EDUCATING LEARNERS WITH COMMUNICATION DISORDERS: AN EXPLORATION OF THE EXPERIENCES OF MAINSTREAM EDUCATORS IN RURAL KWAZULU-NATAL

_____

A research report submitted to the Discipline of Speech-Language Pathology in the School of Health Sciences in fulfilment of the requirements for the degree Master of Communication Pathology (Speech-Language Pathology)

_____

Researcher: Nomfundo Peaceful Ngcobo
(200308067)

December 2017

PLAGIARISM DECLARATION: Final Dissertation

Discipline of Speech-Language Pathology

Plagiarism is the presentation of work that has been copied in whole or in part from another person's work, or from any other source such as published books, periodicals, internet, newspapers, films, television and even verbally without due acknowledgement in the text. Plagiarism is considered a contravention of Rule 9(e)(i)(ff) of the UKZN Student Disciplinary Rules Handbook (2004). For more detailed information on plagiarism see the **PLAGIARISM POLICY AND PROCEDURES Ref CO/05/0412/09.**
http://education.ukzn.ac.za/Libraries/Plagiarism_Policy/Plagiarism_Policy_-_CO05041209_sflb.sflb.ashx

---

As the candidate's Supervisor, I agree/do not agree to the submission of this dissertation.

_____   _____
Supervisor   Date

I, **Nomfundo Peaceful Ngcobo** declare that
(i)   The research reported in this dissertation, except where otherwise indicated, is my original work
(ii)   This dissertation does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
(iii) This dissertation does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:
   a) Their words have been re-written but the general information attributed to them has been referenced using the American Psychological Association formatting for citation and referencing.
   b) Where their exact words have been used, their writing has been placed inside quotation marks, and referenced.
   c) This dissertation does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the dissertation and in the References sections as according to the American Psychological Association formatting for citation and referencing.
(iv)   I have not allowed, and will not allow anyone to copy this work, with the intention of passing it off as their own.

Student Signature: _____

Date: _____

PLAGIARISM DECLARATION: Research Submissions to Supervisor
Discipline of Speech-Language Pathology

Plagiarism is the presentation of work that has been copied in whole or in part from another person's work, or from any other source such as published books, periodicals, internet, newspapers, films, television and even verbally without due acknowledgement in the text. Plagiarism is considered a contravention of Rule 9(e)(i)(ff) of the UKZN Student Disciplinary Rules Handbook (2004). For more detailed information on plagiarism see the **PLAGIARISM POLICY AND PROCEDURES Ref CO/05/0412/09.** http://education .ukzn.ac.za/Libraries/Plagiarism_Policy/Plagiarism_Policy_-_CO05041209_sflb.sflb.ashx

---

<u>Declaration</u>

1. I know that plagiarism is wrong. Plagiarism is the use of another's work and to pretend that it is my own.
2. I have used the American Psychological Association formatting for citation and referencing. Each significant contribution to, and quotation in this research submission from the work or works, of other people has been attributed, cited and referenced.
3. This report is my own work.
4. I have not allowed and will not allow anyone to copy this work with the intention of passing it off as his or her own work.

_____

Signature of student

_____

Date

ACKNOWLEDGEMENTS

I would like to extend my gratitude to the following individuals who have contributed to the undertaking and completion of this project:

- To Jesus Christ my Lord and personal saviour who gave me strength to complete this thesis despite many challenges. Philippians 4:13 "I can do All Things through Christ who strengthens me".

- To the parents who gave consent for their children to be screened and observed as part of this study.

- To all the educators who participated eagerly and willingly in this study.

- Ms Desiree John for her patience, support, continued guidance and supervision throughout this project.

- My parents and siblings who started this journey with me and continued to cheer me on even after I got married.

- My husband and children for their patience, love and support throughout this study.

- Last, but not least, Ms Nana Mbele, for looking after my baby, Dumezweni Zibusiso Buthelezi, for the long hours that allowed me to dedicate time to complete this study. To you I am eternally grateful.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF FREQUENTLY USED ABBREVIATIONS

	TERM
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
ASHA	American-Speech-Language-Hearing-Association
CD	Communication Disorder
DBST	District Based Support Team
DOE	Department of Education
DOH	Department of Health
HPCSA	Health Professions Council of South Africa
KZN	KwaZulu-Natal
SBST	School Based Support Team
SIAS	Screening, Identification, Assessment and Support
SLT	Speech Language Therapist
SMT	Senior Management Team
UNESCO	United Nations Education Scientific and Cultural Organization
UK	United Kingdom
USA	United States of America

DEFINITION OF RELEVANT TERMS

TERM	DEFINITION
Communication Disorder	Any impairment of hearing, language or speech which interferes with the ability to transmit or receive linguistic information (Stedman, 2005)
Context	The interrelated conditions in which something exists or occurs in an environment or setting (Jejunum, 2003)
Educator	A person such as a teacher or school administrator who has a job in the field of education (Jejunum, 2003)
Experience	The fact or state of having been affected by or gained knowledge through direct observation or participation The act or process of directly perceiving events or reality(Jejunum, 2003)
Inclusion	Involves the placement of learners with disabilities in mainstream schools with the aim of promoting equal access and opportunities for all learners (Department of Education (DOE), 2001)
Learner	A person who is trying to gain knowledge or skill in something by studying, practicing or being taught (Jejunum, 2003)
Mainstream School	A regular school that was originally intended for children without disabilities (DoE, 2001)
Full Service School	A mainstream education institution that provides quality education to all learners by supplying the full range of learning needs in an equitable manner (DoE, 2009)
Rural	Balfour, Mitchell & Moletsane (2008) state that rurality is associated with a degree of isolation, poverty, strong community ties and poor health. It refers to an area that is a distance from most resources (i.e. shops) and is generally accessed by dirt roads, and has homes lacking in basic amenities (e.g. running water). This is the definition that was be applied to the current study.
Transformational Experiences	Transformational experiences are those that change from negative to positive, in the context of increased support (D'amant, 2009)
The Cascade Model of Teacher	The cascade model involves the delivery of training through layers of trainers until it reaches the final target group (Bett, 2016).

Training

ABSTRACT

Aim: To explore mainstream educators' experiences of educating learners with communication disorders in rural KwaZulu-Natal. An exploration of mainstream educator's experiences provided insight into the current status of service delivery for learners with communication disorders in rural mainstream schools of the iLembe South Circuit District.

Background: The researcher's personal experience has revealed that learners with communication disorders are promoted based on age. Such learners are not literate when they exit the secondary education system. Inclusive policies have been developed to facilitate the process of transformation but the implementation of such policies remains a challenge.

Design: A qualitative, phenomenological approach was adopted.

Method: Eleven Black African mainstream educators were interviewed individually using a semi-structured interview schedule.

Results and Discussion: A thematic analysis yielded three superordinate and nine subordinate themes. Positive educator experiences were related to individualizing educational practices, accessing support teams and collaborating with private and public health professionals. Negative educator experiences were related to large classes, poor quality of educator training, implementation of the National Education Policy on Promotion, non-existent and dysfunctional support teams and poor collaboration amongst professionals. A few of the educators experienced a shift in their thinking and embraced inclusive practices. It is argued that paradigm shifts are facilitated in the context of increased support and hindered when the system is flawed by many challenges. The proper implementation of South African Educational policies is emphasized, as well as collaborative teamwork for the learner with a communication disorder. The limitations of the study are highlighted.

Key words: Inclusion, Educators, Experiences, Communication Disorders, Rural

MAP OF THE ILEMBE HEALTH DISTRICT IN KWAZULU-NATAL

Chapter 1

1.1 Introduction

Learners with communication disorders (CD) may not be receiving quality education in the province of KwaZulu-Natal (KZN) (Department of Education (DoE), 2001). Learners with severe learning barriers, who should be educated in full service schools, are often retained in mainstream schools (DoE), 2001). Learners with mild and moderate learning barriers, who have been admitted to mainstream schools, are also a concern (DoE, 2001). Most rural learners with CDs display difficulties with reading and writing, despite the fact they increase in age and grade levels in school. The learners progress from grade to grade although the performance remains poor as observed during speech-language intervention. Despite the guiding policies, there is growing concern that mainstream learners with barriers to learning maybe receiving an inferior quality of education. Advocating for quality education, amongst other responsibilities, remains the role of the speech-language therapist (SLT) (The American Speech-Language-Hearing Association (ASHA), 2013).

The researcher adopted a qualitative method of enquiry to explore the educators' experiences. The qualitative approach allowed the researcher to gain a deeper understanding of the lived experiences of mainstream educators who educated learners with CDs in rural KZN. Understanding the experiences of educators allowed the researcher to make recommendations that could bridge the gap between policy and practice. This chapter will contextualized the problem, present the problem statement, the research question, aims, objectives and the rationale for the study. It will also provide an overview of the research design and the methodology that was adopted to answer the research question. Finally, the outline and focus of the thesis chapters will be provided.

1.2 Background/Context of the Problem

Globally learners with special educational needs were separated from other learners. Over the past two decades however, there has been a transition from educating such learners in segregated schools to adopting a more inclusive approach to education (Forlin, Keen & Barret, 2008). This move towards inclusive practices was first cited in the World Conference on Education for All in Thailand in 1990 (Miles & Singal, 2010). This conference made a significant contribution by acknowledging that many vulnerable and marginalized learners were excluded from the education system worldwide (Miles & Singal, 2010). This event was followed by the development of the influential Salamanca Statement (United Nations Educational Scientific and Cultural Organization (UNESCO, 2005; 2017). This statement was reinforced in the World Education Forum at Dakar in April 2000 (Forlin et al., 2008).

The Millennium Development Goals were another important initiative towards promoting education for all (United Nations, 2002; UNESCO 2005; 2017). The United States of America (USA) and the United Kingdom (UK) developed legislation to support inclusion in relation to international trends (Forlin et al., 2008). South Africa, which has a rich history of segregation and discrimination, introduced inclusive practices after 1994 (Mweli, 2009). Policies, such as the Department of Health (1997) Integrated National Disability Strategy and the White Paper 6: Special Needs Education were formulated after 1994 (DOH, 1997; 2001). The Education White Paper 6 advocates for equal access to education for all learners (DoE, 2001). Despite the formulation of this policy, fundamental tensions and contradictions exist between policy and practice (D'Amant, 2012). The contrast between policy and practice is particularly apparent in South African rural schools (Gardiner, 2008).

The rural context poses additional challenges because of the country's previous history of marginalization. The education system was divided in terms of race and language. White people who lived in urban areas were favoured and Black people who lived in rural Bantu areas were disadvantaged (Gardiner, 2008). Rural schools suffered serious neglect because of the unfair Apartheid Era. Rural schools had fewer classrooms, poor access to water, electricity and telephones and no access to internet and libraries (D'Amant, 2012; Gardiner, 2008). Therefore, teachers, who teach learners in rural schools, often reside in the nearest towns because of the lack of infrastructure in the rural areas (Gardiner, 2008).

There are many implications to educators residing in the towns instead of the rural community. Educators arrive late for work and are unable to assist learners who require attention after hours (Gardiner, 2008). Educators do not participate in community events and therefore have limited knowledge of community issues (Gardiner, 2008). The relationship between the educator and the parents or caregivers of learners in the rural community is that of mistrust (Gardiner, 2008). The educators claim that the caregivers are ignorant, whilst the caregivers claim that the educators are arrogant (Gardiner, 2008). Neither the schools nor the communities appear to have accepted each other in ways that are mutually supportive (Gardiner, 2008). Thus, learners with CDs who reside in rural areas, face additional challenges which are a consequence of residing in a rural context.

Inclusive education policies focus on creating a positive learning environment for all learners in mainstream schools (DoE, 2001). This transformation however, warrants a shift for the educator as they journey towards embracing a new culture of inclusion within their schools. The literature confirms that mainstream educators are pivotal to the success of an inclusive model of education (Forlin et al., 2008). Their role includes adapting the

curriculum, modifying educational materials and collaborating with other professionals (Forlin et al., 2008). The preparation of South African educators to work in inclusive environments has not been satisfactory (Forlin et al., 2008). Educators have reported many challenges with the implementation of inclusive policies (Balfour, Pillay & Moletsane, 2004; D'amant 2012; Forlin et al., 2008; Goodman & Burton 2010; Nkambule).

These challenges are classified into three groups: administrative, classroom-based and personal (Forlin et al., 2008). Educators reported having high workloads and no learner non-contact time to develop modified programs and curriculum material (Beyene & Tizazu, 2011; Forlin et al., 2008). There is minimal collaboration with other professionals due to the lack of time (D'amant, 2012; Forlin et al, 2008; Goodman & Burton 2010; Nkambule et al., 2011). Educators are overwhelmed with learners' difficult behavior, lack of resources and large numbers of learners (Forlin et al., 2008; Goodman & Burton 2010; Nkambule et al., 2011; Moyi, 2012). These challenges can translate into a negative or substandard educational experience for learners with CDs.

The Cascade model of professional development has also influenced educators' experiences of inclusion. Research reveals that this model is ineffective as a means of preparing educators for the implementation of inclusive policies (Ntombela, 2006). The training was conducted during workshops which were two hours in duration and included members of the management team or one representative per school (Ntombela, 2006; Yeni, 2012). The trained individual was then responsible for the dissemination of the information to the rest of the staff (Ntombela, 2006; Yeni, 2012). Incorrect information has been cascaded down to educators, resulting in an increase in fear and a negative attitude toward inclusive

policies for mainstream schools. This has significant implications for the inclusion of learners with communication disorders in mainstream schools.

1.3 The Problem Statement

Learners with CDs in rural mainstream schools may not be receiving quality education. Such learners exit the school system with little or no functional literacy. Policies have been developed to guide the education of learners with barriers in mainstream settings. The White Paper 6 on Inclusive Education is one such policy but there is concern about its implementation. Mainstream educators play a primary role in implementing inclusive policies for learners with barriers (Forlin et al., 2008). Such educators however have varying experiences which may influence their ability to fulfil their role as one of the critical members of the team. This may translate into a negative educational experience for the mainstream learner with a CD. The researcher therefore sought to explore the experiences of educators educating learners with CDs in mainstream schools. An exploration of mainstream educator's experiences will serve to provide insight into the status of service delivery for learners with CDs in rural mainstream settings.

1.4 The Rationale for the Study

South African learners with CDs who reside in rural areas may be receiving an inferior quality of education. Such learners are released from school with little or no functional literacy. According to the DOH (1997, p7), "the high level of functional illiteracy amongst disabled adults is a direct result of the lack of educational opportunities for children with disabilities, especially in the rural areas." These illiterate adults were once children who did not have access to education. The speech-language therapist (SLT) is in an ideal position to advocate for appropriate education for the learner with a CD (ASHA, 2013). The researcher

seeks to advocate for quality education for learners in rural KwaZulu-Natal. Access to appropriate education is a basic human right.

The South African Constitution confirms that access to education is a basic human right. Everyone should have equal access to education without any discrimination (Klug, 2010). Chapter Two of 1996 guarantees fundamental rights to all citizens. It includes the equality clause and the right to freedom from discrimination based on social criteria. Discrimination based on disability is emphasized and people with disabilities are guaranteed the right to be treated equally. The National Children's Rights Charter (1992) also reinforces the right to education in South Africa (Davel, 2000). This research therefore adopts the stance of advocacy, equality, human rights and redress.

The theoretical framework that informed separate education facilities for children with special needs focused on the medical model of disability (DoE, 2001). The medical model regards disability as a defect or sickness which must be cured through medical intervention (DoE, 2001). Inclusive education demands a paradigm shift. It prioritises support to meet the needs and maximize the potential of all learners (DoE, 2001). It embraces concepts like barriers to learning and development instead of special needs, prefers learning support to remedial education and focuses on system changes rather than changes within the individual (DoE, 2001). These were the concepts that were applied in this thesis. The change in terminology shift from a medical model to a rights based model of support.

The aim of this research is to explore mainstream educators' experiences of educating learners with CDs in the iLembe South Circuit District (KwaZulu-Natal). The researcher's personal experience of working in this community is that learners with CDs are promoted

based on age. Such learners are not literate when they exit the secondary education system at the age of eighteen years. An exploration of mainstream educator's experiences will therefore provide insight into the current status of service delivery for learners with CDs in this community. It was proposed that such an exploration would add to the body of existing research. It was also hoped that the recommendations would serve to decrease the gap between policy and practice and improve the quality of education for the mainstream learner with a CD.

1.5 The Research Question

What are mainstream educators' experiences of educating learners with CDs in rural KwaZulu-Natal?

1.6 The Aim and Objectives

To explore mainstream educators' experiences of educating learners with communication disorders in rural KwaZulu-Natal.

1.6.1 To explore classroom, institution (mainstream school) and district-based experiences.

1.6.2 To explore transformation in the educators' experiences.

1.7 Overview of the Research Design and Methods

A qualitative phenomenological approach to research was adopted. A qualitative approach allowed for the documenting of rich contextual data. Phenomenology identifies the essence of human experiences of a phenomenon, as described by the participants (Creswell, 2009). The study population consisted of educators employed at mainstream schools in the South circuit wards of Ozwathini, Insuze and Ubhaqa in the iLembe District of KwaZulu-Natal in South Africa. A purposeful sampling technique was adopted to select participants.

Purposeful sampling is described as the selection of participants based on particular characteristics (Ritchie, Lewis & Elam 2003). The sample consisted of 11 educators who met the participant selection criteria.

The data collection was divided into three phases. First, the learners with CDs were screened to confirm the presence of the CD. The researcher then conducted brief observations of educator-learner interactions during a lesson. The observations served as a point of reference for the individual interviews. The interviews were guided by a schedule which consisted of five open-ended questions which encouraged the educators to tell their story. This was consistent with a phenomenological approach to research. The results were then analyzed thematically and interpreted to reveal the experiences of mainstream educators.

1.8 Outline and Focus of the Thesis Chapters

Chapter Two documents the literature review. It has been divided into five sub-headings. This chapter explores the implications of educating a learner with a CD and provides a historical overview of educating learners with barriers to learning. It also presents a South African perspective on the education of such learners, elaborates on the rural context and the experiences of educators.

Chapter Three presents the methods used including a description of the research design, the study sample, data collection and analysis procedures, issues related to the quality of data and ethical considerations.

Chapter Four describes and discusses the research results. This has been presented according to the three superordinate and nine subordinate themes that emerged after the thematic analysis.

Chapter Five provides the conclusion, implications and the limitations of the study.

1.9 Summary/Conclusion

South African learners with CDs who reside in rural areas may be receiving an inferior quality of education (Gardiner, 2008). The education of learners with barriers to learning has been affected by the poor implementation of inclusive policies. Mainstream educators of learners with special needs describe administrative, classroom-based and personal challenges (Forlin et al., 2008). These challenges could translate into a negative educational experience for the learner in rural mainstream schools in KZN. The SLT is in an ideal position to advocate for quality education for the learner with a CD. This is consistent with basic human rights and the South African Constitution.

Chapter 2: Literature Review

2.1 Introduction

The purpose of this literature review is to draw the reader's attention to the implications of educating a learner with a CD. It also orientates the reader to a historical and a South African perspective on the education of learners with barriers to learning. Furthermore, it draws attention to the factors that affect the education of learners in under-resourced communities in South Africa. Finally, it highlights core themes that emerge in the literature on mainstream educators' experiences of inclusive education. The depth and scope of this review has been informed by the aims and objectives of the research.

2.2 The Implications of Educating Learners with Communication Disorders

The American Speech-Language-Hearing Association (1993) defines a CD as a problem with the ability to receive, send, process and comprehend concepts of verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language and/or speech. It may range in severity from mild to profound. It may be developmental or acquired (ASHA, 1993). A communication disorder may result in a primary disability or it may be secondary to other disabilities (ASHA, 1993). Nearly one in twelve (7.7 percent) American children, between the ages of 3-17 years, have a disorder related to voice, speech and/or language (National Institute on Deafness and other Communication Disorders, 2016). The prevalence of CDs is estimated to be more than ten percent in South Africa (Popich, Louw and Eloff, 2006).

Communication disorders maybe classified according to four types: speech, language, hearing and central auditory processing disorders (ASHA, 1993). Speech disorders refer to the impairment of the articulation of speech sounds, fluency and/or voice (ASHA, 1993).

Language disorders are impairments in comprehension and/or use of spoken, written and/or other symbol systems (ASHA, 1993). Hearing disorders are the result of impaired sensitivity of the physiological auditory system. Hearing disorders may limit the development, comprehension, production and/or maintenance of speech and/or language. Central auditory processing disorders are deficits in the information processing of audible signals not attributed to impaired peripheral hearing sensitivity or intellectual impairment (ASHA, 1993). A learner may therefore demonstrate one or a combination of CDs that may have a negative impact on academic performance.

A communication disorder can affect a learner's performance at school as learning takes place through the process of communication. Spoken language provides the foundation for the development of reading and writing (ASHA, 2013). Spoken and written language has a reciprocal relationship, with each building on the other, to result in general language and literacy competence. This commences early in a child's life and continues throughout adulthood (ASHA, 2013). Problems with reading, difficulties understanding and expressing language, misunderstanding social cues, refusing to attend school and poor performance in tests are signs that a learner's CD is affecting his learning (ASHA, 2013). A communication disorder can therefore serve as a severe barrier to academic success. Such learners therefore require adaptation of the environment to cope in a mainstream school.

Optimal service delivery for a learner with a CD requires collaborative teamwork (ASHA, 2013). The team may include parents, audiologists, psychologists, social workers, mainstream educators, special education teachers, guidance counsellors, physicians, dentists, nurses and SLTs (ASHA, 2013). Speech-language intervention can help children become effective communicators, problem-solvers and decision-makers (ASHA, 2013). The services

may be delivered during individual/small group sessions and lessons in the classroom (ASHA, 2013). The speech-language therapist may adopt a consultative model with educators and parents or participate in team teaching with the educator (ASHA, 2013). Consequently, communication goals are integrated with academic and social goals (ASHA, 2013). The educator and the SLT are therefore critical members of this team.

The educator is directly responsible for the learner's academic development. The role of the educator includes identifying barriers to learning, adapting the curriculum, adapting the education materials and collaborating with other professionals (DoE, 2001; Forlin et al., 2008). The speech-language therapist, on the other hand, assesses and treats the learner with a CD. She is also responsible for collaborating with parents and other professionals (Shipley & McAfee, 1992). The SLT advocates on behalf of the learner and the family during service provision. Advocacy is one of the key competencies on the South African Health Professions Council's Profile for a speech-language therapist (HPCSA, 2012). Advocating for quality education for learners with CDs was the main rationale for conducting the current study.

This section of the review drew attention to the implications of educating a learner with a CD. It motivated that such learners require adaptation to the environment in order to access the curriculum. It emphasized the importance of collaborative teamwork and the role of the educator and the SLT within the context of this team. Advocacy was identified as a key competency of the SLT and the main rationale for conducting the study. The next section of the review presents a historical perspective on the education of learners with barriers to learning.

2.3 A Historical Perspective on the Education of Learners with Barriers to Learning

Historically people with disabilities were institutionalized in places that provided little or no education (hospitals or asylums). During the Middle Ages, people with disabilities were put to death, used as servants or ridiculed for their deformities (Read & Walmsley, 2006; Tremblay, 2007; UNESCO, 2005). During the Renaissance period, people with disabilities were cared for in isolation. They were treated as human beings but denied education. Pedro Ponce de Leon documented the first experience of education for deaf children in 1578 (Tremblay, 2007). Abbe Charles Michel de l'Epee created the first institute for the deaf in 1790. Louis Braille invented the "Braille script" in 1829 (Read & Walmsley, 2006; Tremblay, 2007; UNESCO, 2005). French physician and educator, Jean Marc Gaspard Itard was one of the first teachers to promote the use of special teaching methods for disabled children. This marked the beginning of special education for children with special needs.

Students with disabilities accessed education in highly specialized settings where they were segregated according to type of disorders (Read & Walmsley, 2006; Tremblay, 2007; UNESCO, 2005). Students had access to trained staff, equipment and specialized services. Special schools however were based upon the medical model. Learners were viewed as individual objects that needed to be treated, changed, improved and made more normal (Tremblay, 2007). The medical model viewed the disabled person as needing to fit in rather than thinking about how society should change (Read & Walmsley, 2006; Tremblay, 2007; UNESCO, 2005). This model focused on the diagnosis and placement of the learner in a special school that catered for the learner's special needs (DoE, 2001). The focus was therefore not on the barriers in the environment but on the deficits within the learner.

Service delivery to learners with disabilities has evolved globally and locally. It has shifted from the medical model to a social model of disability (DoE, 2001; Tremblay, 2007). The social definition of disability acknowledges that disability is dependent upon the context and is a consequence of discrimination, prejudice and exclusion (DoE, 2001; Tremblay, 2007). This move served as an impetus for the transition from segregated to inclusive practices (Tremblay, 2007). International pressure was responsible for the shift to a social model of disability. The literature differentiates amongst three forms of international pressure: ethical and moral, conceptual and economic (Tremblay, 2007). The ethical and moral pressure is related to the development of several international declarations.

Many international declarations affirm education as a basic human right. These include the Universal Declaration of Human Rights (1948), the United Nations Convention on the Rights of the Child (1989), the World Declaration for Education for All (1990), Standard Rules on the Equalization of Opportunities for Persons with Disability (1993), the Salamanca Statement (1994) and the Dakar Framework for Action (2000). The United Nations Educational Scientific and Cultural Organization also released a guide for ensuring inclusion and equity in education (UNESCO, 2005; 2017). These declarations strived to eliminate discrimination against individuals from accessing education. They emphasizes that learners with special needs should have access to regular schools (DoE, 2001; Tremblay, 2007). Admission to regular schools is the most effective means of building an inclusive society.

Conceptual pressure is another form of international pressure. The concept of normalization recognizes that the learner with barriers should be educated in a typical environment (Read & Walmsley, 2006; Tremblay, 2007; UNESCO, 2005). It advocates for bringing people closer to their communities rather than institutionalizing them away from

their communities. The concept of placement in a less restrictive environment acknowledges

that children with disabilities should be educated with children who are not disabled.

Placement should only occur when education in regular classes is unsuccessfully (Tremblay,

2007). The concept of adaptation focuses on increasing learner participation and success in

the natural school and community (Read & Walmsley, 2006; Tremblay, 2007; UNESCO,

2005). Finally, the concept of integration differentiates between two practices: mainstreaming

and inclusion.

Mainstreaming is defined as the selective placement of learners with special needs in one

or more regular classes (Read & Walmsley, 2006; Tremblay, 2007; UNESCO, 2005). The

learner has to earn the opportunity to be moved to a regular class by demonstrating an ability

to cope with the work. Mainstreaming therefore focuses on making the learner fit into an

existing system (Tremblay, 2007). Support was given to some learners and this generated the

term 'learners with special educational needs' (DOH, 1997). Such labelling still located the

problem with the affected learners, rather than with the school or society (DOH, 1997).

Mainstreaming still promoted stigmatization and segregation (DoE, 2001). These challenges

could only be addressed by a system that supported inclusion (DoE, 2001; Tremblay, 2007).

Stainback, Stainback & Stefanich (2017), define inclusion as education for all learners in a

regular classroom. Inclusion therefore ensured appropriate educational programs for every

learner.

There is some controversy in the literature as to whether inclusive practices are

appropriate for learners with all types of disabilities. The South African Deaf community

believes that hearing impaired children need special schools (White Paper on the Integrated

National Disability Strategy, DOH1997). They claim that this is of cardinal importance to

their acquisition of concepts (DOH, 1997). A similar finding was reported in the USA and the UK. Blind and partially sighted children required more individual attention and support than that which the mainstream school could provide (Sukhraj-Ely, 2008). Inclusive education may therefore be more suitable for children with particular kinds of disabilities.

This section of the review presented a historical perspective on the education of learners with barriers to learning. It originates from the place where people with disabilities received little or no education to a system that recognizes differences in learners who have a right to access the most appropriate educational programme. It drew attention to the factors that were responsible for the transition from segregated to inclusive practices. It differentiated between mainstreaming and inclusion. It raised the question that inclusive education may be appropriate for children with certain kinds of disabilities. The next section of the review presents a South African perspective on the education of learners with barriers to learning.

2.4 A South African Perspective on the Education of Learners with Barriers to Learning

South Africa adopted a dual education system for approximately 120 years (DoE, 2001). Children with disabilities were placed in special schools or classes and children without disabilities were educated in regular classes in mainstream schools (DoE, 2001). South Africa chose to implement an inclusive education system in 2001 (DoE, 2001). Inclusive education involves the placement of learners with disabilities in mainstream schools with the aim of promoting equal access and opportunities for all learners (DoE, 2001). This practice is consistent with the Constitution of the Republic of South Africa (Klug, 2010). Its implementation was scheduled to take place over a few decades with the initial focus being on primary education.

The policy framework for this new education system was documented in White Paper 6 on Special Needs Education: Building an Inclusive Education and Training System (DoE, 2001). It was the government's post-apartheid response to the unequal distribution of resources for learners with disabilities. Education White Paper 6 therefore affirmed education as a basic human right (DoE, 2001). The education system was restructured to integrate children with disabilities with children without disabilities in mainstream neighborhood schools (DoE, 2001). It was anticipated that this would facilitate social inclusion and the overall inclusion of disabled learners into society from an early age (DoE, 2001). It would also ensure that the rights and needs of disabled people would be accepted and respected by persons without disabilities.

An inclusive education system was expected to minimize the intrinsic (problems resulting from the CD) and extrinsic barriers (systemic problems preventing learner participation) to learning (DoE, 2001). Three levels of support were identified. Learners with mild barriers will receive low-level support in mainstream schools. Learners with moderate barriers will receive moderate-level support in full service schools. Learners with severe barriers will receive high-level support in special school (DoE, 2001). Additionally, full service schools will serve as resource schools to mainstream educators in that area. District-based personnel will also be deployed to assist mainstream educators in that area (DoE, 2001). The Policy on Screening, Identification, Assessment and Support (SIAS) provides additional guidance on the provision of support for learners with learning barriers (DoE, 2014).

The provision of support is structured hierarchically. It commences with the mainstream educator followed by the School-Based Support Team (SBST) and finally the District-Based Support Team (DBST) (DoE, 2014). The educator develops a classroom-based intervention for the learner after conducting an assessment. The School Based-Support Team intervenes after the educators' classroom intervention has failed. This team consists of the principal (who is directly responsible for the establishment of this support team), senior management members, educators with learners with learning barriers, and educators with specialized skills (DoE, 2014). This team meets to review the educator's plan. If the SBST fails, the learner is referred to the DBST. The District-Based Support Team provides direction in respect of strategies, programmes, services and resources that will enhance the SBST plan (DoE, 2014). The figure below illustrates the hierarchy of the structures for the levels of support (Laalje, 2015).
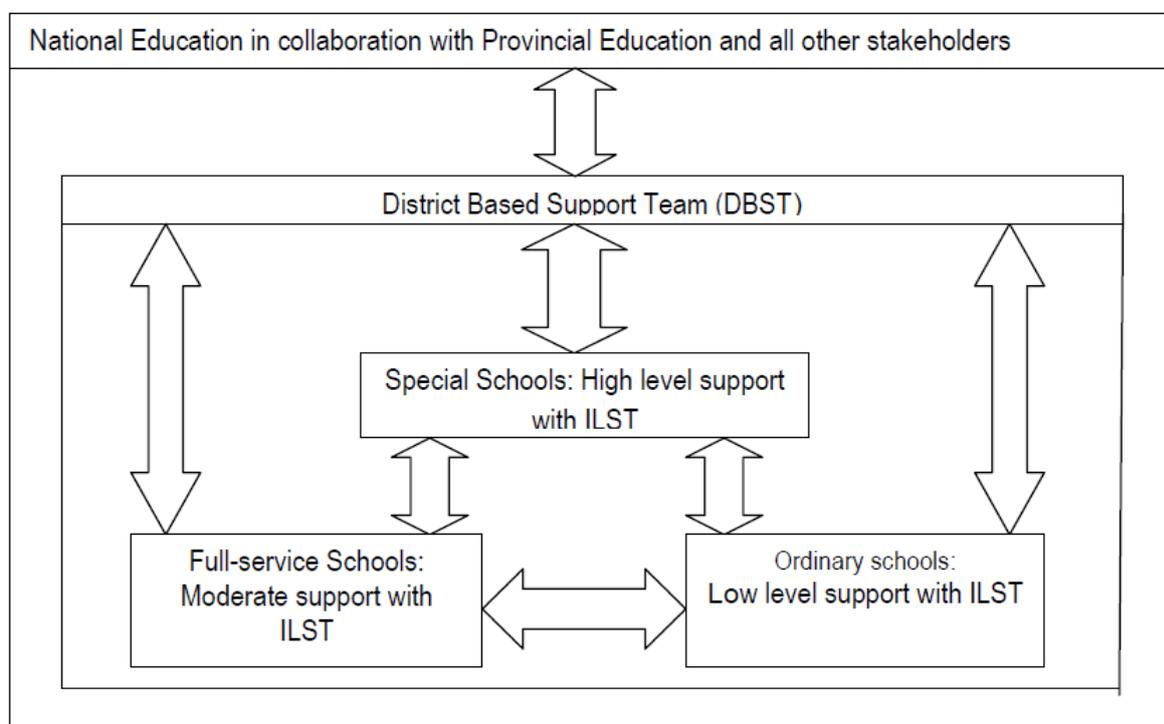
Figure 2.1. The hierarchy of education structures with levels of support (Laalje, 2015).

The literature reveals that mainstream educators receive minimal support at the institutional and district levels. The SBST are not functional. Laalje, (2015) suggests that dysfunctional support teams hinder the placement of learners in special schools. Yeni (2012) further states that school management teams understand inclusive policies but experience difficulty with the implementation thereof. Ntombela (2006) confirms that school management teams lack confidence to provide support to educators. Furthermore, understaffing results in the provision of inappropriate and inadequate support services at the level of the district (Ntombela, 2006). The successful implementation of inclusive policies is dependent upon functional SBSTs and DBSTs. The purpose of such teams is to coordinate learner and educator support services (DoE, 2001). There are bound to be negative educator experiences in the absence of such teams. This translates into a poorer quality of education for the learner with a CD.

Other professionals play a significant role during the SIAS process. Schools may require the support of psychologists, audiologists, SLTs, occupational therapists and physiotherapists to conduct formal assessments. These professionals constitute the DBST (DoE, 2014). The District-Based Support Team captures the assessment results on the Disability and Health Assessment form (DoE, 2014). The assessment results inform the SIAS process by removing barriers and increasing the learners' participation in education (DoE, 2014). Resource constraints at the district level cause parents to engage professionals privately (Laalje, 2015). Other parents may access professionals employed within the public healthcare system (Laalje, 2015). Consequently, other professionals make a significant contribution to the SIAS process.

This section of the review introduced a South African perspective on the education of learners with barriers to learning. It tracked the transition from a dual education system to an inclusive education system with three levels of support. It elaborated on two significant policies: the Education White Paper 6 and the SIAS policy. The next section of the review focuses on the education of learners with CDs in under-resourced communities in South Africa.

2.5 The Education of Learners with Communication Disorders in Under-Resourced Communities in South Africa

South Africa has a rich history marked by discrimination and marginalization of certain groups of people during the Apartheid Era (DoE, 1997; Engelbrecht, 2006). One of the many consequences of apartheid was a severe under-funding of social and economic services in the former Bantustans and 'independent' states (DoE, 1997; D'Amant, 2012; Gardiner, 2008). This had a severe impact on people with disabilities who found themselves in an inhospitable environment, facing poor living conditions and unable to access the help they needed (DOH, 1997; Gardiner, 2008). The lack of timeous and appropriate medical care contributed to an increase in preventable secondary and tertiary disabilities (DOH, 1997). The rural communities remain the most affected. The education system was divided in terms of race. White people who lived in urban areas were favoured over Black African people who lived in rural areas (Gardiner, 2008). Rural schools therefore suffered serious neglect. Poor infrastructure and overcrowding is still a characteristic of rural schools (Gardiner, 2008; D' Amant, 2012). High learner numbers are a reality in the former Bantu schools. The overcrowded classrooms contribute to a high learner to teacher ratio and negative educator experiences.

Special schools in rural areas had reduced capacity to meet the needs of the majority of the learners. Learners were mainstreamed by default when they could not be accommodated in special schools (DoE, 2001). This resulted in learners progressing from grade to grade and eventually excluded due to the inflexible curriculum (DoE, 2001). Approximately 70% of the children with disabilities of school-going age were outside of the public school system (DoE, 2001). This resulted in illiteracy and low skills amongst adults with disabilities and reinforced the high levels of unemployment (DoE, 2001; Filmer, 2008). Thus, learners with CDs who resided in rural areas in South Africa were the most disadvantaged and did not gain access to an appropriate education.

Parents of learners with disabilities in rural areas are more likely to be illiterate. The Disabled Children Action Group (DICAG) estimates that 98% of mothers of children with disabilities living in rural areas are unemployed, semi-literate or functionally illiterate single women (DOH, 1997). Mothers of children with disabilities are often disserted by spouses, ostracized by their communities and banished into isolation by their extended families. They tend to withdraw into a world of their own (DOH, 1997). Such mothers experience many challenges, such as fetching water or firewood and paying for expensive private transport to hospitals, schools and pension pay points (DOH, 1997; Gardiner, 2008). Although a percentage of people with disabilities receive social security benefits, these benefits are often used to pay neighbours and family members to perform tasks and so the cycle of poverty and disability continues (DOH, 1997; Gardiner, 2008).

This section of the review drew attention to the challenges of educating learners with communication disorders in under-resourced communities in South Africa. It describes the intergenerational impact of discrimination and marginalization in rural areas. The final

section of the review focuses on the experiences of mainstream educators of learners with communication disorders.

2.6 Mainstream Educators' Experiences of Educating Learners with Communication Disorders

The Oxford dictionary (2010) defines experience as practical contact with and observation of facts or events. This definition also includes an event or occurrence that leaves an impression on someone. This definition reflects the concept that was under exploration in the current study. A review of the literature on mainstream educators' experiences revealed two main themes: negative and transformational experiences. The negative experiences were related to low levels of educator self-efficacy, poor quality of in-service training, resource constraints and learner-based challenges. Each of these sub-themes will be discussed in detail below.

Mainstream educators have low levels of self-efficacy when educate learners with barriers to learning. Weber (2013) states that educators have limited knowledge of developmental disabilities such as Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD). There are increased level of stress as educators are unable to cope with learners who have developmental disabilities (Chetty, 2013;   Forlin et al., 2008; Goodman & Burton 2010; Moyi, 2012; Nkambule et al., 2011). Educators have limited and distorted knowledge of inclusion strategies making them unable to adapt the curriculum so that it is accessible to all learners (Chetty, 2013;   Mayaba, 2008; Weber, 2013). The rural context poses an added challenge as many of the educators are unqualified (Mukeredzi, 2009). Thus, mainstream educators feel ineffective when educating learners with barriers to learning.

The low levels of self-efficacy may be related to poor in-service training. A review of the literature revealed that educators do feel unprepared to meet the needs of diverse learners. Educators feel they lack the skills and knowledge to educate learners with special needs (Forlin et. al, 2008; Goodman & Burton, 2010; Laalje, 2015; Lawrence, 2012). Educators who received in-service training, claim that it is either insufficient or distorted (Ntombela, 2006). The Cascade model of training resulted in distorted information on inclusion (Humphrey & Symes, 2011; Ntombela, 2006). This model advocates the training of some senior members of staff who are then responsible for the dissemination of information to other staff members. It has been described as an ineffective model of training. Humphrey and Symes (2011) report greater levels of self-efficacy in members of the senior management team and special needs coordinators than subject educators. The training has also been criticized for being too theoretical and not practical (Ostendorf, 2012). Consequently, an educators' negative experience of inclusion may be related to insufficient and inappropriate training.

Members of the school management teams agreed that educators needed training on inclusive practices (Yeni, 2012). Ntombela (2006) states that educators have had very limited experience of information, training and/or support in preparation for the development of an inclusive system of education. Pre-service training is essential for preparing educators to meet learner needs (Fidelia, 2013). Teacher training needs to be reviewed so that teachers are able to adapt learning programs, teaching techniques and materials to suit the needs of learners with barriers (DoE, 2001; McConkey & Bradley, 2010). The quality of in-service training therefore hinders the inclusion of learners with CDs in mainstream settings. The gap between educators' training and learner needs contributed to negative educator experiences.

Resource constraints may also contribute to educators low levels of self-efficacy. Educators may experience reduced levels of support because of the lack of access to professionals with expertise (D'amant 2012;   Forlin et al., 2008; Goodman & Burton 2010; Nkambule et al. 2011). There is often fragmented or no communication amongst professionals because of the absence of systems to facilitate better communication (D'amant 2012;   Forlin et al., 2008; Goodman & Burton 2010; Nkambule et al. 2011). A lack of specialized equipment and resources can hinder inclusion in mainstream schools (D'amant, 2012; Forlin, et al., 2008; Goodman & Burton, 2010; Mayaba, 2008; Mweli, 2009; Nkambule et al., 2011). The rural context poses an added challenge due to past imbalances (Engelbrecht, 2006; Gardiner, 2008). Resource constraints may therefore contribute to negative educator experiences.

Learner-based challenges also contribute to negative educator experiences. Educators are overwhelmed with learners' difficult behavior according to the nature and severity of the disorder (Forlin et al., 2008; Goodman & Burton 2010; Nkambule et al., 2011; Moyi, 2012). The large number of learners in the class makes it difficult for the educator to give individual attention to learners with barriers. The educators' are unable to design individualized learner support programmes, which facilitates the learner's move to the next grade (Forlin et al., 2008). Learners progress from grade to grade despite poor performance. They eventually exit the secondary school system with little or no functional literacy. Thus, educators' experiences of inclusion are shaped by learner-based challenges.

Transformational educator experiences are those that change from negative to positive. Transformation is a complex process. Educators need to undergo a paradigm shift and unlearn previous discriminatory beliefs and embrace new ways of thinking about and

practicing education (D' amant, 2012; Ntombela, 2009). It requires a reconstruction of the way educators perceive themselves as people and professionals (D' Amant, 2012). The educator needs to be flexible and have a genuine belief in her pupil's ability to succeed (Moodley, 2009). The educator needs to be flexible and explore other ways to accommodate the learner in the classroom. Weber (2013) reports using autism specific tools for learners with ASD. Moodley (2009) identifies preferential seating and correct positioning of the learner with ADHD. When educators embrace inclusion they are able to develop individualized practices to meet learner needs (D'Amant, 2012). The factors that contribute to transformational experiences include increased personnel support (presence of an assistant teacher), team collaboration, goal sharing, exposure to inclusive practices and the provision of resources (D' Amant, 2012).

The final section of the review focused on mainstream educators' experiences of educating learners with CDs. The literature revealed two main themes: negative educator experiences and transformational experiences. These two themes were discussed in detail with support from the literature.

2.7 Summary/ Conclusion

A communication disorder can affect a learner's performance at school. Spoken language provides the foundation for the development of reading and writing (ASHA, 2013). Optimal service delivery for a learner with a CD requires collaborative teamwork (ASHA, 2013). Education of learners with barriers has evolved from segregation in special schools, to mainstreaming and lastly to inclusion (Read & Walmsley, 2006; Tremblay, 2007; UNESCO, 2005). The South Africa Department of Education developed the Education White Paper 6 as a framework for the inclusion of learners with barriers (DoE, 2001). The Screening,

Identification, Assessment, Support policy provides further guidance on the provision of support for learners with barriers to learning (DoE, 2014). Although policies are in place, implementation remains a challenge. The rural context poses additional challenges due to past imbalances (DOH, 1997; Gardiner, 2008). Consequently, educators experience low levels of self-efficacy for various reasons (D'amant 2012; Forlin et al., 2008; Goodman & Burton 2010; Nkambule et al. 2011). Transformation can only become a reality when educators have adequate support, team collaboration and exposure to inclusive practices (D' Amant, 2012).

Chapter 3: Methodology

3.1 Introduction

This chapter describes the methods that were used to answer the research question: What are mainstream educators' experiences of educating learners with CDs in rural KZN? The aim and the objectives of the research are listed, the research design, site and participants are described in detail. The methods that were used to collect and analyse the data are discussed. Data quality and ethical issues are raised as these are important considerations of qualitative research.

3.2 Aim

To explore mainstream educators' experiences of educating learners with communication disorders in rural KwaZulu-Natal.

3.3 Objectives

The objectives of this study were as follows:

3.3.1   To explore classroom, institution (mainstream school) and district-based experiences.

3.3.2   To explore transformation in the educators' experiences.

3.4 Research Design

A qualitative, phenomenological approach to research was adopted. Phenomenological research attempts to identify the essence of human experiences of a phenomenon, as described by the participants (Creswell, 2009). This method is useful when collecting descriptions of people's experiences and the meanings they attach to reality. A qualitative approach aims to understand a topic in the participant's natural setting where they experience the issue or problem under study (Creswell, 2009). It allowed the researcher to engage with the participants physically and become the main instrument for data collection (Creswell,

2009). This helped the researcher to gain the best understanding of the meaning that participants held about the problem or issue (Creswell, 2009). The researcher explored the nature of mainstream educators' experiences of educating learners with CDs in rural KZN.

3.5 Research Site

The selected schools fell within the iLembe District, in the rural wards of Insuze, Ozwathini and UBhaqa (Refer to Page 1). The iLembe district comprises of a smaller urban area and a larger rural area. This district has a population size of 662 413. Black African people constitute 82% of this population and IsiZulu is the most commonly spoken language. The schools are situated in Ndwedwe which has a population of 145 163. The key features that define Ndwedwe are the new developments that have emerged at various levels. These developments include business parks, business cluster developments, agricultural distribution and housing estates. The construction of roads and the access to electricity are some of the new developments in the rural areas. (www.ndwedwe.gov.za & www.Ilembe.gov.za/index.php/local-municipalities).

The schools service under-resourced communities as indicated by mud houses and no supply of water and electricity. The primary phase of each of the schools offers an isiZulu medium of instruction, with a transition to English from Grade Four. The communities are predominantly Black African with a history of political unrest and limited resources stemming from the Apartheid Era. They all offer free education to learners. All schools consisted of a single storey building, with some schools being better resourced than others. Such schools touted computer rooms, libraries, electricity and water-borne sewage while other schools did not have these luxuries and still depended on pits as ablution facilities.

All the schools were challenged by high learner to teacher ratios, with the highest being 49:1. The problem of lack of teacher assistants and adaptations in the environment to allow for inclusion. They did not have remedial/specialised classrooms. All schools seemed to have dysfunctional support systems for learners with barriers. They were burdened with the problem of learners being raised by their grandmothers while the parents were employed in urban areas. There was a general problem of illiteracy amongst the caregivers.

3.6 Participants

3.6.1 The study population.

The study population consisted of mainstream educators who taught learners with communication disorders in the South circuit wards of Ozwathini, Insuze and Ubhaqa in the iLembe District of KwaZulu-Natal in South Africa. These wards are situated within a rural community which is the focus of this study. The sample consisted of 11 participants. All the participants were Black African females who spoke isiZulu as the first/home language and English as the second language. All participants were currently educating a learner or learners with CDs. The average age of the participants was 47 years and the average number of years of teaching experience was 19 years. The oldest participant was 58 years and had taught for 34 years. Two of the participants had biological children with learning barriers. One of those participants shared their experiences of educating her child. Table 4.2 illustrates some of the participant characteristics.

Table: 3.1

Description of the Participants of the Main Study

Code	Age	Years of Experience	Qualification	Grade	Residence
P1	40	4 years	Primary Diploma in Education (PDE); Advanced Certificate in Education (ACE); B. Ed	Grade 1	Yes
P2	53	20 years	B. Ed; FDE; Junior Primary Teachers Diploma (JPTD)	Grade 3	Yes
P3	46	21 years	Bachelor in Education Honours (B. Ed Honours); Primary Teachers Diploma (PTD); Higher Diploma in Education (HDE);	Grade 2	Yes
P4	40	19 years	B. Ed. Honours; HDE; PTD	Grade 1	No
P5	58	34 years	B Ed. Honours; B. Ed; PTC; Diploma in Education; FDE	Grade 2	Yes
P6	37	9 years	B. Ed	Grade 3	No
P7	48	20 years	PTD; JPTD; HDE, B. Ed. Honours	Grade 2	Yes
P8	48	23 years	B. Ed Honours, BA; Diploma	Grade 1	No
P9	49	25 years	B. Ed Honours; Advanced Diploma in Education (ADE); HDE; Senior Primary Teachers' Diploma (SPTD)	Grade 3	No
P10	51	13 years	B. Ed. Honours, B.A., PTD	Grade 2	Yes
P11	48	25 years	B Ed.	Grade 1	No

3.6.2 The sampling technique.

A purposeful sampling technique was adopted to select participants. Purposeful sampling allows for the selection of participants based on particular characteristics (Brink, van der Walt & van Rensburg, 2012). Purposeful sampling involves selecting those participants that help the researcher to understand the research question and problem (Creswell, 2009). Mainstream educators, who were educating learners with communication impairments and who were employed in rural schools, were selected purposefully to participate in the research. Such participants represented the key criteria for this study.

The advantage of purposive sampling was that the sample was selected based on knowledge of the phenomenon being studied (Brink et al., 2012). The researcher is aware that generalization to other educators is not the focus or priority of this research.

3.6.3 Criteria for inclusion/exclusion.

The inclusion criteria were as follows:

3.6.3.1 Qualification.

Educators had to have a basic qualification in education and be registered with the South African Council for Educators. The experience of qualified educators could be different to the experience of underqualified educators. The most common qualification was the Bachelor of Education.

3.6.3.2 Employment status.

Educators had to be currently employed in a primary mainstream school. This criterion ensured that participants related recent experiences during the interview. All participants were employed in mainstream primary schools in the iLembe District of KwaZulu-Natal.

3.6.3.3 Experience of basic education.

Educators had to have a minimum of two years of work experience as primary mainstream educators. The experiences of an educator who has been exposed to basic teaching and learning for more than two years will be different to that of a novice educator, and this is the experience that the researcher aimed to explore. The work experience of the participants for this study ranged from four to thirty four years.

3.6.3.4 Experience of educating learners with communication disorders.

Educators had to have experience educating a learner or learners with CDs. This criterion was essential as participants had to be able to engage meaningfully with the topic under study. Learners were screened to confirm the presence of a CD. Only educators teaching learners with a confirmed CD were included.

3.6.3.5 Language proficiency.

Educators had to be proficient in either English or isiZulu. Proficiency in either one of the languages eliminated barriers during the interview; as the interviewer; who is also the researcher, is proficient in both English and isiZulu. English and isiZulu are also the two most common languages spoken in KZN (Broeder, Extra & Maartens, 2004; Mesthrie, 2008). Educators spoke both English and isiZulu; though they were mostly fluent in isiZulu and preferred to communicate more in isiZulu.

3.6.3.6 Age, gender and ethnicity.

Participants had to be of any age, gender or ethnicity. The educators' ages ranged from 37 to 58 years. They were all females and all Black African.

The exclusion criteria were as follows:

3.6.3.7 Special educators' qualification.

Participants who had a degree or diploma in special education were excluded from participating in the study. Such participants may have had experiences that were different to that of the general mainstream educator.

3.6.3.8 Experience of special education.

Participants who had been previously employed in schools for learners with special educational needs were excluded from participating in the study. Again, such participants may have had experiences that were different to that of the general mainstream educator.

3.6.4 The recruitment strategy.

Permission was obtained from all gatekeepers. The researcher then approached principals of the schools and asked them to identify educators who taught learners with CDs. The researcher then screened these educators to determine if they met the other criteria for inclusion. Informed consent was obtained from educators who met all the criteria for inclusion. (Refer to Appendix 6).

3.6.5 The sample size.

It is suggested that the size of the sample should allow the necessary data to be collected (Kvale & Brinkman, 2009). Participants were selected until data saturation occurred. Data saturation is the point at which new data ceases to emerge during the data collection process (Brink et al., 2012). The sample eventually consisted of eleven participants.

3.7 Data Collection

3.7.1 The data collection method.

Individual semi-structured interviews were conducted to gather the data. An interview is defined as a process whereby the interviewer obtains responses from a participant during a face-to-face, telephonic or electronic conversation (Brink et al., 2012).

Interviews may be structured, semi-structured or unstructured. Semi-structured interviews have a predetermined set of questions which may be presented in a systematic order. The interview however may deviate from the original plan in order to pursue a topic of interest (Brink et al., 2012). Individual interviews were selected as the data collection method as they were consistent with a qualitative orientation to research.

There are many benefits to conducting an interview. Interviews allow the researcher to gather rich, detailed information from the participants. An interview is preferred over direct observation, as the latter may require more time and resources. Interviews provide opportunities for reflection as the participants provide historical information when sharing their experiences. Interviews also allow the researcher to probe for detailed information and to exercise control over the line of questioning (Creswell, 2009). There are also limitations to gathering data during an interview. These include the time required to visit each site, as well as interviewee bias (Neuman, 2009; Creswell 2009). The researcher's articulation and perceptiveness can influence the participant's responses (Creswell, 2009).

3.7.2 The data collection process.

The researcher first visited the five primary schools to meet with the principals and obtain permission to access participants from their schools. The principals were asked to identify educators with learners with CD in their classrooms. The researcher then met with the identified educators to deliver the information letters and obtain informed consent. Each educator was given consent forms that needed to be signed by parents and returned to the school before the date of the screening and interview. These consent forms allowed the learners to be screened by the researcher. The researcher made appointments with the

educators for the learner screening, observation of teaching and learning and individual interviews.

The data was collected over a period of a week and a half. The researcher conducted the individual interviews during the lunch breaks to ensure that learner/teacher contact time was not disrupted. Educators of the same school were generally given the same date for data collection. The screening of the learner with a CD and observation of teaching and learning preceded the individual interviews. The figure below illustrates the data collection process.
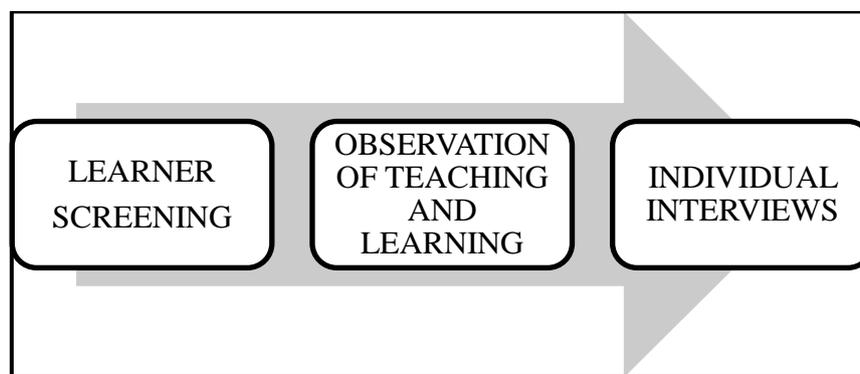
Figure 3.1 The data collection process.

3.7.2.1 Learner screening.

Informed consent was obtained from the parents and the learners who qualified to be screened. This was achieved by forwarding letters to parents via the learners (Refer to Appendix 7a/b and 8a/b). Two protocols were used to screen the learners. The screen for spoken language abilities was guided by the procedure outlined by Shipley and McAfee (1992). The Baragwanath Phonological Assessment was used to screen for language-learning disorders. Screening took place in the schools of the learners before the brief classroom observation and the interview. The researcher, who is a qualified bilingual SLT with ten years of work experience, conducted the screening. Those learners who were identified as having

CDs and who were not receiving intervention were referred to the nearest SLT. The duration of the screening was approximately 15 minutes.

3.7.2.2 Observation of teaching and learning.

The primary purpose of the observation was to create context for the individual interviews. The intention was to therefore improve the quality of the data. The observations themselves did not serve as a method of data collection. The researcher observed teaching and learning during one lesson. Observations were recorded as field notes. This observation was conducted on the same day after the learner screening and prior to the interview. It was conducted in the classroom. The researcher minimized the participants' anxiety by reminding the educators that she was a student and was not there to assess the educators' performance. Some learners were observed to be withdrawn and did not participate during class activities. One learner struggled to sit and moved around to sharpen his pencil often. Others were fully included and demonstrated positive relationships with other learners and the educator in the class. Educators revealed diverse approaches to teaching. Some educators included the learner with a CD and attempted to accommodate them while others focused on the other learners and paid little attention to the learner with barriers.

3.7.2.3 The individual interviews.

The researcher interviewed the participants individually on the same day after the observation. The interviews were conducted during breaks and after school hours. This prevented the disruption of learner contact time. The duration of the interview was approximately 45 minutes. The interviews were conducted in a quiet room. The participants were asked to switch off their cell phones for the duration of the interview. The researcher interviewed the participants in the language that they felt most comfortable speaking. It was

observed that the participants were comfortable and expressed themselves more when speaking isiZulu. The researcher has ten years of experience interviewing caregivers during clinical practice.

The interviewer tried to be sensitive, approached the interviews professionally and remained patient and calm throughout the interview (Neuman, 2009). The interviewer used prompts and probes to keep the participants on track (Neuman, 2009).

An Olympus VN-3100 PC digital voice recorder recorded the participants' responses. The researcher obtained written consent from the participants prior to recording the interviews. A research assistant operated the voice recorder and recorded field notes.

3.7.3 The data collection instrument.

A self-developed semi-structured interview schedule was used to gather the data. An interview schedule outlines the topics which enables conversation to be initiated and maintained (Leedy & Ormrod, 2010). A review of the literature was conducted on educators' experiences of inclusive education (D'amant, 2012; Goodman & Burton 2010; Oyewuni, 2008). The literature review revealed the following two themes: negative educator experiences and transformational experiences. Five open-ended questions were formulated based on these two themes and the research objectives (Refer to Appendix 8a). These open-ended questions served to gain access to the educators' experiences, while still allowing educators to share their personal stories in a free and unstructured way. The interview schedule was translated into isiZulu by the researcher who is a first language isiZulu speaker (Refer to Appendix 8b). The isiZulu interview schedule was reviewed for consistency of terminology. The table below illustrates the motivations for the interview prompts.

Table: 3.2

Motivation for the Interview Prompts

Prompts	Motivation
1. Describe how you educate this learner with a communication disorder.	To commence the interview with a general prompt which allows the educator to focus on the topic under study.
2. Describe the challenges experienced teaching this learner. a) Classroom b) Institution (Mainstream School) c) District	To obtain specific information regarding the challenges that the educator may be experiencing teaching a learner with a CD (Forlin et al., 2008; Goodman & Burton 2010; Moyi, 2012; Nkambule et al., 2011). This prompt relates to objective one of this study i.e. educator experiences.
3. Describe the support you have received. a) Classroom b) Institution (Mainstream School) c) District	To obtain specific information regarding the educators' experiences of support received from the SBST and DBST as outlined by the SIAS policy (DoE, 2001; 2014; Humphrey & Symes, 2011; Ntombela, 2009). This prompt also relates to objective one of the study i.e. educator experiences.
4. Has your work with such learners become easier or more difficult over the years? Please elaborate.	To explore transformation in the educators' experiences (D'Amant, 2012; Mweli, 2009; Ntombela, 2006). This prompt relates to objective two of the study.
5. Let us talk about what has contributed to changes in your experience over the years. a) Exposure and experience b) In-service training c) Support personnel	To explore the factors which were responsible for transforming educator experiences (D' Amant, 2012, DoE, 2014; Mayaba, 2008). This prompt relates to objective two of the study.

3.8 Data Analysis

3.8.1 Data management.

The researcher listened to the recorded data and transcribed the interviews. The researcher also made use of the research assistant's notes during transcription. This was relevant as it recorded the nonverbal communication that took place during the interview. Information that disclosed the participants' identity was removed from the data and each transcription was coded and stored in a folder.

Paper-based data was stored in a locked cupboard and will be shredded after a period of five years. The Dictaphone recordings were protected by a pin code and will be erased after five years. Only the researcher and the supervisor will have access to stored data.

3.8.2 Data analysis process.

The data was analysed using the four phases outlined by Leedy & Ormrod (2010). These are the *organisation, perusal, classification* and *synthesis* of data. After the transcription of data, the researcher fully immersed herself in the research data by reading it several times (Namey, Guest & Thairu, 2008). Thereafter, relevant data was extracted and divided into segments. The different segments were colour-coded and labelled. Similar segments were grouped together into categories which were then arranged according to superordinate and subordinate themes (Leedy & Ormrod, 2010). The data was analysed until saturation was reached. The final step involved interpretation of the data, where the meanings of the findings were discussed and displayed (Creswell, 2009). Contradictory information was also included. Educators' quotations were used to support the themes.

3.8.3 Data representation.

Tables and figures were used to represent the data. Direct quotes were inserted to validate the educators' experiences and support the themes (Miles & Huberman, 1994). The direct quotations were woven with the interpretations so that the two stories became one (Connelly & Clandinin, 1990). They were italicized to distinguish them from the interpretations. They were also preceded by the participant code.

3.9 The Pilot Study

A pilot study was conducted prior to the main study. A pilot study involves the data collection instrument being administered to a small group of participants who meet the participant selection criteria outlined for the study (Leedy & Omrod, 2010). One educator who met the criteria for inclusion and who taught in one of the South circuit wards of Ozwathini, Insuze and Ubhaqa was selected as a participant for the pilot study. The data collection process identified for the main study was used to gather data for the pilot study. The learner screening and observation of teaching and learning was followed by the individual interview.

3.9.1 Objectives and procedures of the pilot study.

The seven objectives and procedures of the pilot study have been tabulated below.

Table: 3.2

Objectives and Procedures of the Pilot Study

Objectives	Procedures
1. To practice administering the screening protocol.	The learner with the communication disorder was screened
2. To evaluate if data gathered during observation created context for the interviews	The field notes were reviewed
3. To practice interviewing skills; with special emphasis on the use of prompts and probes.	The participant was interviewed
4. To practice data analysis skills.	The data was analyzed according to the four steps outlined by Leedy and Ormrod (2010)
5. To evaluate the depth, scope and relevance of the data gathered in relation to the aims and objectives of the research.	The transcription and the analysis was reviewed
6. To standardize the duration of the interviews.	The duration of the interview was noted
7. To minimize bias.	Potential sources of bias were identified
8. To adjust the data collection process and instrument.	The participant provided oral feedback after the interview

3.9.2 The results of the pilot study.

The duration of the observation was reduced as it affected learner and educator contact time. The learners were distracted by the presence of the researcher in the classroom. The actual observation was brief and further probing of the learners' typical behavior in the classroom was conducted during the interview.

During the pilot study, the researcher offered the participants the opportunity to select the preferred language of communication. As the researcher communicated this information in English, the participants automatically responded in English. It was observed that the participants' responses were limited when they communicated in English.

During the feedback session, the participants confessed to communicating better in isiZulu. The researcher resolved to communicate in isiZulu from the first point of contact. Note taking during the interview broke the flow of the conversation. The participant also highlighted that this was distracting during the feedback interview. This resulted in the researcher taking the decision to employ a research assistant to take notes during the interview. The research assistant was an undergraduate speech-language therapy student. Introducing the research assistant to the data collection process improved the flow of the interview.

3.10 Data Quality Issues

Data quality is an important consideration for qualitative research. Maxwell and Satake (2006) describe six criteria for the evaluation of qualitative research. These criteria will be discussed in relation to the research.

3.10.1 Credibility.

Credibility refers to the extent to which the research findings represent the real life experiences of the participants (Maxwell & Satake, 2006; Weicke, 2007). The researcher is an isiZulu speaker and spoke in isiZulu during the interviews. The participants expressed themselves well and this resulted in a more accurate reflection of their experiences. The loss of data was minimized by employing a research assistance to take field notes. Field notes were taken to include a wider range of events that may have occurred during the data collection stage. This enhanced the quality of the data. Transcriptions were checked for errors. The pilot study created an opportunity to evaluate the effectiveness of the data collection instrument and method. The researcher also practiced gathering and analysing data.

3.10.2 Confirmability.

The researcher made use of multiple validity strategies during the research process. The strategies assisted the researcher to determine if the study was meaningful (Tracey, 2010). The researcher screened the learners to confirm the presence of a CD and then had an opportunity to observe the participants in the classroom setting before actually interviewing them. These practices (screening, observation and interviews) contributed to triangulation and served to enhance trustworthiness (Denscombe, 2007). The researcher used probes to gather richer data (Langdon & Cheng, 2002). Member checks were conducted at the end of the interview, whereby participants were allowed to alter, affirm or remove any statements they had made (Gibson & Brown, 2009). This provided participants with the opportunity to verify their own responses. The researcher transcribed the interviews with the support of the research assistant.

3.10.3 Meaning in context.

The researcher determined the extent to which the data revealed the participants' lived experiences and their understanding of life events. The researcher used five open-ended prompts to allow the participants to articulate freely without limitations. Participants therefore produced a thick description of the topic under study (Tracy, 2010). The main prompts had associated prompts that were used to deepen and increase the richness and of the responses. During the description of the results, the participants' voices were captured together with the researcher's voice. Both the researcher and the participants had an opportunity to tell their stories; the two stories merged to form a collaborative story (Connelly & Clandinin, 1990).

3.10.4 Recurrent patterning.

This referred to the documentation of repeated experiences, events or expressions in the participants' lives. One of the objectives of the pilot study was to determine if the data collection process and instrument yielded relevant data that covered the depth and scope of the topic under study. Recurring ideas from the data were organised into themes which were later used as headings in the results section of the dissertation. The researcher re-read the data and looked for data that supported the themes that helped outline the analysis (Namey et al., 2008). The researcher discussed the themes in the write-up of the study. Data that did not support the themes was also included (Miles & Huberman, 1994).

3.10.5 Saturation.

This phenomenon occurs when a researcher becomes intimately involved with the topic under study and uses "thick" description to extract as much meaning as possible from the

data. The researcher included detailed descriptions of the participants and the research site to provide background to the rich data. The researcher engaged with the participants in isiZulu which was their first language. This provide a favourable environment for collecting rich information. The interviews resulted in an enriching experience for the researcher. The researcher was able to enter the participants' world and to gain new insight. The interviews provided useful information and gave insight into the participants' beliefs, feelings and personal views regarding the topic under study.

3.10.6 Transferability.

This refers to the extent to which the findings of the study could be transferred to similar situations.

This research study consisted of a limited number of participants and therefore the findings of the study should be viewed with caution and not be generalised to a wider population. This study provides some insight into the experiences of mainstream educators educating learners with CD within the iLembe District. It creates awareness of some of the educators' experiences within a rural context. These finding give rich, contextual information but they should be generalized with caution due to the small sample size.

3.10.7 Minimizing bias.

Malterud (2001) describes reflexivity as an attitude of attending systematically to the context of knowledge construction, especially the effect of the researcher, during each step of the research process. Malterud (2001) explains that the researchers' preconceptions need to be stated as they influence how the researcher approaches the study and the decisions which will be taken. "A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the

findings considered most appropriate, and the framing and communication of conclusions" (Malterud, 2001, p. 483). The researcher should account for how preconceptions, beliefs, values, assumptions and position may have influenced the research process (Gibson & Brown, 2009). Regular reflection during the research process helped to minimize personal bias. The researcher acknowledges however that her own preconceptions and previous personal and professional perceptions could have influenced the research process. The researcher worked as a speech-language therapist in a hospital in the iLembe District for a period of seven years.

3.11 Ethical Considerations

Ethics can be defined as morals and principles which need to be followed to ensure that the study is done in a manner which is responsible and will not harm the participants (Fisher & Anushko, 2008). Research ethics refers to the responsibility of researchers to be honest and respectful to all individuals who may be affected by their research actions or their reports (Gravetter & Forzano, 2012). The following ethical issues were taken into consideration:

3.11.1 Protection from harm.

The researcher completed an online ethics course to gain knowledge of ethical practices (Refer to Appendix 1a/b). The research proposal was submitted to the Humanities and Social Sciences Research Ethics Committee (University of KwaZulu-Natal) for ethical clearance (Reference Number: HSS/1030/014M) (Refer to Appendix 2a/b). Informed consent was obtained from the KwaZulu-Natal Department of Education (Refer to Appendix 3a/b), iLembe South circuit ward managers (Refer to Appendix 4) and principals of selected schools in the iLembe South circuit (Appendix 5). Learners, who were identified as having a CD, and who were not receiving intervention, were referred to the nearest speech-language therapist.

Participants were reassured that they are not being evaluated during the observation of teaching and learning. The interviews were conducted during breaks or after school to protect learner contact time. The researcher interviewed the participants in the language that they felt most comfortable speaking. The choice of words was considered during the development of the interview schedule. There were no financial implications for the participants or the learners. All participants and learners were treated with respect, fairness and honesty.

3.11.2 Informed consent.

Once gatekeeper consent had been granted, an information letter was forwarded to the educators (Refer to Appendix 6) and parents (Refer to Appendix 7a/b). This letter served to orientate educators and parents to the nature of the study. A request was made to parents to grant consent for their children to be screened and observed. These letters were also available in isiZulu. Another literate learner who was familiar to the family delivered and read the letter to the family if the parent was illiterate. The educators, parents and learners were given accurate information regarding the purpose of the research. The researcher tried to ensure that the educators, parents and learners were able to make an informed decision. The educators, parents and learners were informed that their participation was voluntary and that they could withdraw at any time without any consequences. Permission was obtained to record the interviews with an audio recorder.

3.11.3 Right to privacy.

Anonymity was ensured by not disclosing the names or other information that might have revealed the identity of governmental departments, schools, participants and learners. The research assistant gave a verbal agreement not to disclose any information discussed in the interviews and to maintain confidentiality with all participants. The researcher assigned codes

to the educators during the writing of the research report. The raw data is kept in an access-controlled cupboard. The electronic data was safe-guided with a password. The data will be stored for a period of five years and will then be deleted and hard copies will be shredded.

3.11.4 Honesty with professional colleagues.

The results of the research were reported honestly and completely. This means that the results were not misrepresented or written in a way to mislead others. Conflicting results were not discarded. The results of the research will be made available to the participants upon request.

3.12 The Research Procedure

3.12.1 Obtaining gatekeeper consent.

The research proposal was submitted to the Humanities and Social Sciences Research Ethics Committee (University of KwaZulu-Natal) for ethical clearance (Reference Number: HSS/1030/014M). Ethical clearance was sought and obtained from the KZN Department of Education (Reference Number: 2/4/8/531). Permission was obtained from the iLembe District Education Office (Refer to Appendix 4). The researcher hand delivered information letters to the principals of schools in the wards Ozwathini, Insuze and Ubhaqa. The letters served the purpose of informing them of the study and requesting permission to access the educators, learners and parents of the learners in their schools (Refer to Appendix 5).

3.12.2 Recruiting participants.

The principals were asked to identify educators who taught learners with CDs. The educators were then screened to determine if they met the criteria for inclusion. Informed

consent was then obtained from the educators who met the selection criteria (Refer to Appendix 6).

3.12.3 The pilot and main studies.

The pilot study was conducted. Adjustments were made to the main study based on information gathered during the pilot study. The main study data collection commenced. The recordings were transcribed and participants validated a copy of the transcription. The transcriptions were analysed and the data was categorized according to themes.

The research report was compiled based on the results and relevant literature. The relevant stakeholders and the participants will be offered a copy of the research report upon completion.

3.13 Conclusion

The purpose of this chapter was to describe the methods that were used to answer the research question: What are mainstream educators' experiences of educating learners with a CD in rural KwaZulu-Natal? The aims, objectives and the research design was identified. A detailed description of the participants and the research site was provided. The data collection method and instrument was justified and ethical and data quality issued were addressed. Chapter four describes and interprets the results.

Chapter 4: Results and Discussion

4.1 Introduction

This study aimed to explore the experiences of mainstream educators of learners with CDs in rural KZN. The literature review revealed the following two main themes: negative educator experiences and transformational experiences as presented in Chapter 2. Five prompts were formulated based on these two themes and the research objectives (Refer to Appendix 8a). These prompts served to gain access to the educators' experiences. A third theme, *positive educator experiences*, was identified following the analysis of the data. The results will be presented according to the two objectives. Positive and negative educator experiences will be discussed under objective one. These experiences occurred at the level of the classroom, institution (mainstream school) and the district. Transformational experiences will be discussed under objective two. Thus, three superordinate and nine subordinate themes emerged after the analysis of the data. Table 4.1 illustrates the nine subordinate themes in relation to the two objectives

Table: 4.1

The Nine Subordinate Themes in Relation to the Two Objectives

Objective One: Positive Experiences
1.   Individualizing educational practices to meet learner needs
2.   Access to support teams
3.   Collaboration with private and public health professionals
Objective One: Negative Experiences
4. High Learner to Educator Ratio
5. Gap between educators training and learner needs
6. Inconsistency between promotion and learner abilities
7. Nonexistent/Dysfunctional support teams
8. Poor collaboration amongst professionals
Objective Two: Transformational Experiences
9. Shifting from traditional to inclusive practices

4.2 Objective One: To explore classroom, institution (mainstream school) and district-based experiences.

   4.2.1 Positive experiences.

   4.2.1.1 Individualizing educational practices to meet learner needs.

Most of the educators adapted teaching and learning to meet the needs of diverse learners. This adaptation involved using creative methods that often required the educator to spend more time with the learners. *P2: "I sing, dramatize, I use story telling. I give myself time with the learner."* Educators also reported modifying time frames to suit the learners' pace of learning. *P8: "She likes participating in class and needs extra time when we write assessments and during oral assessments."* Some educators assisted learners during recess after the learner had eaten. Some educators reported the selection of alternate response formats during the education and assessment of learners with CD. *P1: "He struggles to explain things orally, he only prefers multiple choice."* *P11 "Sometimes he says the wrong thing but if you tell him to write; he writes the correct answer on the board."*

Other examples of adapted teaching and learning included dividing the learners into groups according to their abilities. Learners who were able to grasp concepts easily were separated from learners who required extra time and additional support. *P5 "I divide them into groups. Group One are those that work well…Group Two are those that need support that need you to be close to them."* Some educators reported using online resources to adapt the curriculum and assessments. *P4: "I use the internet a lot to search for stuff. I also use materials I get from the speech therapist assisting my own child."* The participants reported including the learner with a CD in the classroom. This was achieved by using innovative means to assess or educate learners with barriers. This resulted in a positive experience.

Existing evidence suggests that educators do use innovative methods to educate learners with barriers to learning. Weber (2013) reports using autism specific tools for learners with ASD. Moodley (2009) identifies preferential seating and correct positioning of the learner with ADHD. The success of inclusive education requires educators to unlearn previous discriminatory beliefs and embrace new ways of thinking about and practicing education (D' amant, 2012). The educator needs to be flexible and have a genuine belief in her pupil's ability to succeed (Moodley, 2009). This finding is therefore consistent with the literature.

Educators who are individualizing educational practices are implementing inclusive policies as outlined in the South African Education White Paper 6 (DoE, 2001). White Paper 6 advocates an approach that is different to traditional approaches. This policy mandates that learners with mild to moderate disabilities should be educated within mainstream settings. Such learners need to be identified early and supported by individualizing curricula and assessments. Institutional and district-based support teams, special schools and specialized settings also provide additional support for such learners. The support system should address barriers that occur due to language, teaching style and pace, time periods for the completion of tasks, learning support materials/equipment and assessment methods/techniques (DoE, 2001). Consequently, most educators in the sample individualized educational practices and this is consistent with the South African White Paper on Inclusive Education.

These findings have research and practical implications for the educator and the learner. The topic of individualizing educational practices requires additional research. There is a need to explore the level of support that mainstream educators receive to individualize practices. Do in-service training programmes build educator capacity to modify curricula and assessments? There is also a need to identify the skill set of those learners who have received

modified curricula upon exit of the education system. Do these learners possess the skills that facilitate integration into society? There needs to be a system that recognizes and rewards educators who are individualizing educational practices. There is also a need to share positive educator practices within and across institutions to build educator self-efficacy. This information-sharing platform could be paper-based or electronic.

Most of the educators individualized educational practices for learners with CDs. This increased educator self-efficacy and contributed to a positive experience of inclusive education. This finding is consistent with the literature. Educators who are individualizing teaching and learning are implementing inclusive policies as outlined in the South African Education White Paper 6 (DoE, 2001). These findings have potential for additional research and practice. One of the limitations of this study is that is it relied on self-reported data. The observations were brief and were unable to confirm if the reported data was accurate.

4.2.1.2 Access to support teams

Some educators identified different models of institutional-based support teams. Some participants indicated that the principal was the only person in the team. *P1: "The last time I checked, the principal was still trying to find the special school." P2: "What happened with that one was I would fill in forms about his performance and take them to the principal."* Other participants made reference to a support team which constituted the principal, head of department and the parents. *P7: "The principal calls me and I fetch my supervisor the HOD and we sit for a meeting with the parents in the principal's office." P7 "I reported the learner to the HOD and they notified the principal. Protocol is that the parents go to the principal's office."* One participant made no reference to the institutional support team.

This participant accessed the district support team directly. *P5: "When I saw his barriers, I phoned District specialists. They saw him and said his case is quite severe."*

There appears to be minimal previous evidence for functional support teams. Laalje (2015) makes reference to functional institutional and district-based support teams for the assessment and possible placement of learners in special schools. The literature makes more reference to dysfunctional support teams. Yeni (2012) concludes that the school management team has a limited and distorted understanding of inclusive education policies in a rural district in the province of KZN. A second study reveals that educators have inappropriate and inadequate support at the level of the district. This is due to understaffing (Ntombela, 2006). The current finding is therefore inconsistent with the trend in the literature.

According to the South African White Paper 6, all mainstream educators should have access to functional institutional and district support teams (DoE, 2001). The primary functions of these teams are to coordinate learner and educator support services. The team should consist of members of the School Management Team, the teacher of the learner with barriers, the teacher with specialized skills and the parents (DoE, 2001). There needs to be regular team meetings to evaluate all cases. The recommended process of support commences in the classroom. When the educator's plan fails, the educator refers the learner to the SBST. The school-based support team formulates a learner action plan. If this plan fails, the learner is referred to the DBST for intervention (DoE, 2001). Access to functional support teams contribute to positive educator experiences of inclusion.

These results have implications for educational practice and research. The school management team needs to formalize the composition and the operation of the institutional support team. The resourcing of district-based support teams is a critical need. There needs to be a system that recognizes and rewards functional institutional and district support teams. This will help to develop self-efficacy at the level of the institution and the district. Research needs to focus on the dissemination of information to rural mainstream schools as previous research focused on schools in urban areas.

Some of the educators had access to support teams which contributed to positive educator experiences. This is not consistent with the trend in the literature which is weighted in relation to dysfunctional or absent support teams. The composition, purpose and process of educator support is clearly outlined in the South African Educational White Paper 6 and the SAIS document (DoE, 2001, 2014). The significance of these results for educational practice and research are highlighted.

4.2.1.3 Collaboration with Private and Public Health Professionals

Some educators reported collaborating with private and public health professionals when DBSTs where dysfunctional. The private professionals included psychologists, physiotherapists, speech-language therapists, occupational therapists and audiologists. *P1: "I have filled in forms about the learner's performance. He was evaluated by a psychologist." P9: "Her mom used to take her to the physiotherapist." P10: "He is also attending speech therapy and occupational therapy. He has also been assessed by an audiologist.* Parents who could not afford private therapy accessed such services from public hospitals. *P1: "I have referred him to other specialists. He was first seen at --- Hospital and was referred to --- Hospital." P2: "The parents go to DOH and bring us forms."* Thus, parents and educators

had access to private and public health professionals. These findings are consistent with a study conducted by Laalje (2015).

Service delivery models for learners with CDs require collaborative teamwork. The team may include parents, audiologists, psychologists, social workers, educators, special educators, guidance counsellors, physicians, dentists, nurses, occupational therapists, physiotherapists and speech-language therapists. Intervention can help learners to become effective communicators, problem-solvers and decision-makers. The services may be delivered during individual/small group sessions and lessons in the classroom. The therapist may adopt a consultative model with educators and parents or participate in team teaching with the educator. In this way, intervention goals are integrated with academic and social goals.

These results may have practical and research implications for institutional support teams, professionals and parents. Could institutional support teams serve the function of formalizing collaborative processes between educators and private and public health professionals? What are the models of team functioning and the team processes? How is communication amongst professionals serving the same learner facilitated? Parents who take the initiative to access alternate services need to be commended. There is also a need to conduct research on the implementation of the SIAS policy. One of the limitations of the current study was that data was gathered from a single source. The observations were brief and served more as a point of reference for the interviews. It was therefore difficult to confirm the truth of some of the data. This is an important consideration in qualitative research.

Some of the educators in the current study collaborated with private and public health professionals in the absence of functional DBSTs. Access to such professionals facilitated a positive experience of inclusion. This finding is discussed in relation to the importance of collaborative teamwork for the learner with a CD. Some practical and research implications are highlighted and one limitation is raised.

4.3.1 Negative experiences.

4.3.2.1 High learner to educator ratio.

Few of the participants reported that the high number of learners in the class reduced the time that was available to provide personal attention to learners with barriers and to individualize the curriculum. *P1: "I currently have 40 learners in my class. I have 12 learners who have some difficulties. It could be better if there were only 20 learners in the class. Then we will be able to support other learners." P3: "I have 39 learners in my class and it is hard to give special attention to a learner who is this severe." P10: "I don't have enough time to give individual attention with a class of 45."* Thus, mainstream educators may be unable to meet the needs of learners with CDs in classes with high learner numbers. This may translate into a negative educational experience for the learner with a CD.

A review of the literature revealed that large classes did affect the quality of teaching and learning. Large numbers of learners overwhelm educators (Marais, 2016; Muthusamy, 2015). Shortages in classrooms result in overcrowding which negatively affects the quality of teaching and learning (Marais, 2016; Muthusamy, 2015). A study revealed that there was a need to adjust the teacher/pupil ratio in mainstream schools so that educators had more time to meet the needs of learners with ADHD (Lawrence 2012).

A large class number was cited as an inhibiting factor in a study conducted by Florian (2014). This research finding is therefore consistent with the trend in the literature.

High learner numbers are a reality in the former Bantu schools. The rural communities remain the most affected. South Africa has a rich history marked by discrimination and marginalization of certain groups of people during the Apartheid Era. One of the many consequences of apartheid was a severe under-funding of social and economic services in the former Bantustans and 'independent' states (D'Amant, 2012; Gardiner, 2008). The education system was divided in terms of race. White people who lived in urban areas were favoured over Black African people who lived in rural areas (Gardiner, 2008). Rural schools therefore suffered serious neglect. Poor infrastructure and overcrowding is still a characteristic of rural schools (D'Amant, 2012; Gardiner, 2008). The overcrowded classrooms contribute to a high learner to teacher ratio and negative educator experiences.

This finding has significant practical and research implications. There is a need to improve the infrastructure in rural communities. This will result in an increase in the number of schools and classrooms. There is also a need to create additional teaching posts through school governing bodies. The use of teacher assistants as mainstream support staff needs to be explored. Finally, the use of parents as an additional resource needs to be considered. The researcher expected more educators in the sample to express this concern based on the observations prior to the interviews. There could be many reasons as to why fewer educators raised this as a concern. One of the reasons could be related to the fact that educators produced responses that were socially appropriate.

The high number of learners in the class served as a barrier to the design and implementation of individualized curricula for learners with CDs. This finding is consistent with the trend in the literature and is discussed in relation to the historical imbalance in educational service provision in South Africa. The practical and research significance of this finding is highlighted.

4.3.2.2 Gap between educators' training and learner needs.

A few participants reported that their training was inadequate to meet the needs of learners with barriers to learning. *P1: "I recommend training for staff to help them learn the skills to adapt to learners that are slow."* One participant shared feelings of being overwhelmed and helpless on a daily basis, as she did not know how to cope. *P3: "We have never been trained. For someone trained, learner C's condition is not as severe and stressful. P3: "Every day I think Eish I have learner C in my class. What am I going to do?"* Educators indicated that such learners needed to be taught by teachers who were trained in remedial education. *P3: "I would prefer they have their own place where they will learn. Even if it is the same school but a separate classroom with a person who has been trained to deal with such learners."* Thus, educators identified a gap between their training and educating learners with CDs.

A review of the literature revealed that educators do feel unprepared to meet the needs of diverse learners. Educators feel they lack the skills and knowledge to educate learners with special needs (Forlin et. al, 2008; Goodman & Burton, 2010; Laalje, 2015; Lawrence, 2012). Members of the school management teams agreed that educators needed training on inclusive practices (Yeni, 2012). Ntombela (2006) states that educators have had very limited experience of information, training and/or support in preparation for the development of an

inclusive system of education. Pre-service training is essential for preparing educators to meet learner needs (Fidelia, 2013). Teacher training needs to be reviewed so that teachers are able to adapt learning programs, teaching techniques and materials to suit the needs of learners with barriers (DoE, 2001; McConkey & Bradley, 2010). The current findings are therefore consistent with previous research.

There have been many obstacles to the widespread dissemination of inclusive policies and practices in South Africa. Training in inclusive policies usually focuses on senior management and relies on them to disseminate the information to educators. This is referred to as the Cascade model of training which results in educators receiving distorted information. The absence of functional support teams within the school and the district results in educators receiving insufficient training on inclusive education. This was a reality in the current study, as only one educator had received one session of in-service training on inclusive practices. The training has also been criticized for being too theoretical and not practical (Ostendorf, 2012). The quality of in-service training therefore hinders the inclusion of learners with CDs in mainstream settings. The practical and research implications are apparent.

The gap between educators' training and learner needs contributed to negative educator experiences. This finding is consistent with previous research and is discussed in relation to the challenges of disseminating inclusive policies and practices in South Africa. The need to evaluate the relevance of pre-service and in-service training programmes is highlighted.

4.3.2.3 Inconsistency between promotion and learner abilities.

Most educators expressed frustration and dissatisfaction with the National Education Policy on Promotion (DoE, 2013). *P1: "According to education policies, we are not allowed to keep the learner in the same phase for over four years. I was embarrassed to send him to the next grade." P3: "The main problem we experience is with the government policies like the age cohort, you are forced to say the learner has passed regardless."* This policy allows a learner to progress to the next grade irrespective of the learner's abilities. *P3: "Learners are being pushed from grade to grade and can't write in High School." P6: "Since he repeated Grade 1, he cannot repeat Grade 2 and Grade 3. I have to send him to the next grade regardless of performance. P8: "Unfortunately these learners progress in spite of poor performance."* The implementation of the National Education Policy on Promotion therefore increases educator frustration and dissatisfaction.

The National Education Policy on Promotion stipulates that learners who meet the minimum requirement should be promoted to the next grade or phase. Support programmes should be implemented for learners who do not meet the minimum requirements (DoE, 2011). The support programmes should enable the learner to be promoted to the next grade or phase. The Institutional and DBST should assist the educator to develop effective programmes for learners who do not meet the minimum requirements. The policy also stipulates that a learner can progress to the next grade or phase to prevent a learner being retained in a phase for more than four years (DoE, 2011). The term 'progression' is therefore used for learners who do not meet the requirements. Again, the Institutional and DBSTs should facilitate the learner's access to higher levels of support in full service or special schools.

The manner in which the National Education Policy on Promotion is being implemented has resulted in negative experiences for educators in rural mainstream schools. Educators perceived this policy to mean 'pushing learners from grade to grade' despite poor performance. Although the policy has merits, there is insufficient infrastructure to support its implementation. This results in learners with CDs exiting the basic education system without functional literacy and numeracy skills.

4.3.2.4 Non-existent/dysfunctional support teams.

A few participants reported non-existent institutional support teams. *P3: "His Grade 1 educator reported this case but we don't have a way forward in this school for such learners." P6: "No, I have never had any support for this learner."* Other participants reported dysfunctional institutional support teams, whereby the principal was solely responsible for the support and placement of learners with special needs. *P1: "The last time I checked the principal was still trying to find a special school." P2: "What happened with that one was I would fill in forms about his performance and take them to the principal."* One participant received district-based support. *P5: "When I saw his barriers I phoned District specialists. They saw him and said his case is quite severe."* Other participants did not. *P3: "He has never been assessed though he can't write or do anything." P3: "From my side though I don't have much knowledge, he needs an assessment by a psychologist." P6: "He has never been assessed. Maybe, if he was identified early and referred he would not be as severe."*

The literature reveals that mainstream educators received minimal support at the institutional and district levels. Laalje, (2015) suggests that dysfunctional support teams hinder the placement of learners in special schools.

Yeni (2012) further states that school management teams understand inclusive policies but experience difficulty with the implementation thereof. This study recommended that school management teams coordinate formal case discussions for learners with barriers to learning. Ntombela (2006) confirms that school management teams lack confidence to provide support to educators. Furthermore, understaffing results in the provision of inappropriate and inadequate support services at the level of the district (Ntombela, 2006). The findings of the current study are therefore consistent with the trends in the literature.

The successful implementation of inclusive policies is dependent upon functional SBSTs and DBSTs. The purpose of such teams is to coordinate learner and educator support services (DoE, 2001). The Institutional-Based Support Team consists of the principal, senior management members, educators with learners with barriers, and educators with specialized skills (DoE, 2014). This team identifies and addresses learner, educator and institutional needs. The team should meet for regular case discussions. District-Based Support Teams strengthen SBSTs in the areas of curriculum and assessment (DoE, 2001, 2014). There are bound to be negative educator experiences in the absence of such teams. This translates into a poorer quality of education for the learner with a CD.

This finding has key practical and research implications. The composition, role and processes of the SBST needs to be regulated in all schools. There is also a need to invest in the filling of health professional posts (therapist and psychologist) at the district level. This will prevent parents from accessing public health facilities. The public health service is responsible for meeting the health and rehabilitation needs of children who are younger than six years of age. Children older than six years of age place stress on a system that is already over-burdened by staff shortages and other resource constraints.

If the Department of Education chain of support is strengthened, there is likely to be a ripple effect from the district to the institution, the educator and ultimately the learner. This will improve the quality of education for the learner with a CD.

Most of the mainstream educators in the sample received minimal support from SBSTs and DBSTs. This contributed to negative educator experiences and reflected the trend in the literature on educational support teams. It is argued that the successful implementation of inclusive policies is dependent upon functional support teams. Concern is raised that learners with barriers to learning experience a poorer quality of education in the absence of functional support teams. Key practical and research implications are highlighted.

4.3.2.5 Poor collaboration amongst professionals.

Some of the educators experienced poor collaboration with therapists employed in public hospitals. *P8: "There is no communication between us and the hospital. I just fill in forms that parents bring to the school for me to fill in. After that I don't hear anything from the hospital."* Educators reported an absence of information sharing and the identification of shared goals. This makes intervention less functional and does not meet the learners' needs. *P5: "There is no communication between myself and the therapists. So I don't know what they are doing with the learner." P8: "There is one learner who attends the hospital who draws zigzags. I am not sure what he is attending but he goes to the hospital."* One participant provided a classic example of the consequence of poor collaboration between educators and therapists. *P1: "The letter they brought from the hospital said we must find a special school. I thought they were going to find the special school."*

A review of the literature revealed that this is a common trend. There is generally low levels of collaboration amongst educators and other professionals (D'amant 2012; Forlin, et al., 2008; Goodman & Burton 2010; Nkambule et al. 2011). The current findings are therefore consistent with research trends. Time constraints were cited as the primary reason. Collaboration with other professionals is the responsibility of both the educator and the therapist. Communication amongst professionals should yield shared goals and intervention plans (ASHA, 2013). This finding is a concern, as optimal service delivery model for the learner with a CD requires collaborative teamwork (ASHA, 2013).

Poor collaboration amongst professionals contributed to negative educator experiences. This finding is consistent with the trend in the literature. Reduced collaboration affects the quality of education and intervention. Simple systems of communication can be developed to improve the level of collaboration. Collaboration can also be encouraged by standardizing the team composition for managing learners with particular conditions and standardizing referral practices. These efforts are a shared responsibility of all the members who constitute the team. Proper implementation of the SIAS policy can also strengthen collaboration and the sharing of goals and intervention plans.

4.4 Objective Two: To explore transformation in the educators' experiences.

4.4.1 Transformational experiences

4.4.1.1 Shifting from traditional to inclusive practices.

A few educators shared how they had to shift in their thinking and embrace the learner with barriers in their classroom. They were open to exploring new ways of teaching that was appropriate for the learner. *P2: "I discovered through him that you must teach as if you are playing."* The participants, who had transformational experiences, attributed the change to

embracing inclusive practices and problem solving to address learner barriers. *P5: "It is about finding what works for him and trying out many things."* They shared success stories of techniques that were learned through close interaction with the learner until they found creative ways to engage and provide them with stimulation at their level. *P5: "It is problematic though, having a child with special needs myself made me to be able to understand him and be patient with him. I look for other strategies I can use."*

Transformational experiences are those that change from negative to positive, in the context of increased support (D'amant, 2009). They are shaped when educators unlearn previous discriminatory beliefs and embrace new ways of thinking about and practicing education (D' amant, 2012; Du Toit & Forlin, 2009). Educators have not experienced a paradigm shift, if they still rely on the old deficit, medical model of educating learners with barriers (Mayaba 2008; Mweli, 2009). Some educators are still not prepared for this shift (Mayaba, 2008; Mweli, 2009). The transition process is difficult for individuals especially when there are many challenges within the system. People tend to resist change (Yeni, 2012). The current finding replicate existing research results.

A few of the educators experienced a shift in their thinking and embraced inclusive practices. This finding is consistent with the existing literature. It is argued that paradigm shifts are facilitated in the context of increased support and hindered when the system is flawed by many challenges. There is therefore a need to improve the level of support to facilitate the shift to inclusive practices.

Chapter 5

5.1 Conclusion

This study aimed to explore mainstream educators' experiences of educating learners with communication disorders in rural KwaZulu-Natal. An exploration of mainstream educator's experiences provided insight into the status of service delivery for learners with CDs in rural mainstream schools. Eleven Black African female educators were interviewed individually using a semi-structured interview schedule. A thematic analysis yielded three superordinate and nine subordinate themes. Positive educator experiences were related to individualizing educational practices, accessing support teams and collaborating with private and public health professionals. These results pertain to objective one of the study and are generally consistent with the trends in the literature. The importance of implementing the South African Educational White Paper 6 and the Policy on Screening, Identification, Assessment and Support (SIAS) is highlighted, as well as collaborative teamwork for the learner with a CD.

Negative educator experiences were related to large classes, gaps between educator training and learner needs, the implementation of the National Education Policy on Promotion, non-existent and dysfunctional support teams and poor collaboration amongst professionals. These results also pertain to objective one of the study and are consistent with the trends in the literature. The implications of the historical imbalances in educational service provision in South Africa are highlighted. The challenges of disseminating inclusive policies and practices is discussed and the implementation of the National Education Policy on Promotion is explained. Finally, it is argued that the shift to inclusive education is facilitated in the context of increased support and hindered when the system is flawed by

many challenges. The results have significant practical and research implications. They have

also been interpreted in relation to the methodological limitations of the study. The figure

below illustrates the core findings of the current study.
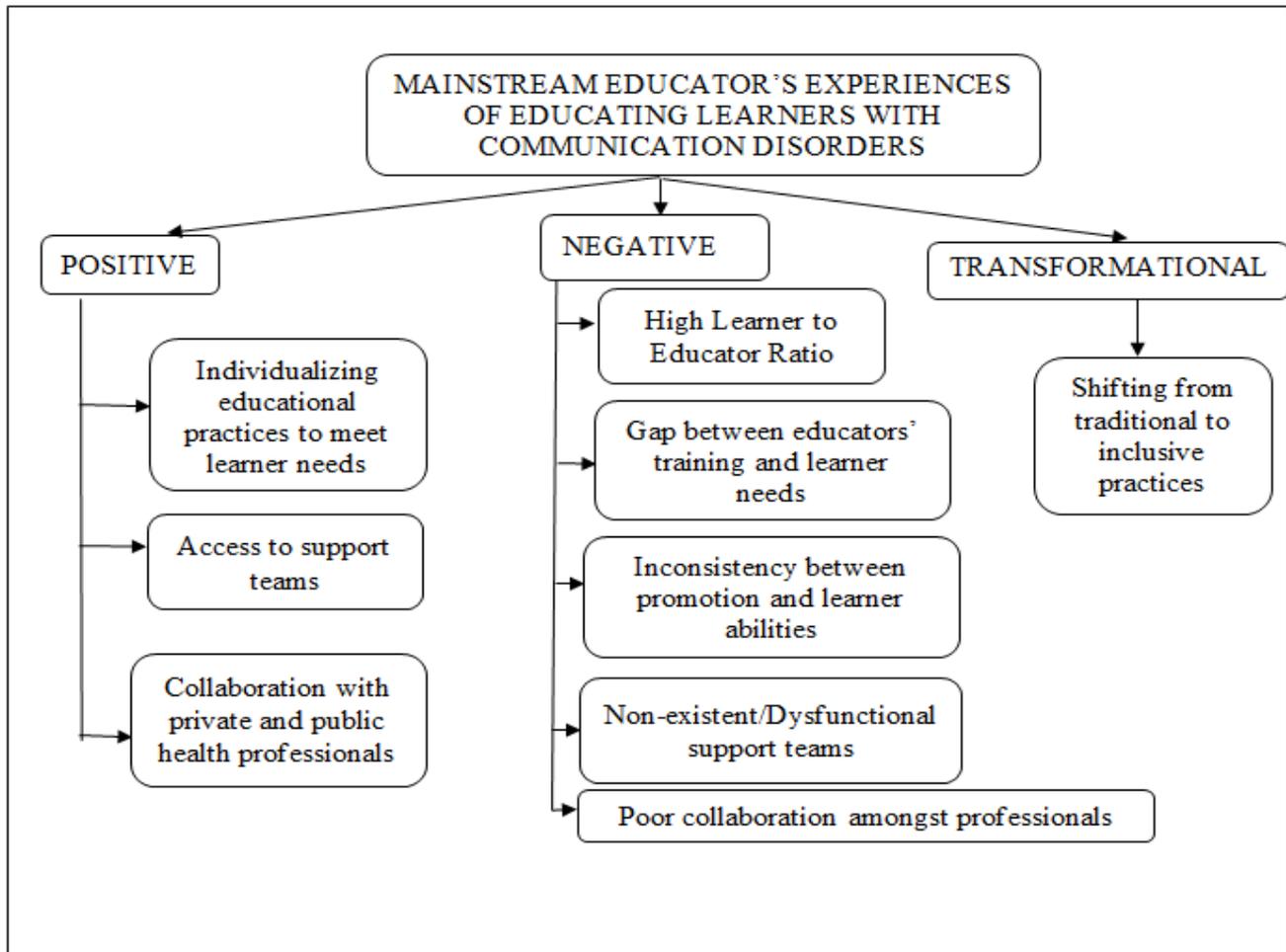
Figure 5.1 *The core findings of the study.*

Mainstream educators of learners with CDs therefore have diverse and transformational experiences of inclusive education. The many negative experiences however appear to dominate and override the few positive experiences. This may translate into a negative educational experience for the learner with a CD in the selected schools of the iLembe South Circuit District of KZN. Mainstream learners with CD's should have access to quality education. Quality education is a basic human right as affirmed by international declarations and the South African Constitution.

5.2 Research and Practical Implications

5.2.1 Implications for the educator and learner.

1. Explore the level of support that mainstream educators need to individualize educational practices.

2. Determine the relationship between in-service training received and educator knowledge and skills to modify curricula.

3. Identify the skill set of learners who have received modified curricula upon exit of the educational system.

4. Conduct research on the implementation of the SIAS policy.

5. Explore the effectiveness of the Cascade model for educator in-service training

6. Explore the educators' interpretation of the National Education Policy on Promotion.

7. Develop a system of recognition/reward for educators who individualize educational practices.

8. Share positive educator practices across and within institutions.

9. Explore the use of teaching assistants as mainstream support staff.

10. Explore the use of parents as additional resources.

11. Review pre-service and in-service training programmes in relation to inclusive education.

12. Design in-service training programmes that are more practical and less theoretical.

13. Improve implementation of the SIAS policy.

5.2.2 Implications for School-Based Support Teams.

1. Formalize the composition and the operation of the SBST within the school. This includes the coordination of formal case discussions for learners with barriers to learning.

2. Regulate the composition, role and processes of the SBST across schools

3. Develop a system of recognition/reward for functional SBST's.

4. Formalize the collaborative processes between educators and private/public health professionals.

5.2.3 Implications for District-Based Support Teams.

1. Formalize the composition and operation of DBSTs.

2. Improve the resourcing of DBSTs.

3. Develop a system of reward/recognition for functional DBSTs.

5.2.4 Other implications.

1. Improve collaboration amongst professionals by exploring team models, processes and systems of communication.

2. Commend parents, who take the initiative to access alternate services, when DBSTs are absent or non-functional.

3. Improve the level of support to facilitate paradigm shifts from traditional to inclusive practices.

5.2.5 Implications specific to the rural context.

1. Improve the dissemination of information to rural mainstream schools. This includes the

    formulation of SBSTs and the development of learner specific interventions.

2. Improve the infrastructure in rural communities.

3. Create additional teaching posts through school governing bodies.

5.3 Limitations of the Study

5.3.1 Limitations relevant to the research design.

The current study adopted a qualitative, phenomenological approach to research, using

semi-structured, individual interviews. Adding a quantitative component, such as a

descriptive survey could have enhanced the quality of the data. However, it should be noted

that data was gathered until saturation.

5.3.2 Limitations relevant to the participant recruitment strategy.

The principal of the school identified educators who taught learners with CDs. This

strategy could have introduced bias, whereby the principal could have identified educators

with a particular attitude towards inclusion, in order to create a favourable impression of the

school management and the institution.

5.3.3 Limitations relevant to the data collection method.

Individual interviews were used to collect the data. This implies that the research findings

were dependent on self-reported data. There is no guarantee that the reports were a reflection

of the actual experiences. Participants could have sought the researcher's approval and

produced socially appropriate responses. The participants' perception of the researcher's

purpose could have also influenced their responses. Some participants thought the researcher

was an official from the DoE and another participant thought the researcher was going to facilitate the educator's access to finances for education. It is not possible for a researcher to remain completely objective and unbiased. The researcher could have communicated her preconceived ideas unintentionally through spoken words, tone of voice, posture and/or other body language. This could have influenced the participants' responses. The observations were too brief in order to generate an accurate reflection of educator-learner interaction. The presence of the researcher in the classroom could have yielded different results and not may not be an accurate reflection of the usual daily interaction.

The depth and accuracy of the data could have been affected by the lack of probing at particular points during the interview. This was revealed during the analysis of the data. Two examples are highlighted. Observations in the classroom revealed that high learner-to-educator ratios affected all educators. However, only a few participants mentioned this as a challenge during data collection. This could have been probed further. The educators also mentioned that they felt a trained teacher would have managed the learners better. This implied that they were not trained. This was not explicit though. Again, the researcher could have probed further. Hence, the data creates the impression that these challenges are less significant than they actually are. This reduces the credibility of the data.

The researcher did not use the observations as a data collection method. The observations could have provided more objective data of the contextual barriers that were experienced by the educators. The researcher also did not negotiate a written contract with the research assistant and only relied on the verbal agreement. This is a limitation as it could have compromise confidentiality and anonymity of research participants and institutions. Focusing

the discussion on specific learners who had been screened could have hindered the educators ability to contribute fully to the topic under discussion.

5.3.4 Limitations relevant to the data collection instrument.

There was an imbalance in the quality and quantity of data gathered for objective one as compared to objective two. This could reflect a flaw in the data collection instrument which failed to provide participants with the appropriate support to access their experiences which were relevant to objective two.

5.3.5. Limitations relevant to the data analysis process.

The researcher developed preconceived ideas of inclusive education after working in this community. These preconceptions together with other beliefs and values could have influenced what the researcher considered relevant versus irrelevant data during analysis.

Reference

The American Speech-Language-Hearing Association (1993). Definitions of communication disorders and variations. Retrieved from http://www.asha.org/policy/

American Speech-Language-Hearing Association (2013). *Helping children with communication disorders in the schools*. Retrieved from http://www.readingrockets.org/article/5128/

Bett, H. K. (2016). The cascade model of teachers' continuing professional development in Kenya: A time for change? *Cogent Education, 3*(1), 1139439. doi:10.1080/2331186X.2016.1139439

Beyene, G. & Tizazu, Y. (2011). Attitudes of teachers towards inclusive education in Ethopia. *Ethopian Journal of Education and Sciences*.

Brink, H., van der Walt, C., & van Rensburg, G. (2012). Fundamentals of Research Methodology for Healthcare Professionals (3rd ed.). South Africa: Juta & Company Ltd.

Broeder, P., Extra, G., & Maartens,J. (2004). *Multilingualism in South Africa with a focus on KwaZulu-Natal and metropolitan Durban*. Retrieved from http://scnc.ukzn.ac.za/doc/Lang/BroederP_Multilingualism_in_SA_KwaZulu_Natal_Durban_OccPap7.pdf.

Connelly, F., & Clandinin, D. (1990). Stories of experience and narrative inquiry. *Educational Researcher, 19*(5), 2-14.

Chetty, K.M. (2013). *A case study of teachers' understanding of providing educational support through collaboration in the context of inclusive education in one district in KwaZulu-Natal*. (Doctor of Education thesis). University of KwaZulu- Natal

Creswell, J.W. (2009). *Research design: Qualitative, quantitative and mixed methods approaches* (3rd ed.). Unites States of America: Sage publications Ltd.

D'amant, A. (2012). Within and between the old and the new: Teachers becoming inclusive practitioners. *Perspectives in Education, 30*(1), 53-60.

Davel, C. J. (2000). Introduction to child law in South Africa. Lansdowne: Juta Law.

Denscombe, M. (2007). *The Good Research Guide for small -scale social research projects* (3rd ed.). New York: Open University Press.

Department of Education. (2001). *Education White Paper 6: Special Needs Education, Building an Inclusive and Education and Training System* Pretoria: Department of Education.

Department of Education. (2009). Guidelines for full service/ Inclusive schools. Pretoria: Department of Education.

Department of Education. (2011). *National policy pertaining to the programme and promotion requirements of the national curriculum statement Grades R- 12* Pretoria: Department of Education.

Department of Education. (2014a). *Draft policy on screening, identification, assessment and support*. Pretoria: Department of Basic Education.

Department of Health (1997) Integrated National Disability Strategy. South Africa: Office of the Deputy President.

Du Toit, P. & Forlin, C. (2009). Cultural transformation for inclusion. What is needed? A South African perspective. School Psychology International 30 (6), pp.644- 666.Retrieved from http://dx.doiorg/10.1177/0143034309107081/

Engelbrecht, P. (2006). The implementation of inclusive education in South Africa after ten years of democracy. *European Journal of Psychology of Education 21*(3), 253-264.

Fidelia, E. N. (2013). *An investigation into the 4th years' readiness in teaching in inclusive schools: A case study of early childhood development student teachers at UKZN*. (Masters thesis). University of KwaZulu-Natal

Filmer, D. (2008). Disability, poverty, and schooling in developing countries: Results from 14 household surveys. *The World Bank Economic Review, 22*(1), 141-163. doi: 10.1093/wber/lhm021

Fisher, C., & Anushko, A. (2008). Research Ethics in Social Science. In P. Alasuutari, L. Bickman & J. Brannen (Eds.). *The Sage Handbook of Social Research Methods*. California: Sage Publications.

Florian, (2014). What counts as evidence of inclusive education? *European Journal of Special Needs Education*, 29:3, 286- 294, DOI: 10.1080/ 08856257.2014.933551

Forlin, C., Keen, M., & Barret, E. (2008). The Concerns of Mainstream Teachers: Coping with inclusivity in an Australian context. *International Journal of Disability, Development & Education, 55(3), 251-264.*

Gardiner, M., (2008). Education in Rural Areas. Centre for education policy development. Retrieved from http://www.cepd.org.za/

Gibson, W., & Brown, A. (2009). *Working with Qualitative Data*. London: Sage Publications Ltd. 2.

Goodman, R. L., & Burton, D. M. (2010). The Inclusion of Students with BESD in Mainstream Schools: Teachers' Experiences of and Recommendations for Creating a Successful Inclusive Environment. Emotional & Behavioural Difficulties, *15(3),* 223-237.

Gravetter, F., & Forzano, L. (2012). *Research Methods for the Behavioural Sciences* (4th ed.). Canada: Linda Schreiber-Ganster.

Health Professions Council of South Africa (HPCSA) (2012). Scope of Practice for the Profession Speech-Language Pathology. Professional Board for Speech-Language and Hearing Professions. South Africa.

Humphrey, N., & Symes, W. (2011). Inclusive education for pupils with autistic spectrum disorders in secondary mainstream schools: teacher attitudes, experiences and knowledge, 25 (1), 32-46.Retrieved from https://doi.org/10.1080/13603116.2011.580462

ILembe Local Municipality Official website. Retrieved March 12, 2018, from http:// www.ilembe.gov.za/

Jejunum. (2003). In *Merriam-Webster's dictionary* (11th ed.). Springfield, MA: Merriam Webster

Klug, H. (2010). The constitution of South Africa: a contextual analysis. Oxford; Portland: Hart Pub.

Kvale, S., & Brinkman, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. California: Sage publications.

Laalje, S. (2015). *Transition to special education: The experiences of parents of children with communication disorders associated with intellectual disability in the province of KwaZulu-Natal*. Retrieved from University of KwaZulu-Natal Research Space.

Langdon, H., & Cheng, L. (2002). *Collaborating with interpreters and translators: A guide   for communication disorders professionals*. Wisconsin: Thinking Publications. Lazarus, R., & Folkman,

Lawrence, M. (2012). The issues and challenges that foundation phase educators experience when teaching learners with attention deficit hyperactivity disorder (ADHD). Available from http://worldcat.org /z-wcorg/ database.

Leedy, P., & Omrod, J. (2010). *Practical research: Planning and design* (9th ed.). Jersey: Pearson Education International.

Lincoln, Y. S., & Guba, E.J. (1985). *Naturalist enquiry*. Thousand Oaks, California:Sage.

Malterud, K. (2001). "Qualitative research: Standards, challenges and guidelines." The Lancet. 358: pp. 483-488.

Marais, P. (2016). "We can't believe what we see": overcrowded classrooms through the eyes of student teachers. South African Journal of Education. (36) 2 Pretoria

Maxwell, D., & Satake, E. (2006). *Research and statistical methods in communication sciences and disorders*. Boston, MA: Thomson/Delmar Learning.

Mayaba, P. L. (2008). *The educators 'perceptions and experiences of inclusive education in selected Pietermaritzburg schools*. Retrieved from University of KwaZulu-Natal Research Space.

McConkey, R., & Bradley, A. (2010). Promoting inclusive education in low- income countries. In V. Timmons & P. Walsh (Eds.). *Along walk to school: Global Perspectives on Inclusive Education*. Rotterdam: Sense Publishers.

Mesthrie, R. (2008). Trajectories of Language Endangerment in South Africa. In C. Vigouroux & S. Mufwene (Eds.), *Globalization and Language Vitality Perspectives from Africa* (pp. 32-50). New York: Continuum International Publishing Group.

Miles, MB. & Huberman, AM. (1994). Qualitative Data Analysis (2nd edition). Thousand Oaks, CA: Sage Publications.

Miles, S. & Singal, N. (2010). The Education for All and inclusive education debate: conflict, contradiction or opportunity. *International Journal of Inclusive Education, (14)2, 1-15*

Moodley, A. C. (2009*). Educators' perceptions of the impact of the learning environment on the behaviour of learners diagnosed with attention deficit/ hyperactivity disorder*. (Masters thesis). University of KwaZulu-Natal

Moyi, P. (2012). Access to education for children with disabilities in Uganda: implications for Education for All. Journal of International Education and Leadership, (2)2, 2161- 7252. doi: http://www.jielusa.og/home

Mukeredzi, T. G. (2013). Professional development through teacher roles: Conceptions of professionally unqualified teachers in rural South Africa and Zimbabwe. *Journal of Research in Rural Education*, *28*(11), 1-16. doi: http://jrre.psu.edu/articles/28-11.pdf

Muthusamy, N. (2015). *Teachers' experiences with overcrowded classrooms in a mainstream school.* (Masters thesis. University of KwaZulu- Natal). Retrieved at https://researchspace.ukzn.ac.za

Mweli, P. (2009). Exploring the implementation of inclusive education in the Pinetown district school: a case study of learners' experiences and teacher' perceptions about the classroom environment at a selected school. Available from http://worldcat.org /z-wcorg/ database.

Namey, E., Guest, G., & Thairu, L. (2008). Data reduction techniques for large qualitative data sets. In G. Guest & K. MacQueen (Eds.), *Handbook for team-based qualitative research*. Plymouth, United Kingdom: Altamira Press.

National Institute on Deafness and other Communication Disorders (NIDCD). Retrieved from www.nidcd.nih.gov

Ndwedwe Local Municipality Official Website. Retrieved March 12, 2018, from http:// www.ndwedwe.gov.za/

Neuman, W. (2002). Social research methods: Qualitative and quantitative approaches (4th ed.). Massachusetts: Allyn & Bacon.

Nkambule, T., Balfour, R. J., Pillay, G., & Moletsane, R. (2004). Rurality and rural education: Discourses underpinning rurality and rural education research in South African postgraduate education research 1994–2004.

Ntombela, S. (2006). The complexities of educational policy dissemination in the South African context: a case study of teachers' experiences of inclusive education policy in selected schools in greater Durban. Available from http://worldcat.org /z-wcorg/ database.

Ostendorf, J. (2012). Theory versus practice of inclusive education: an exploration of teacher development in selected affluent high schools in greater Durban. Available from http://worldcat.org /z-wcorg/ database.

Oxford Advanced Learner's Dictionary of Current English. (2010) (7th ed.) New York: University Press.

Oyewuni, A. (2008). An investigation on inclusive instructional practices and learning of students with hearing impairment in postsecondary schools in Oyo state Nigeria. *African Journal of Cross-Cultural Psychology & Sport Facilitation, (10)*, 158-169.

Popich, E., Louw, B., & Eloff, I. (2006). The need for collaboration in early communication intervention: whome do parents consult regarding the prevention of communication disorders? *Early Child Development and Care* 176 (7): 675- 692

Read, J. & Walmsey, J. (2006). Historical perspectives on special education 1890- 1970. Disability & Society Journal. Volume 21, 2006-issues: lessons from history. URL http://doi.org/10.1080/09687590600785894

Ritchie, J., Lewis, J., & Elam, G. (2003). *Designing and selecting samples*. In J. Ritchies & J. Lewis (2003) (Eds.). London: Gage publications, Inc.

Shipley, K.G. & J.G. McAfee. (1992). Communicative disorders assessment manual. (2nd ed.). London: Chapman & Hall.

Stainback, W., Stainback, S., & Stefanich, G. (2017). Learning Together in Inclusive Classrooms. Teaching Exceptional Children Teaching Exceptional Children, 28(3), 14-19.

Stedman's Medical Dictionary for Health Professions and Nursing (2005) (5th Edition ed.). Baltimore, USA: Lippincott Williams & Wilkins.

Sukhraj-Ely P. (2008). Inclusive education policy and practice: Investigating the educational rights and needs of learners and students with visual impairment in South Africa. (Doctor of philosophy). University of KwaZulu-Natal

Tracy, S. (2010). Qualitative quality: eight "Big Tent" criteria for excellent qualitative research. *Qualitative inquiry, 16*(10), 837-851.

Tremblay, P. (2007). Special Needs Education Basis: Historical and Conceptual Approach. Retrieved from www.ibe.unesco.org

United Nations. (2002). United Nations road map toward the implementation of the United Nations Millennium Declaration. New York: United Nations.

United Nations Educational Scientific and Cultural Organization. (2005). "Guidelines for Inclusion: Ensuring Access to Education for All". UNESCO document. Pg. 13 <http://unesdoc.unesco.org/images/0014/001402/140224e.pdf>

United Nations Educational Scientific and Cultural Organization. (2017). *A guide for ensuring inclusion and equity.* UNESCO, France.

Weicke, E. (2007). The generative properties of richness. *Academy of Management, 50*, 14-19.

Weber, J. (2013). *Teachers experiences of teaching learners with an Autism Spectrum Disorder (ASD) in the mainstream classroom.* (Masters Thesis, University of KwaZulu-Natal)

Yeni, N. P. E. (2012). Creating inclusive schools : critical considerations for school management

    teams. Available from http://worldcat.org /z-wcorg/ database.

LIST OF APPENDICES

1. Online ethical course certificate (Appendix 1a/1b)

2. Request for ethical clearance (UKZN-HSSREC) (Appendix 2a/2b)

3. Information/Consent for Department of Education (Appendix 3a/3b)

4. Information/Consent for Department of Education iLembe District Office (Appendix 4)

5. Information/Consent for principals of schools (Appendix 5)

6. Information/Consent for educators (Appendix 6)

7. English information/consent for parents (Appendix 7a)

8. IsiZulu information/consent for parents (Appendix 7b)

9. English interview schedule (Appendix 8a)

10. IsiZulu interview schedule (Appendix 8b)

ORIGINAL ETHICS CERTIFICATE

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Nomfundo Ngcobo** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 04/15/2013

Certification Number: 1160353
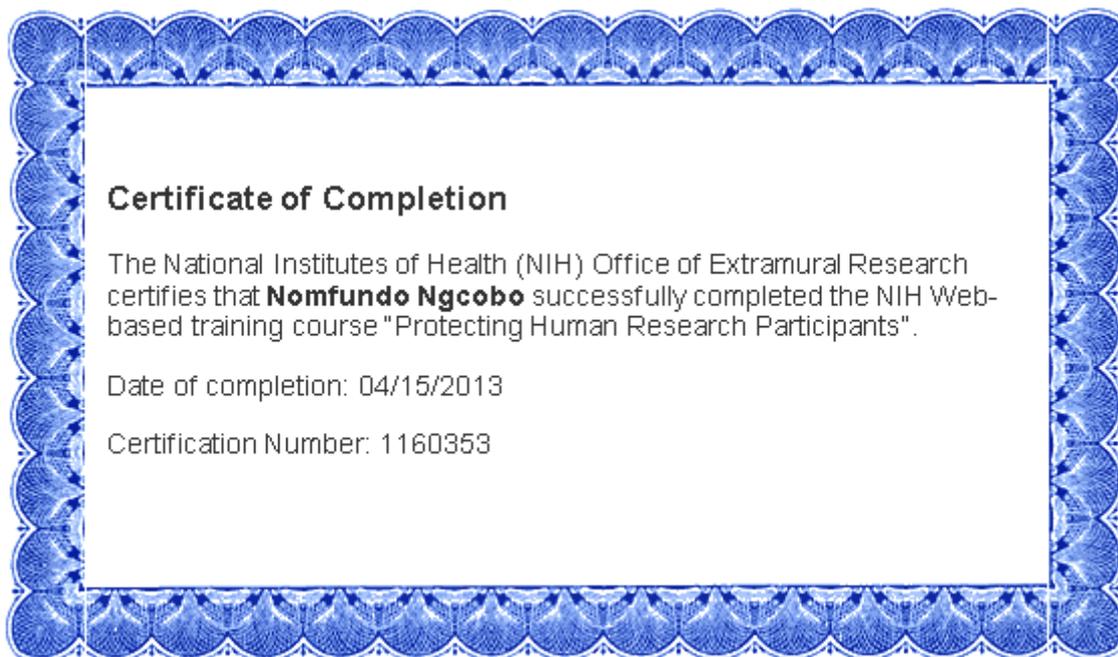
UPDATED ETHICS CERTIFICATE

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Nomfundo Ngcobo** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 11/29/2017.

Certification Number: 2571992.

14/11/2014

HSSREC

University of KwaZulu-Natal

Dear Sir/ Madam,

REQUEST FOR PERMISSION TO CONDUCT A POSTGRADUATE RESEARCH STUDY

Title of Research
Educating Learners with Communication Disorders: The Experiences of Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I am currently researching the experiences of educators who educate learners with communication disorders in mainstream schools within rural KwaZulu-Natal (KZN). This study seeks to explore educators' experiences of educating learners with special needs, specifically those with communication disorders. The educators' experiences will give insight to the current status of the education of learners with special needs within mainstream schools. Findings will be used to advance knowledge in this area and to make necessary recommendations.

Educators will be accessed in selected schools within the Ilembe South circuit district; wards Ozwathini, Insuze and Ubhaqa. Principals of schools in these wards will be asked to forward a list of names of educators who educate learners with communication disorders. Following which, the researcher will setup appointments to screen the learners, observe the learner-educator relationship in class as a point of reference for the interview and conduct a personal interview.

The interviews will be conducted at the school sites, during lunch breaks and after hours so as not to interfere with teacher contact time. These interviews will be approximately 45 minutes in duration and will be audio-recorded.

The educators are not likely to be exposed to any physical harm. The interview questions have been structured in such a way; so as to minimize unnecessary stress and anxiety. There will be no financial implications for the participants. Informed consent will be obtained from the district managers, principles of the schools, the educators and the parents of children that will be screened. Each participant will be assigned a code. Information will remain confidential and the names of schools and participants will not be divulged. The data will be stored for a period of five years in a locked cabinet. Electronic data will be formatted, whilst hard copies will be shredded thereafter. The results of the research will be made available to the participants upon request.

Please find my attached proposal. I will be glad to share my findings with your department on completion of the study should they be requested. Your participation is greatly appreciated. For any further queries please do not hesitate to contact the research supervisor at the UKZN Speech-Language Pathology Department on 031 260 7846.

Should permission be granted, please indicate this by emailing the completed consent letter to john@ukzn.ac.za or nomz4christ@gmail.com.

Yours sincerely,

_____

Miss Nomfundo Ngcobo

Post-graduate Researcher

(036 631 2202)

_____

Miss Desiree John

Research Supervisor

(031 260 7846)

Miss Phindile Nene

School of Health Sciences Postgraduate Coordinator

(031 260 3587)

Miss P. Ximba

031 260 3587

Humanities and Social Sciences Research Ethics Committee

UNIVERSITY OF KWAZULU-NATAL

INYUVESI YAKWAZULU-NATALI

17 June 2015

Ms Nomfundo Peaceful Ngcobo 200308067
School of Health Sciences
Westville Campus

Dear Ms Ngcobo

Protocol reference number: HSS/1090/014M
Project title: Educating learners with Communication Disorders: The experiences of Mainstream Educators in rural KwaZulu-Natal

Full Approval – Expedited Application

In response to your application received on 13 August 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shamila Naidoo
On behalf of Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Ms Desiree John
Cc Academic Leader Research: Prof J van Heerden
Cc School Administrator: Ms P Nene

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbac@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
Website: www.ukzn.ac.za
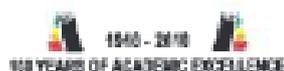
1910 - 2010
100 YEARS OF ACADEMIC EXCELLENCE
Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

09/11/2014

KwaZulu-Natal Department of Education

Dear Sir/ Madam,

REQUEST FOR PERMISSION TO CONDUCT A POSTGRADUATE RESEARCH STUDY

Title of Research
Educating Learners with Communication Disorders: The Experiences of Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I am currently researching the experiences of educators who educate learners with communication disorders in mainstream schools within rural KwaZulu-Natal (KZN). This study seeks to explore educators' experiences of educating learners with special needs, specifically those with communication disorders. The educators' experiences will give insight to the current status of the education of learners with special needs within mainstream schools. Findings will be used to advance knowledge in this area and to make necessary recommendations.

Educators will be accessed in selected schools within the Ilembe South circuit district; wards Ozwathini, Insuze and Ubhaqa. Principals of schools in these wards will be asked to forward a list of names of educators who educate learners with communication disorders. Following which, the researcher will setup appointments to screen the learners, observe the learner-educator interaction during a lesson and conduct a personal interview.

The interviews will be conducted at the school sites, during lunch breaks and after hours so as not to interfere with teacher contact time. These interviews will be approximately 45 minutes in duration and will be audio-recorded.

The educators and learners are not likely to be exposed to any physical harm. The interview questions have been structured in such a way; so as to minimize unnecessary stress and anxiety. There will be no financial implications for the participants. Informed consent will be obtained from the district managers, principles of the schools, the educators and the parents of children who will be screened. Each participant will be assigned a code. Information will remain confidential and the names of schools and participants will not be divulged. The data will be stored for a period of five years in a locked cabinet. Electronic data will be formatted, whilst hard copies will be shredded thereafter. The results of the research will be made available to the participants upon request.

Kindly grant consent for the following:

☐ The release of educator and learner contact information

☐ To screen learners with communication disorders

☐ To observe learners and educator in the classroom.

☐ To interview educators

☐ To audio record the interviews

Please find my attached proposal. I will be glad to share my findings with your department on completion of the study should they be requested. Your participation is greatly appreciated. For any further queries please do not hesitate to contact the research supervisor at the UKZN Speech-Language Pathology Department on 031 260 7846.

Should permission be granted, please indicate this by emailing the completed consent letter to john@ukzn.ac.za or nomz4christ@gmail.com.

Yours sincerely,

_____

Miss Nomfundo Ngcobo

Post-graduate Researcher

(036 631 2202)

_____

Miss Desiree John

Research Supervisor

(031 260 7846)

Miss Phindile Nene

School of Health Sciences Postgraduate Coordinator

(031 260 3587)

Miss P. Ximba

031 260 3587

Humanities and Social Sciences Research Ethics Committee

WRITTEN CONSENT LETTER

<u>Title of Research</u>
Educating Learners with Communication Disorders: The Experiences of Mainstream Educators in Rural KwaZulu-Natal.
<u>Researcher</u>
Ms Nomfundo Peaceful Ngcobo
<u>Degree</u>
Master of Communication Pathology (Speech-Language Pathology)

I, _____(insert your name)

hereby confirm that I understand the contents of this document and the nature of the research

project, and I consent/do not consent to the following:

☐ The release of educator and learner contact information

☐ To screen learners with communication disorders

☐ To observe learners and educator in the classroom.

☐ To interview educators

☐ To audio record the interviews

Signature _____

Name _____ (Print name)

Date _____ (Insert date)

education

Department:
Education
PROVINCE OF KWAZULU-NATAL

Enquiries: Nomangisi Ngubane   Tel: 033 392 1004   Ref.:2/4/8/531

Ms NP Ngcobo
7 Reading Avenue
Berkshire Downs
NEW GERMANY
3610

Dear Ms Ngcobo

PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: **"EDUCATING LEARNERS WITH COMMUNICATION DISORDERS: THE EXPERIENCES OF MAINSTREAM EDUCATORS IN RURAL KWAZULU-NATAL"**, in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 01 September 2015 to 30 September 2016.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Connie Kehologile at the contact numbers below.
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report / dissertation / thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

Ilembe District

Nkosinathi S.P. Sishi, PhD
Head of Department: Education
Date:

KWAZULU-NATAL DEPARTMENT OF EDUCATION

POSTAL: Private Bag X 9137, Pietermaritzburg, 3200, KwaZulu-Natal, Republic of South Africa   ...dedicated to service and performance
PHYSICAL: 247 Burger Street, Anton Lembede House, Pietermaritzburg, 3201. Tel. 033 392 1004beyond the call of duty
EMAIL ADDRESS: kehologile.connie@kzndoe.gov.za / Nomangisi.Ngubane@kzndoe.gov.za
CALL CENTRE: 0860 596 363; Fax: 033 392 1203 WEBSITE: WWW.kzneducation.gov.za

09/11/2014

KwaZulu-Natal ILembe District Department of Education

Dear Sir/ Madam,

REQUEST FOR PERMISSION TO CONDUCT A POSTGRADUATE RESEARCH STUDY

Title of Research
Educating Learners with Communication Disorders: The Experiences of Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I am currently researching the experiences of mainstream educators who educate learners with communication disorders in mainstream schools within rural KwaZulu-Natal (KZN). I am specifically interested in conducting the research in selected schools within the Ilembe South circuit district; wards Ozwathini, Insuze and Ubhaqa. This study seeks to explore educators' experiences in educating learners with special needs, specifically those with communication disorders. The educators' experiences will give insight to the current status for the education of learners with special needs within the mainstream schools. Findings will be used to advance knowledge in this area and to make necessary recommendations pertaining to the current status as experiences by educators.

Educators will be accessed in selected schools within the Ilembe South circuit district; wards Ozwathini, Insuze and Ubhaqa. Principals of schools in these wards will be asked to forward a list of names of educators who educate learners with communication disorders. Following which, the researcher will setup appointments to screen the learners, observe the learner-educator interaction during a lesson and conduct a personal interview.

The interviews will be conducted at the school sites, during lunch breaks and after hours so as not to interfere with teacher contact time. These interviews will be approximately 45 minutes in duration and will be audio-recorded.

The educators are not likely to be exposed to any physical harm. The interview questions have been structured in such a way; so as to minimize unnecessary stress and anxiety. There will be no financial implications for the participants. Informed consent will be obtained from the district managers, principles of the schools, the educators and the parents of children that will be screened. Each participant will be assigned a code. Information will remain confidential and the names of schools and participants will not be divulged. The data will be stored for a period of five years in a locked cabinet. Electronic data will be formatted, whilst hard copies will be shredded thereafter. The results of the research will be made available to the participants upon request.

Kindly grant consent for the following:

☐ The release of educator and learner contact information

☐ To screen learners with communication disorders

☐ To observe learners and educators in the classroom.

☐ To interview educators

☐ To audio-record the interviews

Please find my attached proposal. I will be glad to share my findings with your department on completion of the study should they be requested. Your participation is greatly appreciated. For any further queries please do not hesitate to contact the research supervisor at the UKZN Speech-Language Pathology Department on 031 260 7846.

Should permission be granted, please indicate this by emailing the completed consent letter to john@ukzn.ac.za or nomz4christ@gmail.com.

Yours sincerely,

_____

Miss Nomfundo Ngcobo

Post-graduate Researcher

(036 631 2202)

_____

Miss Desiree John

Research Supervisor

(031 260 7846)

Miss Phindile Nene

School of Health Sciences Postgraduate Coordinator

(031 260 3587)

Miss P. Ximba

031 260 3587

Humanities and Social Sciences Research Ethics Committee

WRITTEN CONSENT LETTER

Title of Research
Educating Learners with Communication Disorders: The Experiences of
Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I, _____(insert your name)

hereby confirm that I understand the contents of this document and the nature of the research

project, and I consent/do not consent to the following:

☐ The release of educator and learner contact information

☐ To screen learners with communication disorders

☐ To observe learners and educators in the classroom.

☐ To interview educators

☐ To audio-record the interviews

Signature _____

Name _____ (Print name)

Date _____ (Insert date)

04/05/2015

The Principal of Schools

Dear Sir/ Madam,

REQUEST FOR PERMISSION TO CONDUCT A POSTGRADUATE RESEARCH STUDY

Title of Research
Educating Learners with Communication Disorders: The Experiences of Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I am currently researching the experiences of mainstream educators who educate learners with communication disorders in mainstream schools within rural KwaZulu-Natal (KZN). I am specifically interested in conducting the research in selected schools within the Ilembe South circuit district; wards Ozwathini, Insuze and Ubhaqa. This study also explores issues around inclusive education for learners with special needs. The findings of this study could contribute to a better understanding of how policies are implemented within a rural context.

I would like to invite educators of your school that have experience educating learners with communication disorders to participate in this study. I ask for permission to access educators' details, to screen learners with communication disorders, observe educator-learner participation and conduct individual interviews with educators.

The interviews will be conducted at the school sites, during lunch breaks and after hours so as not to interfere with teacher contact time. These interviews will be approximately 45 minutes in duration and will be audio-recorded.

The educators are not likely to be exposed to any physical harm. The interview questions have been structured in such a way; so as to minimize unnecessary stress and anxiety. There will be no financial implications for the participants. Informed consent will be obtained from

the district managers, principles of the schools, the educators and the parents of children that will be screened. Each participant will be assigned a code. Information will remain confidential and the names of schools and participants will not be divulged. The data will be stored for a period of five years in a locked cabinet. Electronic data will be formatted, whilst hard copies will be shredded thereafter. The results of the research will be made available to the participants upon request. The results of the research will be made available to the participants upon request.

Kindly grant consent for the following:

☐ The release of educator and learner contact information

☐ To screen learners with communication disorders

☐ To observe learners with communication disorders in the classroom.

☐ To audio-record the interview

Please find my attached proposal. I will be glad to share my findings with your department on completion of the study should they be requested. Your participation is greatly appreciated. For any further queries please do not hesitate to contact the research supervisor at the UKZN Speech-Language Pathology Department on 031 260 7846.

Should permission be granted, please indicate this by emailing the completed consent letter to john@ukzn.ac.za or nomz4christ@gmail.com. You may also fax to UKZN Speech-Language Pathology and Audiology Department on 031 260 7622. For administrative purposes indicate who permission slip is for by putting "attention to" Desiree the Research Supervisor.

Yours sincerely,

_____

Miss Nomfundo Ngcobo

Post-graduate Researcher

(036 631 2202)

_____

Miss Desiree John

Research Supervisor

(031 260 7846)

Miss Phindile Nene

School of Health Sciences Postgraduate Coordinator

(031 260 3587)

Miss P. Ximba

031 260 3587

Humanities and Social Sciences Research Ethics Committee

WRITTEN CONSENT LETTER

Title of Research
Educating Learners with Communication Disorders: The Experiences of
Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I, _____ (insert your name)

hereby confirm that I understand the contents of this document and the nature of the research

project, and I consent/do not consent to the following:

☐ Educators from my school being interviewed by the researcher

☐ The interviews being audio-recorded

Signature _____

Name _____ (Print name)

Date _____ (Insert date)

09/11/2014

Dear Educator,

Dear Sir/ Madam,

REQUEST FOR PARTICIPATION IN A POSTGRADUATE RESEARCH STUDY

Title of Research
Educating Learners with Communication Disorders: The Experiences of
Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I am currently researching the experiences of mainstream educators who educate learners with communication disorders in mainstream schools within rural KwaZulu-Natal (KZN). This study seeks to explore your experiences in educating a learner/ learners with communication disorders. Your experiences will give insight to the current status for the education of learners with special needs within the mainstream schools i.e. challenges or strengths in the current implementation of policies. Findings will be used to advance knowledge in this area and to make necessary recommendations pertaining to the current status as experienced by educators.

Permission has been obtained from the UKZN Ethics committee, Department of Education, ILembe District managers and the Principle of your school. The principle was able to forward us your details. Should you agree to participate; the learner will be screened after seeking informed consent from caregivers to confirm the presence of a communication disorder. Following which we would like to observe the learner in class for part of a lesson, to observe learner-educator interaction in a class setting. Following that there will only be one interview, which will take place within the school premises. The interview will be conducted at the school site, during lunch breaks or after hours so as not to interfere with your teacher contact

time. The interview will be approximately 45 minutes duration and will be audio-recorded. You are not likely to be exposed to any physical harm.

The interview questions have been structured in such a way; so as to minimize unnecessary stress and anxiety. There will be no financial implications for you as the participant.

There will be roughly two participants per school meaning you will not be waiting long hours for the interview. The dates of the interview will be communicated well in advance following your consent to participate. All the information discussed will remain confidential. All identifying information, including your name will not be disclosed and the name of your school. The interview consists of seven questions, it will be audio recorded and transcribed for analysis purposes. We will require your consent for participating in the interview and for recording on the written consent slip below. You may have access to the transcription to check if it is a true reflection. Recordings will be protected by password and destroyed after five years. Written transcriptions will be formatted or shredded thereafter.

Please be advised that participation is voluntary and you may withdraw at any time without any penalties. Information shared will not be used against you in anyway, but will be used to advance knowledge in the area being studied and for recommendations to be made. The research is also not a miracle solution to any challenges that may be happening, but is information sharing platform made to advance knowledge.

Kindly grant consent for the following:

☐ To being interviewed.

☐ To observe learners with communication disorders in the classroom.

☐ Consent to being audio-recorded.

Upon completion of the study the results of the research may be delivered to you should you request a copy. Your participation is greatly appreciated.

For any further queries please do not hesitate to contact the research supervisor at the UKZN Speech-Language Pathology Department on 031 260 7846.

Should permission be granted, please indicate this by emailing the completed consent letter to john@ukzn.ac.za. You may also fax to UKZN Speech-Language Pathology and Audiology

Department on 031 260 7622. For administrative purposes indicate who permission slip is for by putting "attention to" Desiree the Research Supervisor.

Yours sincerely,

_____

Miss Nomfundo Ngcobo

Post-graduate Researcher

(036 631 2202)

_____

Miss Desiree John

Research Supervisor

(031 260 7846)

Miss Phindile Nene

School of Health Sciences Postgraduate Coordinator

(031 260 3587)

Miss P. Ximba

031 260 3587

Humanities and Social Sciences Research Ethics Committee

WRITTEN CONSENT SLIP ACCEPTING TO BE A PARTICIPANT

Title of Research
Educating Learners with Communication Disorders: The Experiences of
Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I, _____ (insert your name) Educator
at_____ (insert name of school) hereby confirm that I
understand the contents of this document and the nature of the research project, and I consent
to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

I understand that I will be contacted to set up an interview that will take place within the
school premises.

I content to being interviewed

I consent to being audio recorded

Please make initial in the box to show consent to being recorded

Educator

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (Insert date)

Witness one

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (Insert date)

Witness two

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (Insert date)

09/11/2014

Dear Parent,

REQUEST FOR PARTICIPATION IN A POSTGRADUATE RESEARCH STUDY

Title of Research
Educating Learners with Communication Disorders: The Experiences of
Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

I am a student conducting my Masters Research on the experiences of mainstream educators who educate learners with communication disorders in mainstream schools within rural KwaZulu-Natal (KZN). I am a qualified speech-language therapist and would like your permission to determine if your child has a communication disorder and to observe your child as they interact with the educator in the classroom. Your child will be referred for further assessment and management if there has never been any management.

Please be assured that your child will not be harmed in any way. Your child will be prompted to talk freely and the therapist will establish if there is a communication disorder.

Upon completion of the study the results of the research may be delivered to you should you request a copy. Your participation is greatly appreciated. For any further queries please do not hesitate to contact the research supervisor at the UKZN Speech-Language Pathology Department on 031 260 7846.

Please complete and return the form below back to the school.

Yours sincerely,

_____

Miss Nomfundo Ngcobo

Post-graduate Researcher

(036 631 2202)

_____

Miss Desiree John

Research Supervisor

(031 260 7846)

Miss Phindile Nene

School of Health Sciences Postgraduate Coordinator

(031 260 3587)

Miss P. Ximba

031 260 3587

Humanities and Social Sciences Research Ethics Committee

WRITTEN CONSENT

> Title of Research
> Educating Learners with Communication Disorders: The Experiences of
> Mainstream Educators in Rural KwaZulu-Natal.
> Researcher
> Ms Nomfundo Peaceful Ngcobo
> Degree
> Master of Communication Pathology (Speech-Language Pathology)

I, _____ (insert your name)
Parent_____ (insert name of school) hereby confirm
that I understand the contents of this document and the nature of the research project. I
understand that I am at liberty to withdraw by child from the study at any time, should I so
desire.

I grant consent/do not grant consent for the following:

☐ For my child to be screened by the speech-language therapist

☐ For my child to be observed in the classroom

Parent

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (Insert date)

Witness one

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (Insert date)

Witness two

Signed _____ (Signature)

Name _____ (Print name)

Date _____ (Insert date)

09/11/14

Mzali Othandekayo,

ISICELO SOKUBA INGXENYE YOCWANINGO LWASE NYUVESI

Title of Research
Educating Learners with Communication Disorders: The Experiences of Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

Ngingumfundi enyuvesi yase UKZN owenza iziqu ze Masters. Ngenza ucwaningo ngesipiliyoni sothisha abafundisa izingane ezinezinkinga ngokuxhumana. Mina ngiyi Speech Therapist (Umeluleki wezokukhuluma). Ngicela imvumo yakho uku hlola ingane yakho ukuqiniseka ukuthi inenkinga yokuxhumana. Uma ingane yakho ingakaze ihlolwe, sizoyithumela esibhedlela lapho izothola khona ukuhlolwa okuphelele iphinde ilashwe.

Sicela ube nesiqiniseko ukuthi ingane yakho ngeke ithole ukulimala noma ingayiphi indlela. Ingane yakho izocelwa nje ukuba ikhulume, Umeluleki Wezokukhuluma uzobe esebona ukuthi ngabe ngempela inayo yini inking yokukhuluma.

Ekuqedeni kwethu, uzoposelwa imiphumela uma uyicela. Siyakuthakasela ukuzibandakanya kwakho kulolu cwaningo ngokusivumela ukuthi sihlole ingane yakho. Uma uneminye imibuzo, siyacela ufonele u Supervisor wocwaningo e UKZN, kumnyango wezokuxhumana enyuvesi kwi nombolo 031 260 7846.

Uma isicelo sethu sivunywa sicela ubuyise lencwadi engezansi usuyigcwalisile esikoleni.

Ozithobayo,

_____

Nksz Nomfundo Ngcobo

Post-graduate Researcher

(036 631 2202)

_____

Nksz Desiree John

Research Supervisor

(031 260 7846)

Nksz Phindile Nene

School of Health Sciences Postgraduate Coordinator

(031 260 3587)

Nksz P. Ximba

031 260 3587

Humanities and Social Sciences Research Ethics Committee

IMVUMO EBHALIWE EVUMA UKUHLOLWA KWENGANE

Title of Research
Educating Learners with Communication Disorders: The Experiences of
Mainstream Educators in Rural KwaZulu-Natal.
Researcher
Ms Nomfundo Peaceful Ngcobo
Degree
Master of Communication Pathology (Speech-Language Pathology)

Mina, _____ (faka igama lakho)
Umzali_____ (Faka igama lesikole) Ngiyaqiniseka
ukuthi ngiyaqonda konke okubhalwe kule ncwadi nocwaningo olwenziwayo futhi
ngiyaqonda ukuthi ngingamukhipha noma inini umntwana kulolu ncwaningo uma ngifisa.

Ngiyaqonda ukuthi ngikhululekile ukuyikhipha ingane yami ekutheni ihlolwe noma inini,
uma ngifisa.

Ngiyavuma / Angivumi lokhu okulandelayo.

☐ Ukuthi umntwana wami ahlolwe i-speech-language therapist.

☐ Ukuthi umntwana abukwe eklasini.

Umzali

Sayina _____ (Signature)

Igama_____ (Bhala igama lakho)

Usuku _____ (Faka usuku)

Ufakazi wokuqala

Sayina_____ (Signature)

Igama_____ (Bhala igama lakho)

Usuku_____ (Faka Usuku)

Ufakazi wesibili

Sayina_____ (Signature)

Igama_____ (Bhala igama lakho)

Usuku_____ (Faka Usuku)

Interview schedule

"You are here because you said you have educated or are educating a learner with a speech, language or hearing problem in your class. The learner was screened and confirmed to have a communication disorder. We have also observed the learner in class.

QUESTIONS & PROMPTS
6. Please share with me how you educate this learner with a communication disorder?
7. Describe the challenges experienced teaching this learner. a) Classroom b) Institution (Mainstream School) c) District
8. Describe the support you have received. a) Classroom b) Institution (Mainstream School) c) District
9. Has your work with such learners become easier or more difficult over the years? Please elaborate.
10. Let us talk about what has contributed to changes in your experience over the years. a) Exposure and experience b) In-service training c) Support personnel

"Thank you for your time and participation. The results will be made available to you should you request a copy of the research project. "

Imibuzo Yenkulumo

"Ulapha ngoba uthe ufundisa noma wake wafundisa umufundi onenkinga yokukhuluma, ukuphimisa, ukuqonda ulimi okukhulunywayo noma ukuzwa eklasini lakho.. Futhi siphinde saqiniseka ngokuthi ahlolwe umfundi. Siphinde samubona eklasini.

IMIBUZO KANYE NEZINKUTHAZA
1. Ngicela ungichazele ukuthi umufundisa kanjani lomfundi onenkinga yokuxhumana?
2. Chaza izinkinga ozithola ufundisa lomfundi. a) E-klasini b) Esikoleni c) Ehhovisi lase district
3. Chaza ngosizo olutholile. a) E-klasini b) Esikoleni c) Ehhovisi lase district
4. Ngabe umsebenzi wakho ufundisa abafundi abawuloluhlobo usugcono yini ngokuhamba kweminyaka ufundisa noma kuyafana? Chaza?
5. Asixoxe ngalokho okukhuthaze ushintsho? a) Isipiliyoni b) Ukuqeqeshwa c) Umuntu osizayo

"Siyabonga ngesikhathi sakho kanye nokuzibandakanya kwakho. Uzonikwa imiphumela yocwaningo uma uyicela."