryan is the second child of the mother and father, born when both parents were in their late twenties. His conception and birth were natural. His Apgar scores were also normal. Bryan was a contended and treasured baby and toddler. There were no feeding, sleeping or other physical health problems. Bryan was a happy noticeable alert, intelligent, curious and reflective child who laughed a great deal. As regards to his developmental milestones, his head control and sitting occurred normally. He crawled and walked at one year. His understanding and communication skills develop normally according to his age (see Chapter 4).

BRYAN'S STORY

Bryan went for a routine tonsil operation in Pretoria, on 25 February 1992, just before his third birthday, and lapsed into a coma because of a lack of oxygen to the brain after the operation (see Chapter 4). He was immediately transferred to the ICU where he received intensive care for ten days. He was transferred to a normal ward in hospital where he was treated for another five days. He went home on 13 March 1992, while still in a coma until 2 April 1992.

Bryan was diagnosed with cerebral palsy and is a quadriplegic today because of damage to the brain due to a lack of oxygen (see Chapter 4 for explanation). He was very stiff and pulled over backwards after the operation. His movements of his limbs were stiff and strong muscle spasms and contractions occurred. His speech was difficult to understand due to the stiffness of the speech muscles. Flexion in the wrist and elbow caused his lower arm to bent up stiffly against his upper arm. There was also flexion of his knees and equines in his feet. His thumbs were folded into the palm of his hands with the other fingers clasped over it.

From the 9th of March 1992 Bryan received daily physiotherapy, speech therapy and occupational therapy for three months. In July 1992 he was enrolled into a special school for disabled children, but still continued private therapy after school. In August

1992 he began horse-riding therapy and attended fifteen therapy sessions per week over a period of two years.

Bryan attended a school for language, hearing and speech-impaired toddlers, in Pretoria, with a facilitator, at the age of five (from April 1994 until April 1995). At this stage he could not sit or speak. Augmentative and alternative communication tools were used to assist him in communication. Everyday vocabulary was written on his personal communication board. The school he attended concentrated on maximal language stimulation. The family moved to the Western Cape where Bryan attended a special school for learners with severe disabilities, during April 1995 to April 1996. This special school for disabled children was not located in Bryan's local community and his mother had to transport him everyday to and from the special needs school.

In January 1997, at the age of seven, Bryan began his primary school years in a local inclusive school in the Western Cape, with the support of a facilitator. The researcher started facilitating Bryan during middle childhood, in grade two and continued facilitating him until the end of his grade four year. Bryan is currently in grade ten, in a high school in the Western Cape. He still has the support from a facilitator who assists him during his school day.

Photo 6.1   Bryan in the inclusive school concert as a frog.

6.3.1.4   DESCRIPTION OF CEREBRAL PALSY

Bryan was diagnosed with cerebral palsy after a routine tonsillectomy in 1992. Cerebral palsy is a physical impairment that is neurologically related. Becoming informed with the medical terms related to cerebral palsy, as described in Chapter 4, better the researcher's understanding of Bryan special educational needs in the inclusive classroom. According to Donald et al (2002:324) cerebral palsy is a condition that relates to the functioning of the central nervous system and affects areas such as physical movement and co-ordination. It can be seen from Chapter 4 that cerebral palsy can be classified according to the different parts of the body that are motorially affected. Bryan is classified as a quadriplegic because all four his limbs are affected.

6.3.1.5   CAUSES OF CEREBRAL PALSY

Feldman et al (2001:130) state that cerebral palsy is caused by the damage to the brain either before or during birth, or in early childhood. Cerebral palsy in Bryan was caused by anoxia, which is the lack of oxygen to the brain, because of a tonsillectomy at the age of three. Although Bryan experienced physical and associated learning and social difficulties, he had similar needs as other children during middle childhood.
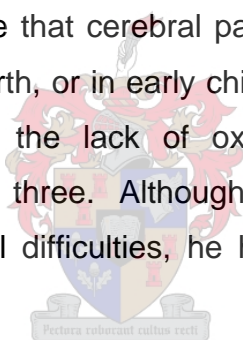
6.3.1.6   IMPLICATIONS OF CEREBRAL PALSY ON LEARNING

Cerebral palsy has severe implications for Bryan's education and socialisation. The researcher identified the following implications that cerebral palsy has on Bryan's education and socialisation during the time of her facilitation:

- For writhing, because his arms and hand muscles are affected.
- For speech, because his mouth, chewing and swallowing muscles are affected.
- For vision because his eye muscles are affected.
- For socialisation, because his facial muscles are affected.
- For independent walking, eating, washing, dressing and using of the toilet, because his posture, sitting and gait muscles are affected.

The researcher supported Bryan in the above-mentioned areas of difficulties so that he could benefit from inclusive education and reach his full potential.

6.3.1.7 SPECIFIC EDUCATIONAL NEEDS OF LEARNERS WITH CEREBRAL PALSY

Addressing the specific educational needs of learners with cerebral palsy in inclusive education requires facilitators and teachers to provide reasonable solutions to obstacles in the classroom, in the curriculum and the use of assisstive devices. The researcher used the following aids (Appendix B) while facilitating Bryan in the inclusive classroom:

- Wheelchair, walking frame and standing frame
- Typist chair
- Special pencil grips and scissors
- Non-slip pad under book
- Velcro to strap child on chair
- Variety of specially designed pillows and wedge cushion
- Adapted computer, mouse and keyboard
- Orthopaedic footwear
- Specially designed cutlery and crockery
- Sloped desk or cut-out desk
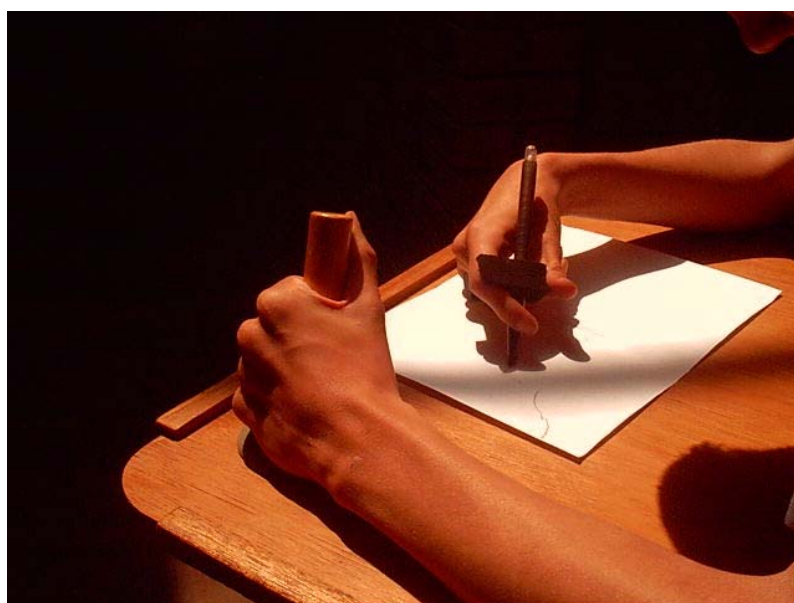
Photo 6.2   Bryan's special pencil grip and cutout desk

6.3.1.8   CLASSROOM AND EDUCATIONAL SUPPORT FOR LEARNERS WITH CEREBRAL PALSY

The researcher as facilitator rendered the following educational support to Bryan while facilitating him in the inclusive classroom and school:

- Adapted the curriculum regarding to maths and the volume of work.
- Assisted him while he was working on an adapted computer with a special mouse.
- Assisted his hand while writing with a special pencil grip.
- Helped him organising his workstation.
- Assisted with his positioning in the classroom so that he could carry out educational activities sufficiently.
- Helped the teacher to create a wheelchair friendly classroom.
- Stabilised his balance for better control over his limbs and head.
- Assisted him with his lunch during break time.
- Assisted him while playing with peers on playground.
- Helped him to move around throughout his school day.
- Helped him getting dressed and undressed for physical education (PE).
- Assisted him in swimming pool and during physical education lessons.
- Helped him while participating in school concerts.
- Accompanied him to school camps and assisted him during the camps.

Photo 6:3   Bryan and his facilitator in "*Charlie se Sirkus*".

6.3.2 CONTEXTUALISATION OF CHILD 2 AS MICRO-SYSTEM

The researcher has been Spiros facilitator since his grade one year, in an inclusive school in the Western Cape. Spiros in currently in grade four. The researcher collected data while observing and facilitating Spiros in the inclusive classroom and inclusive school over a period of four years. The researcher is viewing the learner with dyspraxia from a developmental perspective and include identifying information, description of the disability, explanation of learner's special educational needs and educational support for the learner in the inclusive classroom, as discussed in Chapter 4.

6.3.2.1   IDENTIFYING INFORMATION OF CHILD 2

Name: Spiros*
Grade: Grade 4
Date of birth: 08/03/1996
Sex: Male
Home language: English
Language of Education: English

(*Not his real name. A pseudonym has been used for ethical reasons.)

6.3.2.2   CONTEXT OF FAMILY

Spiros is the elder of two children (10 years) and is currently in grade four. His younger brother (6 years) attends the same local school as himself and is currently in grade R (reception class). Spiros lives with his mother, father and brother in a suburban area with an average socio-economic status. His mother is a remedial teacher and his father runs a successful business. Spiros attends a local inclusive school.

Extended family history
There is no known history of learning or developmental problems in either his mother or fathers family.

6.3.2.3   DEVELOPMENTAL HISTORY

EARLY HISTORY

Pregnancy and birth

Spiros was the first child of the mother and father, born when both parents were 39 years old. His conception and birth were natural. Labor was induced at 42 weeks and middle forceps were needed because of Spiros head size. Scalp electrodes demonstrated that he was calm throughout his birth and following that his Apgar scores were normal. He sucked immediately, happily and normal.

Babyhood, toddler hood, and early childhood (Birth to five years)

Spiros was a contended and treasured baby and toddler. There were no feeding, sleeping or other physical health problems. He was breastfed till 1 years and weaned with his full co-operation. Spiros was a happy noticeably alert, intelligent curious and reflective child who laughed a great deal. He was significantly taller than his peers. As regards his developmental milestones, his head control and sitting occurred normally (3 – 6 months). He did not crawl or hold onto things in order to pull himself into a sitting position. He also could not push himself up if he fell and his parents carried him around a lot with love. His pediatrician saw this as normal developmental variation and advised the mother to do nothing and allow him to grow in relative peace. He walked in a walking ring at eight months and walked when he was one year old. He chose at three years to toilet train himself and did this so entirely in one week. His understanding and communication were superior which altered his social integration with the same aged peers. That is, by the age of eighteen months he was talking spontaneously, in long, complicated, accurate sentences. By the age of three years, Spiros was reading public notices spontaneously, counting to 100 and was performing mental arithmetic with his favorite car-rally book. At six months he watched the washing machine in action and then began to study them. After that he studied other machines and architectural systems like dishwashers, ventilation systems, windmills and lighting fans. He was not interested in television but loved books in general.

Some early signs of a problem puzzled Spiros parents. He was over-preoccupied given his interests with things that spun around and would spin them with his own

finger while studying them. Though he did draw from eighteen months old, he could not hold or support his own bottle. Due to his superior language, he tended to play on his own but related well to adults. As mentioned previously, Spiros didn't crawl and therefore did not explore his three-dimensional physical spatial environment and the manipulation of objects in space. (His later motor-spatial development lag included a loss of attention to his broader spatial development). The inner concomitant seemed to be a disruption of his inner body awareness and therefore coherent, internal body image. At times he couldn't recognize and act on needs for urination, food and drink. He was partly uncertain of his individuality and found it difficult to make clear choices.

Spiros had no early separations and was emotionally stable. He began nursery school at the age of three years. Within three months he lost his self-esteem, began to cry at the slightest provocation and said he couldn't do things. It emerged that this school was much more traditional than it appeared and wanted all children achieving the same level at the same time in all aspects of development. Therefore his parents transferred him to a small Montessori school, near home. This school aimed to follow each child's unique developmental needs and Spiros blossomed. However, his recovery of his self-esteem was very slow and he remembers and remains traumatized today in response to that phase in his life. Despite the fact that Spiros mother and father wanted him to play and socialize in the Montessori school, he taught himself to read and write by the age of five years old through studying names of cars and other interests. Spiros's brother was born when he was four years old. Having been the only child for the previous years, he expressed his intern sadness and wish to run away from home.

The family enrolled Spiros into the local primary school where he began grade R at five years old. He was happy, though played mostly on his own. His pattern of advance weakness remained. He rolled through numerous passionate interests (one at a time), some lasting for a few months and others for many. His interests were all in areas of intern interests and excellence, way beyond his years.

Middle childhood (six years – ten years)
During grade R and grade one, he started attending enrichment twice a week, to help with boredom and daydreaming. However, he was an enthusiastic, motivated learner on the whole and very particular about doing things properly, giving of his best. He

remains so to this day. He gradually developed a clearer understanding of his own strengths and weaknesses and does not give up, even with disappointment. His specific problems were defined and attended to with full time facilitation from grade one to grade three, and part time facilitation in grade four. Spiros is proud of what he achieved. He waterborne at eight years, rode a bicycle at nine years and discovered in grade four, when marks were given for the first time, that he is clever despite his developmental problems.

Currently Spiros attends neuro-developmental physiotherapy once a week outside school and used to attend biokinetics from grade one to grade three. He pursued occupational therapy twice a week for the last five years. He participates fully in school life, including sport and cultural activities that maintains his self-esteem. A focus of facilitation has been his social integration. Spiros has a circle of friends who he is more or less compatible with. A residual problem is his sensitive nature and overburdened mind. He has to learn everything in conscious steps, socially and otherwise, relying on language and memory. He has difficulty generalizing and applying principles of what he learns, but is not shy to question and discussion. The speech, language and hearing therapist at the school has helped with this significantly by using social stories in communication work. His parents are now searching for a suitable psychotherapist in their area in the hope that this will boost his final synthesis of his functions by "glueing" them together with in depth emotional work.
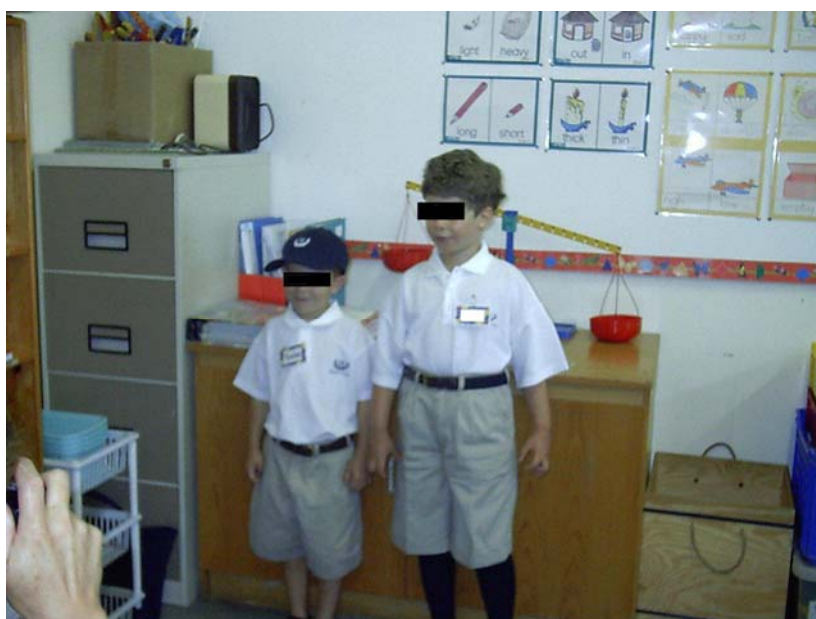

Photo 6.4   Spiros (right) in the inclusive classroom.

Spiros spatial problems are developmental and as he is very tall and stocky, he is affected still by his low muscle tone. However, his parents see his benefit from facilitation and the school support team over the last four years, as having turned his entire life around. He has changed from introverted to extroverted, is a leader and moral force and excels at drama. He is a gifted, learning-disabled boy who is well loved as well as cared for in all respects. He has responded very well to facilitation and inclusive education so far.

6.3.2.4   DIAGNOSTIC ASSESSMENT

Planning and execution of movement

Spiros first area of difficulty was that of *planning and execution of movement.* Although Spiros could walk by the time he was one year old, he couldn't hold his bottle, feed, crawl, or pull himself into a sitting position or push himself up if he fell, until he was three years old. His physiotherapist has confirmed his significant, widespread *low muscle tone* and the fact that his hands and feet were especially weak in this respect, when he was five years old. His balance was poor and because his is exceptionally big and heavy, with a large head, he has had an added impediment to becoming mobile. He experienced difficulty in dressing himself, fastening buttons and tieing laces. *Spiros has a problem of praxis, which is the thinking through a movement.* He has difficulty planning, directing, and executing complex voluntary movements. The physical brain structures involved in lower muscular functions and those involved in higher motor functions are closely retarded (as are the resulting patterns of muscle tone and praxis respectively). Therefore, he was also diagnosed by the occupational therapist with *dyspraxia* (see Chapter 4).

Spatial perception and cognition

Spiros second specific area of difficulty was that of *spatial perception and cognition.* He did not explore his environment and therefore did not situate himself in three-dimensional space. There was also a dramatic difference in his attention and concentration to language-base as opposed to spatially based features of his environment.

Social and emotional development

Thirdly, Spiros has tertiary problems in the area of *social and emotional development*. His lags in social and emotional life seem to be from motor and spatial problems, which have been described before. The myriad motor-spatial moments that form the basis of social interaction present him with inordinate obstacles throughout his everyday. During social interactions he lags behind or dropped out. He struggled to find peers with whom he could share his advanced interests and often turned to adults for interaction instead.

Fourthly, Spiros seemed to lack self-awareness of his visceral (internal organs) states. This function, that is proprioception or coenaesthesis, is however related to the same area of the brain, which regulates body-awareness in space and body movement. This may be integral to the primary problem already described. He is also indecisive when faced with open choice, which may be related to his disturbance of volition in general (disturbance in acting on the world in a voluntary fashion). His indecisiveness is exacerbated by his complex grasp of the consequences of each decision, and at those times he became upset because he struggled to select his priorities. There is an ongoing question of whether Spiros has *Asperger Syndrome*, but because his emotional function is very mature it remains an open question. The ongoing exploration of his functioning, limitations and strengths, is a strenuous path to follow.
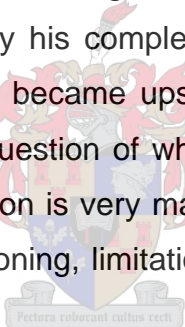
6.3.2.5 DESCRIPTION OF DYSPRAXIA

According to Dare and O'Donovan (2002:271) and Kirby (1999:1), dyspraxia is the term given for difficulty or immaturity in the organisation of movement. Dyspraxia is known under a variety of different terms including developmental co-ordination disorder (DCD), clumsy-child syndrome or motor learning difficulty. Kirby (1999:1) also refers to dyspraxia as the "hidden handicap". The child with dyspraxia is often of average or above average intelligence (see Chapter 4).

6.3.2.6 CAUSES OF DYSPRAXIA

To understand the causes of dyspraxia it may be helpful to consider how the brain works and what parts of the nervous system fulfil different functions. The basic

neurological function of the brain was already discussed in a previous Chapter 4 and needs to be taken in consideration for understanding the causes of dyspraxia.

Dare and O'Donovan (2002:273) point out that dyspraxia is due to the immaturity of the nervous system or damage to the nerve links in the brain that organise the messages received from other parts of the body – the motor sensory system. According to Kirby (1999:177) dyspraxia could have a genetic basis.

The researcher identified the following developmental co-ordination disorder cycle in Spiros. He was born with increased low muscle tone (bendiness) and therefore did not crawl. Because he did not crawl, he did not have the opportunity to strengthen the muscles around his hips and shoulder joints. Spiros understanding of time and direction as well as poor gross motor function and body awareness is affected because the muscles were not strengthened. Poor gross motor function and poor stability in the shoulders have an impact on fine motor function such as handwriting. Failure to function well in the classroom has a social impact on Spiros and his self-esteem is affected as well as his ability to organise himself. Spiros can therefore be disorganised in everyday activities. Therefore, dyspraxia occurred at one level of Spiros development, but have an impact on other levels of development.

As mentioned above, Spiros experience difficulty in fine and gross motor development. Skills in these areas seem hard to learn and recall.

6.3.2.7 IMPACT OF DYSPRAXIA ON MIDDLE CHILDHOOD DEVELOPMENT AND LEARNING

The researcher has identified the following areas of difficulty associated with dyspraxia while facilitating Spiros in the inclusive classroom:
- Lateness in reaching physical milestone.
- Poor balance, frequent falls, slowness and hesitation in actions.
- Difficulties in managing dressing, particularly with fastening zips, buttons and laces.
- Difficulties in kicking, catching and throwing balls and games needing co-ordination.
- Delay in fine motor development with poor control of tools, immature artwork

and delayed writing skills.

- Difficulties in linking the message his senses convey to his actions.
- Difficulties in planning and organising thoughts.
- Limited attention span, anxiety and distractibility may occur.
- Confusion over socially acceptable behaviour may occur.

It has become clear from the above difficulties that dyspraxia has an impact on the normal developmental stages of Spiros development. It is therefore important for the social worker in inclusive education to identify these difficulties associated with dyspraxia to be able to facilitate Spiros more effectively.

6.3.2.8   SPECIFIC EDUCATIONAL NEEDS OF LEARNERS WITH DYSPRAXIA DURING MIDDLE CHILDHOOD

Addressing the educational needs of Spiros who has dyspraxia, requires a sound knowledge of the areas of development that affects his progress in school. All children need to practise emerging physical skills and this is especially important for Spiros. He has co-ordination difficulties in several areas in which other children learn to manage once they have gone to school.

Spiros experienced difficulty in the following learning areas:

- Fine motor co-ordination – pencil grip, handwriting, cutting and using a ruler.
- Bilateral integration – the ability to move both sides of the body together.
- Laterality – right or left hand dominance – (poor with both).
- Gross motor co-ordination – large movements (ball skills), walking up and down stairs at school, and physical education.
- Social skills – peer problems – have been bullied by friends.
- Sequencing – have a problem to follow instructions, learn timetables and finding school items.
- Perception – difficulty discriminating position in space, time and distance.

It is therefore important that the social worker is aware of the above-mentioned difficulties the middle-aged child with dyspraxia may experience, to be able to address Spiros specific educational needs in the inclusive classroom.

6.3.2.9 CLASSROOM AND EDUCATIONAL SUPPORT FOR LEARNERS WITH DYSPRAXIA IN MIDDLE CHILDHOOD

Dyspraxia makes Spiros more vulnerable to frustrations and tension and he needs more purposeful guidance to adjust and accept his developmental co-ordination disorder. He needs to be understood by his facilitator, teacher, parents and peers. The researcher used a sensitive approach to allow Spiros to reach his full potential in the classroom.

The researcher as facilitator rendered the following educational support to Spiros while facilitating him in the inclusive classroom and school:

- Adjusted the curriculum regarding the volume of work.
- Allowed extra time to complete tasks and did not punish him when work has not been completed.
- Made sure his desk and chair are at the right height – feet on the floor and desk at hip height.
- Gave clear instructions.
- Assisted him with planning of his work, breaking instructions down into simple tasks.
- Structured the learning environment according to a set routine.
- Worked from the concrete to the abstract.
- Linked previous work to current work and revised work frequently.
- Make use of a specially designed writing board to assist in writing.
- Allowed extra time for tests.
- Appointed a buddy that acted as a mentor and helper to Spiros.
- Granted him a special position in the class with extra working space.
- Made sure that homework is written down and that correct homework books are in his bag.
- Accepted that fidgety and clumsy behaviour is not his fault but part of his disability.
- Made sure his clothes are clearly marked so that he can identify them easily.
- Use a clock to remind him of work that needs to be completed and in tests

Photo 6.5   Specially designed writing board to assist in writing.

In order for Spiros to be successfully integrated in an inclusive school and to reach his full potential, the teacher and facilitator needed to understand how to support him, as discussed above.

When confronted with the challenge to facilitate Spiros in an inclusive school, the social worker needed a sound knowledge of dyspraxia in general and the impact of this developmental co-ordination disorder on the Spiros' learning and functioning in the classroom.

6.3.3   AUTISTIC SPECTRUM DISORDERS (ASD)

There is an ongoing question of whether Spiros has *Asperger Syndrome*, but because his emotional function is very mature it remains an open question. However the researcher needed to review the literature on Autistic Spectrum Disorders (ASD) to gain information about the impact of Asperger Syndrome on the learner's development and learning because the researcher is currently also facilitating another learner in the same school as Spiros who has Asperger Syndrome. This learner is not included in the case studies because the researcher has just started with his facilitation.
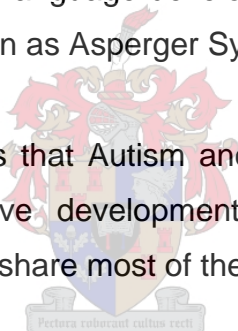
The aim of this discussion is to get a better understanding of the autistic spectrum

disorder with particular emphasis on Asperger Syndrome. Autism and Asperger Syndrome are considered together under the umbrella term autistic spectrum disorder (ASD).

6.3.3.1 DESCRIPTION OF AUTISTIC SPECTRUM DISORDERS (ASD)

Dare and O'Donovan (2002:278) point out that Autistic Spectrum Disorders (ASD), or pervasive developmental disorders, are a range of complex lifelong developmental disabilities, which vary in severity. They include autism and Asperger Syndrome. Leo Kanner was the first person that identified the Autistic Spectrum Disorder, in 1943 (Cook & Golding, 1998:7). Kanner (1943) refers to learners with this pervasive developmental disorder as "autistic". Hans Asperger wrote a paper in 1944, describing a group of learners with neurobiological disorders, with similar characteristics as the learners Kanner (1943) described, but these learners had normal intelligence and normal language development. These learners described by Asperger (1944), are now known as Asperger Syndrome.

Koudstaal (2005:307) mentions that Autism and Asperger Syndrome represent the main impairments of pervasive development disorders, although indicated as separate from each other; they share most of the core characteristics.

The intention of this section is to concentrate mainly on Asperger Syndrome because the researcher is currently facilitating a new learner with Asperger Syndrome in the same inclusive school as Spiros.

6.3.3.2 Autism

Lewis and Doorlag (1999:338) point out that Autism is usually considered a severe disability and learners with autism have special needs in a number of areas. Autism, according to Koudstaal (2005:307), can be described as a complex, variable, biologically based, pervasive developmental disorder, which influences both the development as well as the functioning of the brain. Typically related characteristics are present which support the identification of autism that will be discussed in the next section.

6.3.3.3 Asperger Syndrome

Dare and O'Donovan (2002:278) agree with Cook and Golding (1999:7) that Asperger Syndrome is part of the Autistic Spectrum disorders and has features in common with autism. However, the child with Asperger Syndrome has less difficulty with language and can speak fluently. A child with Asperger Syndrome is often of average or above average intelligence. Koudstaal (2005:308) states that the development of skills and abilities of learners with Asperger Syndrome are uneven, in comparison to neuro-typical learners of the same age. Descriptions of first accounts of autism by Kanner (1943) and Asperger (1944) created a wealth of information on which the current understanding of Autistic Spectrum Disorder is firmly based. The characteristic features of ASD will be discussed in the following section.

6.3.3.4 CHARACTERISTIC FEATURES OF AUTISTIC SPECTRUM DISORDER

As mentioned in the previous section, typically related characteristics are present in the Autistic Spectrum Disorder (ASD), which support the identification of autism and Asperger Syndrome. Gould and Wing defined a set of typical characteristics of ASD in the 1970's, as been discussed in Chapter 4. Gould and Wing refer to these typical characteristics of ASD as the "Triad of Impairments". The triad of impairments provides a useful framework for understanding Asperger Syndrome.
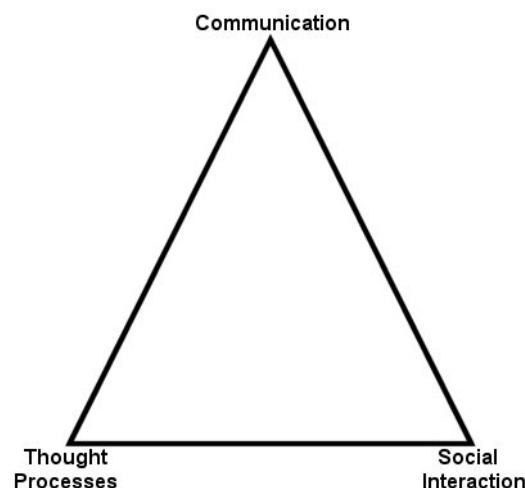

Figure 6:2 Gould and Wing's "Triad of Impairments"
Sourse: Koudstaal (2005:309*)*

It can be seen from Chapter 4 that learners with autism and Asperger Syndrome display many areas of difficulty that can be added to the triad of impairment. The degrees of severity of the above mentioned areas of difficulties would vary from child to child.

6.3.3.5   POSSIBLE CAUSES OF AUTISM AND ASPERGER SYNDROME

Despite ongoing research, uncertainty still remains about the exact causes of autism and Asperger Syndrome. There seems to be no single cause. Most researchers believe that autism and Asperger Syndrome has a variety of biological causes, perhaps all affecting the same area of brain functioning. The following are possible causal factors, according to Dare and O'Donovan (2002:280) and Koudstaal (2005:317-318):

- Complex neurological functions of the central nervous system are affected by impaired neuro-development, which results in possible brain dysfunction. Lesions of the temporal lobes, frontal lobes, cerebellum and brainstem are suggested.
- An environmental factor such as toxins, pre-natal viral infections (rubella) or postnatal herpes encephalitis, appears to put children at risk for the development of autism and Asperger Syndrome.
- Possible food metabolic disturbances or irregularities may cause autism and Asperger Syndrome, for example toxic responses to specific proteins such as gluten in wheat and casein in dairy products.
- Genetic factors play a prominent role, although no "autism specific" genes or chromosomes have yet been identified.
- Negative reactions to vaccinations and pollutants may cause autism and Asperger Syndrome.

It is important to note that there is nothing linking autism and Asperger Syndrome to parental attitudes or the manner in which parents nurture their children. According to Koudstaal (2005:318) there appears to be no difference concerning the prevalence of autism and Asperger Syndrome with regard to social classes or different cultures. Koudstaal (2005:318) further states that males are affected far more than females.

It has become clear in the previous discussion that there is no single cause to autism and Asperger Syndrome and that uncertainty still remains about the exact causes.

6.3.3.6 ADDRESSING THE EDUCATIONAL NEEDS OF LEARNERS WITH AUTISM AND ASPERGER SYNDROME DURING MIDDLE CHILDHOOD

The researcher realised from the literature study in Chapter 4 that education plays a major role in meeting the diverse needs of learners with autism and Asperger Syndrome during middle childhood. Most learners with Asperger Syndrome attend ordinary public or private inclusive schools. Although learners with Asperger Syndrome receive full-time education in an inclusive classroom with the help of a facilitator, their ability to function is influenced by the triad of impairments. The difference lies in the degree of severity of these impairments. On the other hand, learners with autism may attend special schools for learners with specific learning disabilities.

The researcher recognised the following principles that should be taken in consideration when learners with autistic spectrum disorders (ASD) are accommodated in an inclusive school.

- The entire staff should have a sound knowledge and understanding of ASD.
- Parents should be seen as partners.
- Teachers should be skilled in identifying and recognising emerging skills and special needs.
- Teachers should respect, understand and identify the different ways in which learners with ASD project their thinking and learning styles.
- The curriculum and learning programmes should be adapted according to the specific needs of the learners with autism and Asperger Syndrome. (Triad of impairments).
- It should be understood that different degrees of severity occur in learners with ASD.
- Teachers must help learners with ASD to reach their full potential.
- Teachers should have a vivid imagination and be attracted to differences.
- Teachers should be prepared to work in a team.
- The learning environment should be structured so that it is predictable and consistent.
- Alternative communication such as signing, writing, using the computer or facilitated communication should be used.
- Teachers should give one instruction at a time and not a sequence.

- Teachers should provide visual clues and visual schedules

It would therefore be expected from the researcher to consider the above-mentioned principles when learners with autistic spectrum disorders are accommodated in inclusive classrooms.

6.4   CONTACT WITH THE PARENTS AS MICROSYSTEM

The facilitator's first contact with the parents of the learner with disabilities was when she went for an interview after responding to an advertisement in the local newspaper. The facilitator was appointed because of her background as social worker, although she did not have any previous training in facilitation. A verbal contract for a year's employment was made between the parents and facilitator and the salary was negotiated. The facilitator was one of the first in the Western Cape to work with a learner with disabilities in an inclusive school. Regular contact with the parents is important. The facilitator corresponds with the parents on a daily basis by means of a diary.

As discussed in Chapter 3, it is important to include the parents in the assessment of the needs of their children. It is therefore expected from the facilitator to include the parents in the education process of their child.

6.5   CONTACTS WITH THE INTERDISCIPLINARY SUPPORT TEAM OF THE LEARNER WITH DISABILITIES (MESOSYSTEM)

It is not expected from the facilitator in inclusive education to integrate the learners with disabilities into the inclusive classroom without the support from the learners' school support team. Working with a team is the key to success. Working together as a team therefore offered the facilitator the opportunity to provide quality support to the learners she facilitated. The learners special needs can be met through the input from the interdisciplinary team members.

The interdisciplinary support team of Bryan and Spiros consisted of the following members:
- Inclusive education teachers

- Parents of the learner with special needs

- Facilitator of the learner

- Principal or school administrator

- Special Needs Co-ordinator

- Social worker

- Occupational therapist

- Speech and language therapist

- Physiotherapist

- Doctor

This interdisciplinary support team came together every term to:

- Communicate, collaborate and consolidate knowledge,

- Describe, analyse and conceptualise the learners' needs and classroom problems,

- Select and define realistic intervention goals,

- Conduct problem-solving meetings and brainstorming strategies and

- Conduct procedures for effective assessment.

From the above mentioned, it can be seen that the major challenge facing the inclusive school support team is to assist the teachers in their demanding roles including learners with special needs and disabilities in their classrooms. Therefore the learners special needs can be met through the input from the interdisciplinary team.

6.6 BENEFITS OF EFFECTIVE INCLUSION FOR LEARNERS WITH DISABILITIES

According to the researcher the following is a summary of the benefits of effective inclusion for the learners with disabilities she facilitated:

- Inclusive education provides opportunities for the learner with disabilities to receive specialised support in the inclusive education classroom.

- Inclusion facilitates more appropriate social behaviour because of the higher expectations in the inclusive classroom.

- Promotes a higher sense of personal success.

- Fosters a good self-esteem as a result of interaction with peers.

- Improves ability to keep up with the pace of instruction in the inclusive classroom.

- Creates fulfilment in working with peer teams and being viewed as a contributing member of the class.

- Provide the opportunity to be evaluated according to the same criteria as their peers.

- Increases the learner with disabilities academic achievement levels.

- Offers enjoyment of social interaction in the larger inclusive classes.

- Increases the opportunity for personal decision-making and the setting of personal goals.

- Offers a wide circle of support from the inclusive education team and peers.

- Provides the opportunity to take risks and learn from successes and mistakes.

- Improves the quality of life with more satisfying and meaningful experiences.

- Offers a greater opportunity to complete a regular school curriculum.

- Increases skills in self-determination and self-advocacy for learners with disabilities through peer teams and classroom learning groups.

- Provides opportunities for participation in career-vocational and school-to-work transition activities with their peers.

It can therefore be seen from the above-mentioned benefits of inclusive education for the learners the researcher facilitated, that inclusive education can improve the learners' quality of life.

6.7   CONCLUSION

The aim of the study was to explain the role of the social worker as facilitator for learners with disabilities in inclusive education according to two case studies. The experiences of the facilitator while facilitating a learner with cerebral palsy and a learner with dyspraxia were discussed. The researcher attempted to link interpretation to the PAR methodology as discussed in Chapter 1. Interpretations may therefore not be generalized to the broader population of learners with disabilities in inclusive education.

The information that was gathered during the study was presented according to themes, namely description of the disability, causes of the disability, specific

educational needs of learners with disabilities and educational support to these learners with disabilities. These themes were chosen as they corresponded with the themes in Chapter 3, on the eco-systemic model of child development, and Chapter 4, on the discussion of specific disabilities of learner in inclusive education and the impact of these disabilities on normal middle childhood development. The role of the social worker as facilitator in inclusive education was discussed in Chapter 5, according to different theoretical perspectives. The researcher did however try to incorporate guidelines; characteristics, roles and functions performed by the social worker in inclusive education in Chapter 5, and can be incorporated as part of the empirical study.

The summary of the role of the facilitator in inclusive education was not drawn from the literature review but from the researchers own experiences as a facilitator for learners with disabilities in inclusive education over a period of nine years.

The chapter therefore successfully explained the role of the social worker as facilitator for learners with disabilities in inclusive education and provided guidelines for facilitators' intervention with learners with disabilities in inclusive education in South Africa.
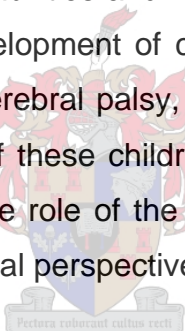
In the following chapter conclusions and recommendations regarding the role of the social worker as facilitator for learners with disabilities in inclusive education will be presented.

CHAPTER 7

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The aim of the study was to explain the role of the social worker as facilitator for learners with disabilities in inclusive education during middle childhood. In order to understand the role of the social worker as facilitator in inclusive education, it was necessary to gain insight into the historical development of inclusive education internationally and in South Africa, as described in Chapter 2. The change over to inclusive education in South Africa has brought with it an integrated holistic approach to education of learners with disabilities and was discussed in Chapter 3. It was also necessary to reflect on the development of children in middle childhood in general and to illustrate the impact of cerebral palsy, dyspraxia and Asperger Syndrome on the development and learning of these children, in Chapter 4. Chapter 5 examined and provided a description of the role of the social worker as facilitator in inclusive education from different theoretical perspectives.

The literature study was supplemented by an empirical study, which was documented in Chapter 6. A case study method was used for the research and provided an in-depth description of two cases over a period of nine years. For the purpose of the study a qualitative, non-experimental approach were conducted. Participant observation as a qualitative research procedure was chosen to collect data, as explained in Chapter 1. The researcher collected data while observing and facilitating two learners with disabilities in inclusive schools. In this chapter, conclusions will be drawn, and recommendations will be made regarded the role of the social worker as facilitator for learners with disabilities in inclusive education. The purpose of this section is not to repeat findings, but to explain the role of the social worker as facilitator for learners with disabilities in inclusive education, from the researchers own experiences the past nine years and according to relevant literature. A discussion of the findings followed by conclusions and recommendations, will be presented.

7.2   DISCUSSION AND CONCLUSIONS

Based on the findings of the literature review and the empirical study, discussion and literature control will follow. Conclusions and recommendations can be drawn from the discussion and literature control. The conclusion will focus on the role of the social worker as facilitator for learners with disabilities in inclusive education. It is important to note that the conclusions reached in this chapter bear witness to the facilitator's role for the two children studied and not for the population of learners with disabilities in inclusive education, simply because the sample was to small to generalized the finding to the greater population.

7.3   THE SOCIAL WORKER AS FACILITATOR FOR LEARNERS WITH DISABILITIES IN INCLUSIVE EDUCATION

The role of the social worker in inclusive education, according to Johnson and Yanca (2004:1), is complex with a wide variety of applications. Because of this, there are different theoretical perspectives that can be utilized in social work practice. The challenge to the social worker was to understand the impact of cerebral palsy, dyspraxia and Asperger Syndrome on middle childhood development and learning and how to address and support the educational needs of these learners in inclusive education. This section contains a review and summary of the role of the social worker as facilitator for two primary school boys with disabilities in inclusive education. As this study is the first of it's kind in the social work field within South Africa (to the researcher's knowledge), the researcher has no doubt about the value of her findings for social workers that might pursue the role as facilitator for learners with disabilities in inclusive education in future. The discussions and conclusions of the role of the social worker as facilitator will be presented in terms of the eco-systemic model as explained in Chapter 3. The focus will be on the interventions of the social worker as facilitator with the learners with disabilities.

7.3.1 Identifying information

The two participants who took part in the study were boys during their middle childhood years. According to Feldman (2000:294), middle childhood generally begins at the age of six and continues to the start of adolescence, at around age

twelve. Both participants were learners with disabilities in inclusive education in the Western Cape

It can be **concluded** therefore that both participants were between the ages of six and twelve.

7.3.2 Specific disabilities

The two participants in this study were described as learners with disabilities, one learner with cerebral palsy and one with dyspraxia. According to Botha (2005:289) and Feldman *et al* (2001:130) cerebral palsy and dyspraxia can be described as conditions that relate to the functioning of the central nervous system and affects areas such as physical movement and coordination.

The **conclusion** can be made that cerebral palsy and dyspraxia have serious implications on the development and learning of the two participants during middle childhood.

7.3.3 Causes of disabilities

Feldman *et al* (2001:130) indicated that cerebral palsy is caused by the damage to the brain either before or during birth, or in early childhood. The lack of oxygen to the brain (anoxia), due to an operation in early childhood (three years), caused cerebral palsy in one participant. Dare and O'Donovan (2002:273) stated that dyspraxia on the other hand is due to the immaturity of the participant's nervous system or damage to the nerve links in the brain that organize the messages received from other part of the body.

The **conclusion** can be made that both participants' disabilities have an affect on the functioning of their brain.

7.3.4 Impact of disabilities on middle childhood development and learning

Louw *et* al (1998:322) and Sheafor *et* al (2000:489) determined that the child has to master several developmental tasks during the middle childhood years namely:

- Further development of motor skills.
- Extended development of cognitive skills.
- Further development of language skills.

- An increase of knowledge.

- An extension of social participation.

- The growth of greater self-knowledge.

- The consolidation of gender-role identity**.**

- The further development of moral judgement and behaviour.

It can be **concluded** therefore that the participants could not master the above-mentioned developmental tasks during middle childhood to be able function adequately in all areas of their school life.

7.3.5 Specific educational needs of learners with disabilities

Botha (2005:294) and Dare and O'Donovan (2002:271-273) stated that cerebral palsy and dyspraxia have severe implications for the participants' education and socialization. In addressing the participants' specific needs certain adaptations need to be made by the facilitator and teachers for optimal functioning in the classrooms.

In **conclusion** it can be seen that both participants had specific educational needs that had to be addressed by the facilitator and teachers in the inclusive classroom. Assistive devices were used to address the specific needs of the participants (see photographs).
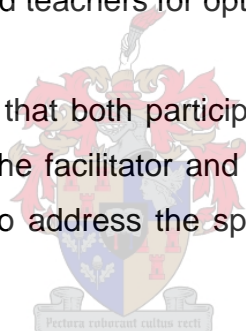
7.3.6 Classroom and education support

Swart and Pettipher (2005:4) mentioned that the education for learners with disabilities has changed from being excluded to inclusion into the local community schools. It can be seen that both participants were included into their local schools in the Western Cape. However, because of their specific educational needs the participants could not function in the inclusive classrooms without the support from a facilitator. Therefore the facilitator was employed by the participants' parents to facilitate them in the classroom.

It can be **concluded** therefore that the success of inclusion depends on the support the participants received from the facilitator in the classroom.

### 7.3.7 Contact with the parents as micro system

According to Donald *et al* (2002:246) it can be seen that the parents are the basic source of security and support, and the foundation for the physical, emotional, cognitive, moral, social, and spiritual development of the learner with disabilities. The parents are therefore the key factor in the participants' lives.

The parents of the participants are responsible for the employment of the facilitator. It can be **concluded** that there must be a professional relationship between the facilitator and parents, and regular contact is necessary for the successful inclusion of the participants in inclusive education.

7.3.8 Contact with the interdisciplinary support team

Donald *et al* (2002:19) and Hall *et al* (1999:157) indicated that teamwork is the key to successful inclusion and teachers and facilitators should not be expected to include the learner with disabilities without the support from an inclusive school support team. In the case studies it could be seen that both participants had an interdisciplinary support team that assisted them in the inclusive school.

In **conclusion** it can be seen that the participants special needs must be met through the input from the interdisciplinary support team members for successful inclusion.
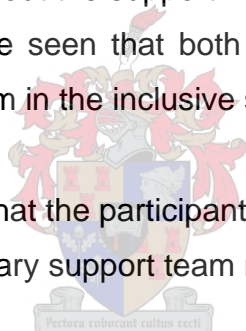
7.3.9 Benefits of effective inclusion for learners with disabilities

According to Kochar *et al* (2000:37) it was determined that the benefits of inclusion far outweigh the difficulties for learners with disabilities. The benefits of effective inclusion for the participants are illustrated in the following figure 7:1, according to the researcher's observations.
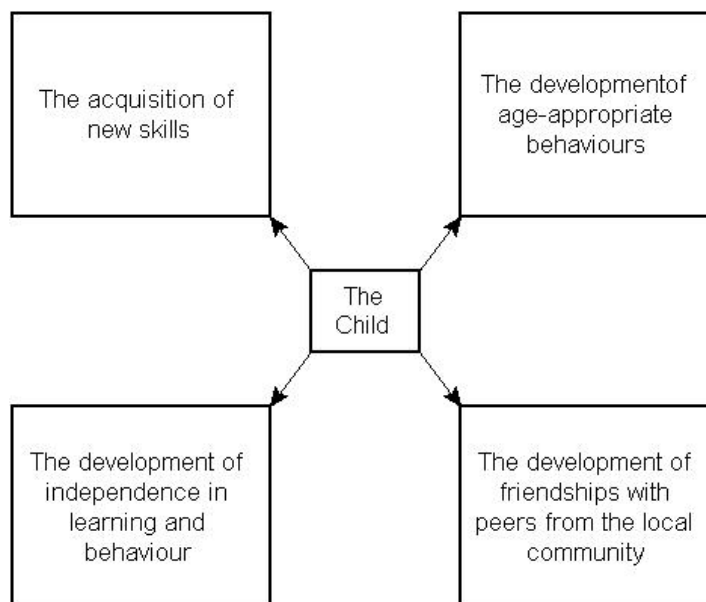
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┌─────────────────────┐                    ┌─────────────────────┐
│  The acquisition of │                    │  The developmentof  │
│     new skills      │                    │   age-appropriate   │
│                     │                    │     behaviours      │
└─────────────────────┘                    └─────────────────────┘
              ↖                            ↗
                    ┌──────────┐
                    │   The    │
                    │  Child   │
                    └──────────┘
              ↙                            ↘
┌─────────────────────┐                    ┌─────────────────────┐
│  The development of │                    │  The development of │
│   independence in   │                    │   friendships with  │
│    learning and     │                    │  peers from the local│
│     behaviour       │                    │     community       │
└─────────────────────┘                    └─────────────────────┘
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Figure 7.1   Benefits of effective inclusion

The **conclusion** that can be drawn from this section is that the participants benefited from inclusion in the following ways:

- The participants gained new skills.
- The participants developed age appropriate behaviour.
- The participants developed independence in learning and behaviour.
- The participants developed friendships with peers from the local community.

It can be seen from the above-mentioned benefits that inclusion can improve the participants' quality of life.

7.3.10   Summary of the role of the facilitator in inclusive education

According to the researcher the role of the facilitator can be summarized in the following graphic presentation. This graphic presentation was drawn from the researcher's own experiences while facilitating the participants in inclusive schools over a period of nine years.

The primary function of the facilitator is to improve learners with disabilities well-being and meets their basic needs namely: physical, social, spiritual, emotional, communication and cognitive needs. The interactions between the facilitator and the learner with disabilities are the centre of the facilitator's endeavour. In this

presentation the interactions between the facilitator and the learner with disabilities in inclusive education are the foundation of the facilitator's endeavour.

The researcher further emphasises that the facilitator is a helper who can effectively use self with other people to enable them to meet their needs or solve problems more adequately. The helping process focuses on the needs and interactions between learners with disabilities and systems in their environment. To establish the type of partnership that will facilitate change, the social worker can use her array of skills and characteristics such as her roles as coordinator, educator, mediator, problem solver, team member, planner, and facilitator.
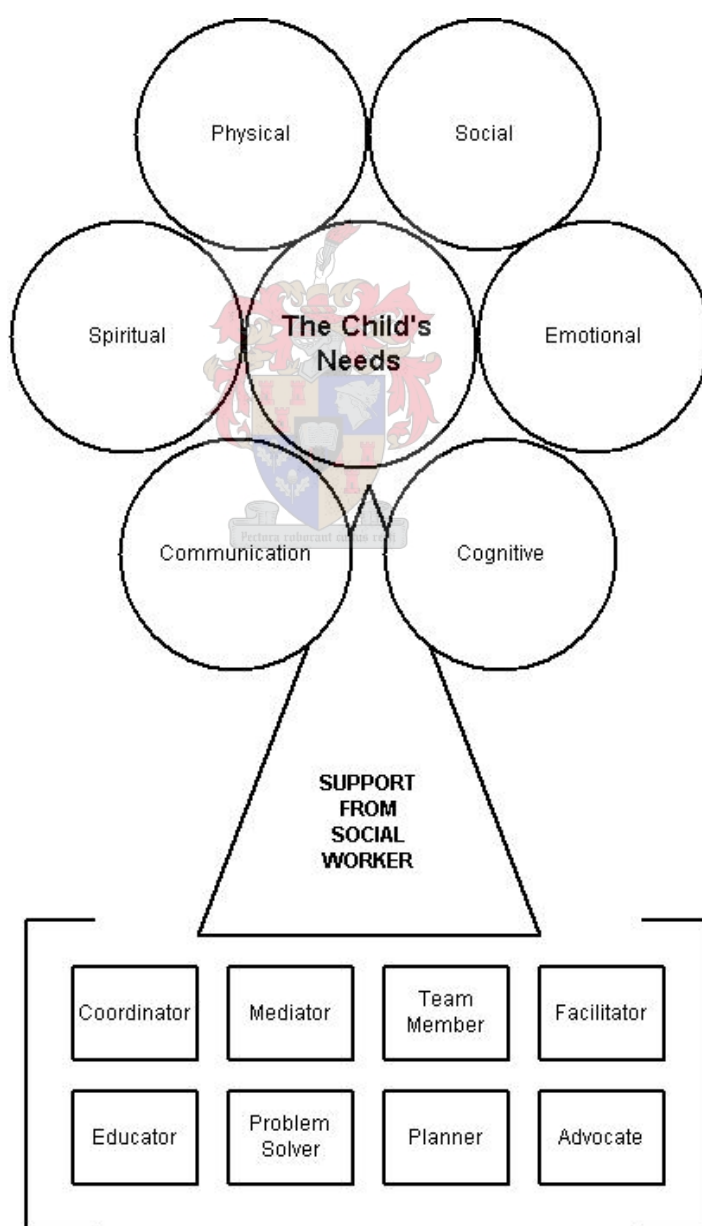

Figure 7.2   Summary of the role of the facilitator in inclusive education.

7.4   RECOMMENDATIONS

On the basis of the discussion, conclusions and literature control, the following recommendations can be made, which may also serve as guidelines for those who are involved with learners with disabilities in inclusive education:

- It is **recommended** that learners with disabilities should successfully be integrated into inclusive education with their peers.

- It is **recommended** that learners with disabilities should receive support in the inclusive classrooms by means of facilitation to make inclusion possible and to assist their special needs.

- It is **recommended** that regular meeting should be held between the teachers, parents, facilitator and interdisciplinary team to ensure that learners with disabilities special needs are met.

- It is **recommended** that the facilitator should become informed with the medical terms related to disabilities to gain a better understanding of the impact of the disability on the learners' development and learning.

- It is **recommended** that the causes of disabilities should be understood by the facilitator to be able to address the specific learning needs.

- It is **recommended** that assistive devices should be available for the learner with disabilities in the classroom to ensure optimal functioning. (Appendix B)

- It is **recommended** that educational adaptations should be made for learners with disabilities to address their specific needs.

7.5   FURTHER RESEARCH

As this study is the first of its kind in the social work field in South Africa (to the researcher's knowledge), there is room for endless further research. This research was based on two case studies and therefore the sample is to small to generalize to the larger population of learners with disabilities in inclusive education. The researcher has no doubt as to the value that the researcher has come into contact with.

It is **recommended** that considerably more research be done on this topic. Research may expand to include children of other ages, or research may be focused on

inclusive education where learners with disabilities are included without facilitators. Possibilities for further research in this area are endless.

7.6   CONCLUSION

The purpose of the research therefore was to explain the role of the social worker as facilitator in inclusive education from personal experiences. The results of the research study provided information that explained the role of the social worker as facilitator in inclusive education on account of two case studies. It also explored the historical development and meaning of inclusive education internationally and in South Africa. A reflection was made on the development of children in middle childhood and the impact of specific disabilities on the child's development and learning.
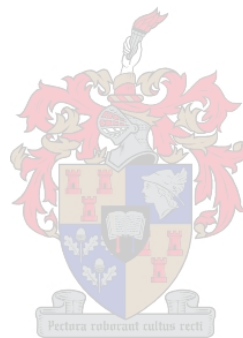
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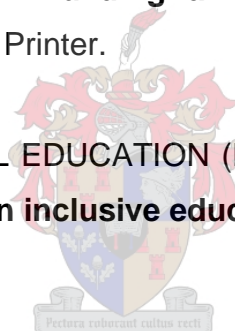
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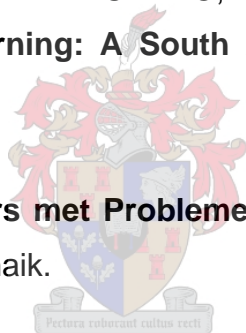
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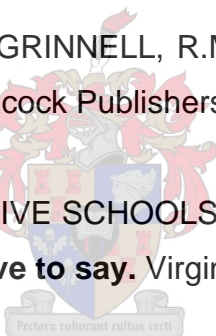
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APPENDIX A:

GUIDELINES FOR THE SOCIAL WORKER AS FACILITATOR IN INCLUSIVE EDUCATION

All children are different in some way and have different strengths and weaknesses. The facilitator helps to empower the learner with disabilities by developing their individual strengths and enables them to participate in the process of learning with their peers in an inclusive classroom.

DESCRIPTION OF A FACILITATOR

- A facilitator is a person who is employed by the parents of a learner with special needs, to support the learner in the inclusive classroom.
- The facilitator supports the learner who experiences barriers to learning and enable them to benefit fully from the learning opportunities in the classroom.
- The facilitator assists in the process and progress of learning.
- The facilitator helps the learner to function in the classroom and school.
- Facilitators are also referred to as learning support assistants (LSA), teacher aids, child support assistants, para-educators, classroom assistants or special needs support assistants.

WHO HEEDS FACILITATION?

Learners with disabilities and special needs who experience barriers to learning and can only benefit fully from the learning opportunities in the classroom, if the learner has the support of a facilitator. This includes learners at all levels of teaching (pre-school to senior school) as well as different settings e.g. private schools, mainstream and special schools.

WHO CAN BECOME A FACILITATOR?

At the moment there are no fixed rules. Qualifications of facilitators range from highly trained remedial teachers, social workers and occupational therapists to people with

little or no previous training. The ideal is that the facilitator must have suitable experience and/or training to equip him/her for the job, for example knowledge and experience of the disability, education and rehabilitation. The facilitator undergoes in-service training, normally coordinated by the ESU (Education Support Unit). The facilitator must have a positive attitude, willingness to learn, be passionate about children with disabilities and special needs, be trustworthy, have good communication skills and must be willing to operate in an unobtrusive way in the classroom.

ROLE OF THE FACILITATOR

All learners are different in some way and have different strengths and weaknesses. The facilitator helps to empower the learner with disabilities and special needs by developing their individual strengths and enable them to participate in the process of learning with their peers in an inclusive classroom in the following way:

- The facilitator is the case manager of the learner with special needs in inclusive schools.
- Helps the learner to function in the classroom and school.
- The teacher gives the instruction and the facilitator helps the learner to carry out the instruction.
- The facilitator must assist the learner with special needs to complete the task (do *with* rather than *for* the learner)
- The facilitator, with the help of the multidisciplinary learning team, can adapt the curriculum to meet the specific needs of the learner with disabilities.
- The facilitator must structure social interaction in the classroom.
- The facilitator promotes social interaction outside the classroom.
- Ensure frequent communication between the school, multidisciplinary team and the parents.
- Foster and encourage independence.
- Encourage peers to assist the learner with special needs.
- Facilitates more appropriate social behaviour.
- Where necessary, have an affirmative behaviour plan in place.
- Improves the learner's ability to keep up with the pace of instruction.

- Helps the learner with special needs to develop a positive self-esteem.
- Look for strengths rather than weaknesses and build on that.
- Helps with the early identification of problem areas and refer them to the teacher and the team.
- Select and define realistic intervention goals with the team.

IMPORTANT GUIDELINES FOR FACILITATORS

The idea of having another adult in the class can be a challenge to teachers who are used to being on their own with the learners. The facilitator must take the following into consideration:

- The teacher is the learner with disabilities teacher, not the facilitator.
- The facilitator should not assist any other learner in the classroom without the permission of the teacher.
- The facilitator should not comment on or offer an opinion about any other child to the teacher, other professionals in the school, or anyone else.
- Teamwork and frequent communication are essential for successful facilitation.
- Confidentiality is very important. The facilitator is not allowed to discuss anything that happens within the classroom situation, outside the classroom.
- Where possible the facilitator should withdraw assistance gradually and work towards the learner's independent functioning in the classroom.

OTHER IMPORTANT FACTS CONCERNING FACILITATION

The parents of the learner with disabilities employ the facilitator. The parents are responsible for setting up a contract with the facilitator, which includes the following:

Period of employment
- It is vital that the facilitator interacts successfully with the learner with disabilities and the teacher, as well with the support team. To this end the facilitator will be evaluated for an initial period of a month, i.e. the facilitator will be on trial for a month.
- After the trial period the parents will need to set up a contract in which the facilitator must agree to work at least until the end of that academic year. This

is to ensure that there is not too much disruption to the learner with disabilities or the teacher and the other learners in the class.

- The school has the right to ask parents to terminate the services of the facilitator should there be any serious transgressions on the part of the facilitator, which would seriously affect the learner with disabilities or any other learner in his class.

Expected working hours

- In consultation with the teacher the parents will be told what hours the facilitator will be required to assist the learner with disabilities. This will need to be clearly laid down in the contract.
- Their needs to be a plan agree upon by the facilitator, teacher and parents about what the procedure will be if the facilitator or the learner with disabilities is sick.
- In consultation with the facilitator and teacher, the parents will need to know if the facilitator will be required for any extra-mural activities, functions, camps etc. and this need to be clearly laid down in the facilitators contract.

Payment

- The parents need to negotiate the salary that they pay the facilitator and this agreement is between them.
- It is the parent's responsibility to pay the facilitator in time.

Functioning in school

- The facilitator falls under the Educational Support Unit (ESU) and should communicate with its director who is responsible for the facilitators in the school.
- Team meetings with the parents and the facilitator are held regularly to ensure that the team work efficiently for the benefit of the learner with disabilities

The summary of the role of the facilitator in inclusive education was not drawn from the literature review but from the researchers own experiences as a facilitator for learners with disabilities in inclusive education over a period of nine years.
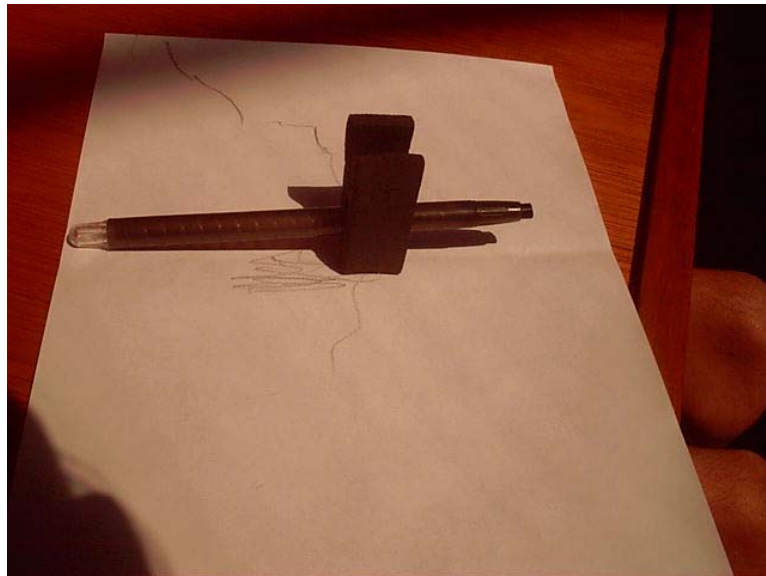
APPENDIX B: PHOTOS OF CLASSROOM AIDS

Walking frame

Wheelchair

Standing frame

Typist chair with velcro

Pencil grip and non-slip pad

Adapted computer and mouse

Orthopedic footwear

Specially designed cutlery

Non-slip pad

Variety of pencil grips

Wedge cushion

Occupational therapy room