Ecosystemic factors influencing the accessibility of ECD services for young children with disabilities in Zimbabwe

by

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Submitted in partial fulfilment of the requirements for the degree

PHILOSOPHIAE DOCTOR

in the Faculty of Education

at the

UNIVERSITY OF PRETORIA

Supervisor: Prof M.G. Steyn

APRIL 2018

DECLARATION

I declare that the thesis, ***Ecosystemic factors influencing the accessibility of ECD services for young children with disabilities in Zimbabwe,*** which I hereby submit for the degree PhD ECE at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

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Novuyo Nkomo

April 2018

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CLEARANCE CERTIFICATE	CLEARANCE NUMBER: **EC 16/02/02**
DEGREE AND PROJECT	PhD Ecosystemic factors influencing the accessibility of ECD services for young children with disabilities in Zimbabwe
INVESTIGATOR	Ms Novuyo Nkomo
DEPARTMENT	Early Childhood Education
APPROVAL TO COMMENCE STUDY	27 May 2016
DATE OF CLEARANCE CERTIFICATE	25 April 2018

CHAIRPERSON OF ETHICS COMMITTEE: Prof Liesel Ebersöhn

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This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:

- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

ETHICS STATEMENT

The author, whose name appears on the title page of this thesis, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that she has observed the ethical standards required in terms of the University of Pretoria's *Code of ethics for researchers and the Policy guidelines for responsible research.*

DEDICATION

I dedicate this research to my parents, Mr T.S. and Mrs J. Sithole, who encouraged and inspired me to complete this research study.

ACKNOWLEDGEMENTS

Having achieved this milestone in my life, I would like to express my sincere gratitude to the following people:

My Heavenly Father – Glory be to God – who provided me with the strength, knowledge and perseverance to complete this study.

I am indebted to Professor Miemsie Steyn, my research supervisor. This has been the longest, demanding, but very exciting academic journey I have ever embarked on. Thank you, Prof, for your invaluable advice, for the unfailing guidance, for the prayers, inspiration and motivation during trying times during the research. Above all, Prof, I thank you for believing in me always. You were such a wonderful mentor and stood all the pressure of supervising this research study.

I am also very grateful to Prof Kamper – your professional advice at the beginning of my journey kept me focused.

To Doctor Lariza Hoffman, thank you so much for editing my thesis, the time you devoted to produce this master piece. I am very grateful for the support and commitment.

A big thanks to the Department of Early Childhood, University of Pretoria, the stint I spent with you was a wonderful experience in my career life.

A very special gratitude goes out to my husband, Davy Nkomo. You were my pillar of strength; you stood by me in the difficult times along the journey. Thank you so much for trusting and believing in my aptitude; thank you for financing this PhD research. I appreciate your daily encouragement, concerns, love and care. Your immense emotional and moral support sustained me in difficult times.

A big thank you to my two lovely kids, Ntando and Sandy, and my grandchild, Luthando. You were always ready to pick me up when the going was tough… be inspired!

I am very grateful to my parents, Mr T.S. and Mrs J. Sithole, for walking with me in my academic journey. It wasn’t easy, but you kept me inspired. Thank you, Mom and Dad. Dad, you always called me ‘Doctor’, and that gave me strength and encouraged me to push to this level. Thank you for the prayers. Thanks to my siblings, Thabani, Sizo and Busi, as well as their spouses, for supporting me spiritually, financially and morally throughout the duration of my studies.

I am also grateful to my other family members who have supported me along the way. To my cousin Sindiso and sister-in-law Danile Sithole, and their family, thank you, guys, for all the love, encouragement and support. My sincere gratitude to my cousin, Nobesuthu Nyathi, for all the support during my studies. Thank you all, you passionately accommodated and provided me with all my needs all the time I required the services. You provided me with a home away from home.

My sincere thanks go to my wonderful early childhood friends, friends in need and friends indeed!!! Dave Mlauzi, Soneni Lucy Tshuma, Caleb Moyo, Regina Zulu, Abel Sithuliso Lubane, German Simango, Plaxedis Gwebu, Siphiwe Dube and Nokuthula Nderezina. You were extremely helpful, guys! I appreciate all the support – social, emotional and financial. Your continuous encouragement kept me going, especially in difficult times.

I extend my heartfelt gratitude to the Zimbabwe Ministry of Primary and Secondary Education, for granting me permission to carry out the research in their schools in the Bulawayo Metropolitan Province, as well as to the Provincial Education Director, the Ministry of Health and Child Care and the Ministry of Labour and Social Services, the parents or caregivers, school administrators, ECD teachers, SPS officers and the SBST for their participation and support that immeasurably contributed to the success of this study.

Last but not least, thank you to everyone who has contributed one way or the other to the success of this research study. Thanks for all your encouragement.

ABSTRACT

Young children with disabilities are often the most vulnerable members of developing countries, where they are marginalised and their rights often being overlooked. Thus, most young children with disabilities end up abandoned or neglected, with limited access to education. This study explores the ecosystemic factors that influence the accessibility of early childhood development services to young disabled children in Zimbabwe, focusing on the four- to five-year age group (referred to as “ECD B” in Zimbabwe).

Grounded on Bronfenbrenner’s ecosystemic theory, the study adopted a qualitative approach and was situated in the interpretivist paradigm. The preference for the qualitative approach was to ensure that the researcher interacted with the people who were very close to children with disabilities and, henceforth, gather as much reliable and pertinent information as possible. The study was conducted with three special schools and an early childhood development centre, all located in the Bulawayo Metropolitan Province, following a multiple case study research design. To necessitate a high level of trustworthiness and comprehensive information, the data were gathered through interviews, focus group discussions and photovoice. Sources of rich information were purposively selected and comprised school principals of special schools, early childhood development teachers, officers of the Schools’ Psychological Services, health officers, parents and caregivers.

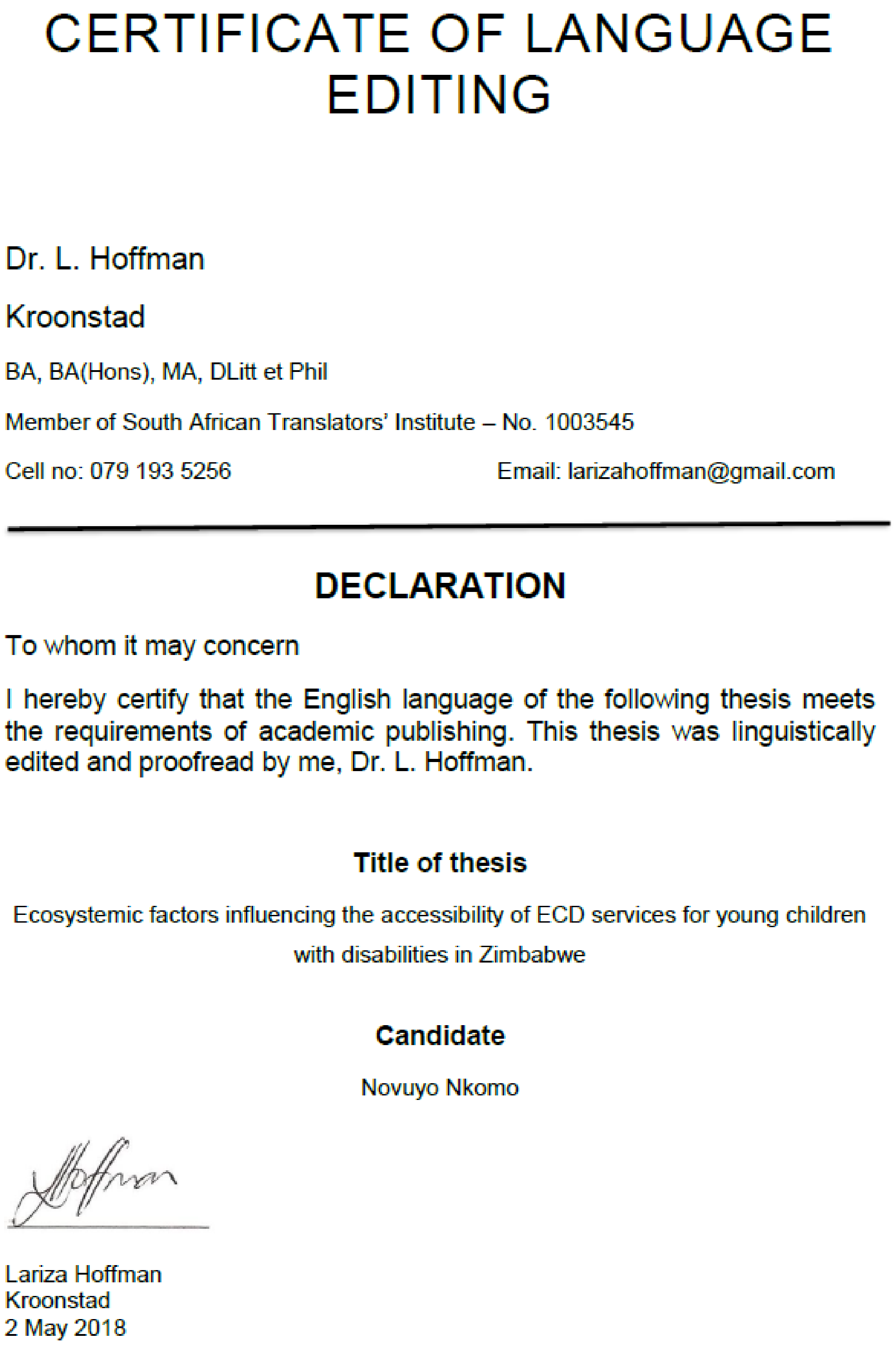
The study establishes that although the government is mandated to provide services to its young population, challenges related to a lack of resources are inhibiting all its efforts. Despite the existence of stipulated national, regional and international agreements on the disposition of inclusivity, the research study established that the Zimbabwean education system has not yet been fully attuned to take aboard the needs of learners with diverse forms of disabilities. The education system lacks the commitment to enhancing the fulfilment of these learners’ rights towards this goal. The situation is exacerbated by the fact that school principals, early childhood development teachers and other stakeholders involved in the welfare of these children, are inadequately trained to handle young children with disabilities. Furthermore, schools face challenges on the scarcity of appropriate learning materials to support learners with disabilities, even though early childhood development is a crucial phase in the growth and development of young children with disabilities. Another constraining factor revealed, was negative social attitudes with deep roots in the cultural beliefs on causes of disability; these were found to be adversely influencing people's reactions towards children with disabilities.

The study concludes that young children with disabilities are not fully benefiting from the available early childhood development services and other educational programmes. The study, therefore, recommends that early childhood development teachers should receive a comprehensive teacher training programme that equips them with appropriate skills and empowers them with the knowledge to handle young children with disabilities. The study further recommends the implementation of inclusive policies to take aboard the needs of children with challenges and ensure their access to appropriate services and resources to mitigate their impediments.

Key terms:

Early childhood development, disability, early childhood development services, ecosystemic factors, accessibility

PROOF OF LANGUAGE EDITING



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DECLARATION

To whom it may concern

I hereby certify that the English language of the following thesis meets the requirements of academic publishing. This thesis was linguistically edited and proofread by me, Dr. L. Hoffman.

Title of thesis

Ecosystemic factors influencing the accessibility of ECD services for young children with disabilities in Zimbabwe

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2 May 2018

LIST OF ABBREVIATIONS

ACPF	African Children’s Policy Forum
CARE USA	Cooperative for Assistance and Relief Everywhere – United States of America
CIET	Commission of Enquiry into Education and Training
CRPD	Convention on the Rights of Persons with Disabilities
CRU	Children’s Rehabilitation Unit
ECD	Early Childhood Development
EFA	Education for All
MoESAC	Ministry of Education Sports, Arts and Culture
MoHCW	Ministry of Health and Child Welfare
MoPSE	Ministry of Primary and Secondary Education
MoPSLSW	Ministry of Public Service, Labour and Social Welfare
NGO	Non-Governmental Organisation
SBST	School-Based Support Team
SPS	Schools’ Psychological Services
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations International Children’s Educational Fund
WHO	World Health Organisation
BEAM	Basic Education Assistant Module

LIST OF FIGURES

LIST OF TABLES

LIST OF APPENDICES

TABLE OF CONTENTS

CHAPTER THREE: THEORETICAL FRAMEWORK 66

CHAPTER ONE

ORIENTATION TO THE STUDY

The moral test of a government is how it treats those who are in the dawn of life... the children; those who are in the twilight of life... the elderly; and those who are in the shadow of life... the sick... the needy... and the disabled.

Hubert H. Humphrey

1.1 INTRODUCTION

Early childhood is a critical period of development and growth because events that happen during this period can influence the future development of a person (World Health Organisation [WHO], 2012). In agreement, Winter (2010:4) highlights that “the first three years are the period of the most rapid growth during which there are specific sensitive periods for optimal learning in particular areas”. The Bernard van Leer Foundation (2004:3) aptly remarks that “[w]hat happens to children in their first days, months and years of life affects their development, the development of our society and the development of our world”. On that assertion, Bronfenbrenner’s ecosystemic theory contextualised my study in understanding how children develop by identifying other circumstances besides the inherent characteristics of the child. Bronfenbrenner’s ecosystemic theory examines the developing child through a context of multifaceted structures of the environment, each having an effect on the child’s development (Nabavi, 2012).

According to Bronfenbrenner’s (1979:3) ecosystems theory, human development and socialisation are shaped by various groups of the environment (ecosystems), where the individual participates as an active player in his or her environment where there is mutual interaction between the developing child and the environment. The influence of the various settings within the environment has a determining impact on the way the child develops. From the ecosystemic theoretical stance, the environment is thus fathomed to contain different concentric systems that range from the smallest, referred to as the microsystem, the mesosystem and the exosystem, to the largest, the macrosystem, that are located inside one another with reciprocating interactions (Harkonen, 2007). According to Bronfenbrenner (2005), what transpires within the child's settings (microsystem), such as the immediate family, the peers, the service providers and the larger community (macrosystem), influences his or her development, socialisation and education. Regarding the critical role played by each system in the developing child, Bronfenbrenner's ecosystemic theory proffers a context for exploring the factors that influence the accessibility of early childhood development (ECD) services to young children with disabilities. The theory underscores the quality and background of the child's settings.

According to Britto, Yoshikawa and Bollar (2011:3), ECD programmes embrace a broad spectrum of support services for young children and their families, such as social protection, child welfare, early learning and health, perceived as the ecosystemic factors by Bronfenbrenner's (1979) ecosystemic theory. In addition, the United Nations International Children's Educational Fund (UNICEF) highlights that nurturing these environmental processes influences the development of the child in the early years (UNICEF, 2005). Various ecosystemic factors have an impact on a child's development. These factors can be explained as mutual relationships in the society in which the child lives and can be found among people, communities, institutions and policies. Bronfenbrenner (1989) based his ecosystemic theory on the premise that development is a multifaceted and complicated concept that cannot possibly be viewed from a single perspective, but rather from an all-embracing prospect (Krishnan, 2010). I concur with Elliot and Davis (2009) that during the early years of development, children demonstrate the greatest ability to learn and develop. Consequently, it appears to be crucial that nations should invest in their young children, thereby preparing and equipping them for future challenges.

Viviers, Biersteker and Moruane (2013) infer that nurturing and supporting ECD services can be a rewarding development for many societies, based on the perception that ECD services affect the positive developmental outcomes of the individual child as well as the progress and advancement of the entire society. Essa (1992), in her evaluation, exposes that research has reliably established that quality

ECD services, in addition to improving children’s lives and families, also significantly benefit societies economically. Furthermore, Deluca, Tramontano and Kett (2014) uphold that despite the envisaged high costs of programmes of early intervention, benefits in the later years certainly override the costs and are probably recovered in ensuing years through greater educational success, reduced needs for counteractive education, lessened misconducts and crime rates and a high probability of self-sustainability.

Corker and Davis (2000) highlight that globally, young children are the most susceptible group, and consideration of their needs and appreciation of their privileges have always been curtailed, where their rights are almost certainly disregarded. Subsequently, the World Education Forum held in Dakar, Senegal, in 2000 adopted in its declaration the Education for All (EFA) goals (United Nations Educational, Scientific and Cultural Organisation [UNESCO], 2000). The first goal was related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children (Galabawa, 2001). In her study, Kuyayama (2014) notes that while the Zimbabwean government has directed all primary schools to incorporate ECD classes in an effort to fulfil the first EFA goal, these schools do not have the infrastructure, equipment and teaching and learning materials to cater for disabled young children. It within this broad purview that Mugweni and Dakwa (2013) also opine that in spite of the impudent steps for the delivery of key educational needs to all Zimbabwean children, particularly those with exceptional instructional requirements, disabled children aged six years and below still encounter difficulties in realising equal access to worthy ECD and key education services in conventional school facilities.

The provision of ECD services in Zimbabwe is fragmented; young disabled children may go to special schools, which usually are not free of charge, and only a small number of children may be eligible for government funds due to a strict evaluation system. In their study, Pang and Richey (2005) argue that for children aged zero to three years, affordable communal ECD services are not available. However, children from wealthy or upper-class families have the privilege of attending private care centres that the parents can afford to pay; hence, children from low socio-economic backgrounds are socially excluded. The purpose of this study, therefore, was to explore the ecosystemic factors that influence the accessibility of ECD services to young disabled children in Zimbabwe, focusing on the four- to five-year age group (referred to as "ECD B" in Zimbabwe).

1.2 RATIONALE

In my master's study, I was exposed to young children with disabilities in challenging situations. Throughout the period of my internship at a paediatric hospital, I became aware of the needs of these children with disabilities, as most of them were dumped there, neglected and not attending school as the educational institutions were inaccessible to them. Although there is an increase of studies that recognise ECD as shaping children's experiences and long-term human development (UNESCO, 2007), there are numerous barriers denting processes of providing high-quality services to young children with disabilities (Krishnan, 2010), as is also evident in Zimbabwe.

In a comparative study by Pang and Richey (2005), it was found that early identification of children with disabilities inadequately lies in fields such as visual, hearing, physical and mental impairment. UNESCO (2010) argues that disability is recognised as one of the potent factors creating educational marginalisation of children around the world. With some 57 million primary school-aged children who do not attend school worldwide (UNESCO, 2012), it is estimated that up to a third of these children have some form of disability. The United Nations (UN, 2007) estimates that 98% of children with disabilities in developing countries do not attend school. This research, therefore, was necessitated by the need to unravel ecosystemic factors, such as policy frameworks, the family environment and the availability of facilities in schools, including the attitudes of teachers, which may have an influence on the access to ECD services by four- to five-year-old disabled children in Zimbabwe.

Conducting a literature review on children with disabilities in Zimbabwe, I could find no studies that relate to factors influencing the accessibility of ECD services in Zimbabwe; only a few studies have focused on the implementation of ECD programmes. A research study was conducted by Chikutuma and Mawere (2013) on the quality of administration, teaching and learning of ECD B learners (these are children aged four to five years) in Zimbabwe. A study by Chikutuma and Mawere (2013) revealed that the inclusion of ECD B in primary schools was not very feasible as the holistic development of needy children was not catered for. This was in concurrence with the results of a similar research study by Bukaliya (2012), whose focus was on the advantages and hardships of the implementation of ECD in the lower primary grades of the Zimbabwean education structure. Certainly not much attention has been channelled to the plight of disabled four- to five-year-old children's accessibility to ECD education in Zimbabwe. Hence, my study aimed to develop guidelines for the government to follow in the provision of access to ECD services for disabled children, thereby creating greater awareness of the importance of ECD services to children with disabilities as well as providing guidelines to the government to implement a policy to make ECD facilities available to young children with disabilities.

1.3 PROBLEM STATEMENT

The energetic processes in child development permit children to develop from reliance on caregivers in their operational capacities during the early stages, to increasing independence (primary school), adolescence and adulthood (World Bank, 2010). For children with disabilities, ECD is the critical period for detection and assurance to access interventions, for instance, educational facilities and services that can assist them to realise their full capabilities (UNESCO, 2010). Young children with disabilities are more susceptible to developmental risks. Despite being the needier ones, conventional programmes and services intended to stimulate child development often neglect the needs of these children, particularly in Latin America, Asia and Africa (Simeonsson, McMillen & Huntington, 2000). According to Mpofu (2004), there is no specific legislation for the education of young children with disabilities in Zimbabwe, which means that the provision for the education of young disabled children is left to individuals.

The Education Act (1987) (Zimbabwe Government, 2006), as amended, embraces all children, but does not give young children with disabilities the legal right to education and, hence, leaves the government with no obligation to fulfil with regard to the fundamental rights of young disabled children.

1.4 RESEARCH QUESTIONS

The following research questions were posed to answer the research problem and gave the study directions to follow:

1.4.1 Primary research question

Which ecosystemic factors influence the accessibility of ECD services to young children with disabilities in Zimbabwe?

1.4.2 Secondary research questions

- What are the experiences of parents and teachers of children with disabilities with regard to the accessibility of ECD services in Zimbabwe?
- What are the perceptions of the community with regard to children with disabilities in Zimbabwe?
- What strategies and guidelines can be followed for the provision of and optimum accessibility to ECD services to children with disabilities in Zimbabwe?

1.5 AIMS AND OBJECTIVES

The aim of this study was to explore ecosystemic factors that influence the accessibility of ECD services for young children (four to five years old) with disabilities in Zimbabwe.

In the context of my study, the following objectives were plied in pursuance of the main aim stated above:

- To explore the experiences of parents and teachers of children with disabilities regarding their accessibility to ECD centres in Zimbabwe.
- To assess the perceptions of the community with regard to children with disabilities in Zimbabwe.

- To develop strategies and guidelines that can be followed in the provision of access to ECD services for children with disabilities in Zimbabwe.

1.6 CLARIFICATION OF CONCEPTS

For the purpose of contextualising this research study, the following key concepts are clarified: ecosystemic factors, accessibility, early childhood development, early childhood development services and disability.

1.6.1 Ecosystemic factors

Ecosystemic factors originate from Bronfenbrenner's ecosystemic theory (1979). Krishnan (2010) explains that the foremost focus of the theory is that growth cannot be examined or justified through impression, but relatively, by means of a manifold and comprehensive system. According to Berk (2000), Bronfenbrenner's ecosystemic theory views child development in relation to the interaction between the social and physical settings around the child and the impact thereof on his or her development. For the purpose of this study, ecosystemic factors, therefore, refers to all the contributing influences that have an impact on the accessibility of ECD services by children with disabilities.

1.6.2 Accessibility

According to Vale, Saraiva and Pereira (2015:210), accessibility can be defined "as the ability to reach relevant activities, individuals or opportunities, which might require traveling to the place where those opportunities are located". To understand the term "accessibility", one needs to focus on the meaning of "disability" as well. Disability is viewed by Tregaskis (2002) as being socially constructed, the effects of which appear to be imposed upon the disadvantaged individuals by their societal and physical environments; for instance, it is the staircases leading to the building and not the incapacitation or the wheelchair that restricts a person. The concept focuses on empowering ease of access for persons with infirmities, or special necessities, or facilitating the right to use through the availability of assistive equipment. The emphasis is on creating accessible services to all people, regardless of their disability status. For the purpose of this study, accessibility refers to obstacles that significantly deter young children with disabilities in their endeavour to exercise their constitutional right to education.

1.6.3 Early childhood development

Mitra, Posarac and Vick (2011) describe the early childhood development (ECD) stage as the period beginning at prenatal to about the age of eight or nine years when the cognitive, emotional, social, linguistic and physical development of children is at its peak. ECD is seen by Trawick-Smith (2014) as the development of children from conception and birth through the age of eight. In the same vein, ECD in the Zimbabwean context covers programmes intended for children from birth to about the age of eight, referred to as “ECD A” (three- to four-year-old children) and “ECD B” (four- to five-year-old children).

1.6.4 Early childhood development services

UNICEF (2007) suggests that ECD services are the range of services provided to facilitate the total development and growth of children aged between birth and eight or nine years. These encompass emotional, spiritual, social, mental, moral, intellectual and physical development in children.

1.6.5 Disability

Disability is defined by the WHO as “any restriction or lack of ability to perform an activity in a manner or within a range considered normal for a human being” (Amponsah-Berdiako, 2014). The Disabled Persons Act of Zimbabwe of 1992 (Government of Zimbabwe, 1996: Chapter 17:01) expands on this explanation by defining a person with disabilities as follows:

> …a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting the person from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society.

Children’s incapacities are compounded by the intricate interactions of their health conditions or degree of impairment in addition to personal and environmental aspects.

1.7 THEORETICAL FRAMEWORK

According to Bronfenbrenner’s (1977) ecosystemic theory, human development is conceptualised to be shaped by multifaceted and diverse systems, and as such, may not be explored or explicated as a distinct conception (Krishnan, 2010). Bronfenbrenner (1979), a psychologist, proposed that child development should be studied within the context of proximal influences, such as the microsystem, mesosystem, exosystem and macrosystem, as no environment is overtly or discreetly responsible for the developing child (Thomas, Speight, Turner-Essel & Barrie, 2013).

Bronfenbrenner’s (1979) ecosystemic theory was regarded as a relevant framework to explore factors that influence the accessibility of ECD services to young children with disabilities in Zimbabwe, considering the functional role played by each system. In support of Bronfenbrenner, the World Bank (2010) also affirms that ECD services may be facilitated in the different environmental systems, such as the home, schools or community-based centres. According to the theory, children’s development is influenced by the different environments in addition to personality traits. The theory has five layers; however, for the purpose of this study, I focused on four layers, namely the micro-, meso-, exo- and macrosystems.

Bronfenbrenner (2005) describes the microsystem as a pattern of events, shared responsibilities and interactive relations experienced by the individual in his or her closest locality, for example, family or school. If there are negative influences or unhealthy relationships in this setting, the effects thereof on the individual may be long-lasting or even last a lifetime. The microsystem level is closer to the child and constitutes the structures with which the child directly interacts (Bronfenbrenner, 2005; Compton, Galaway & Cournoyer, 2005). Factors that may affect children with disabilities at this level include parenting practices, peer interaction, school rules and regulations and day-care centre activities. In this study, the microsystem includes the child with disabilities, his or her family, the ECD centres and the neighbours in determining the access of children with disabilities to ECD services.

The second system that is relevant to this study is the mesosystem. The system may comprise interactions or interrelations among two or more microsystems, each of which can affect the child (Bronfenbrenner, 2005; Compton et al., 2005). This is the layer that provides the connection between the structures of the child's microsystem, for example, the connection between the child's teacher and parents, church and neighbourhood (Berk, 2000). Interactions in the home in a family setup can influence the connections of the individual in the school environment (Bronfenbrenner, 1979; Hook, 2009; Santrock, 2004). In this study, the mesosystem encompasses the relationships and interactions among the parents or caregivers of children with disabilities and the management of the ECD centres and ECD teachers. The focus has been on their influence on the accessibility of such services.

The third system that applies to this study is the exosystem. The exosystem refers to the social setting or environment beyond the child's immediate experience that nevertheless affects him or her (e.g. formal settings, such as a parent's workplace, the community, and informal settings, such as the parents' network of friends) (Bronfenbrenner, 1979; Hook, 2009). The child may not be directly involved at this level, but may feel the positive or negative force involved with the interaction in the system. In this study, community organisation, such as the health and social services, and the management boards of schools make up the exosystem.

The culture and customs define the life of an individual in the broader society, which Bronfenbrenner (as cited in Santrock, 2005) refers to as the "macrosystem". The laws, values, traditions and customs of a particular society are found at this level (Hook, 2009). Families of children with disabilities may be ostracised and expelled from the society as they may be accused of witchcraft and other obscenities (Algood & Harris, 2013). Young children with disabilities may face exclusion and deprivation as activities in the macrosystem affect all the other systems. Participants in the African Children's Policy Forum (ACPF, 2011) studies reported that stigma, discrimination and exclusion are deeply rooted in traditional African beliefs and attitudes surrounding disability. Government policy issues and the broader society constituted the macrolayer of the study. The study employed the ecosystems theory, given its importance in explaining the influence of the environment on the growth and development of a child. This theory enabled me to question the role of the family and kinship networks in creating an environment conducive to the upbringing of a child with disabilities.

1.8 CONTEXTUAL PERSPECTIVES OF EARLY CHILDHOOD DEVELOPMENT IN ZIMBABWE

To contextualise the study, ECD services in Zimbabwe are briefly discussed.

The early years constitute an important phase of childhood development as they mark the child’s crucial growth and development physically, intellectually, emotionally and psychosocially (Ige, 2011). Children have the inherent capability to develop; however, for optimum growth, they need to be recognised and nurtured. The WHO (2007) gives policy guidelines on the early childhood period and regards it to extend from conception to about the age of eight. The early years also mark a hastened period of growth, which Meintjies and Van Belkum (2013) say is also characterised by vulnerability; therefore, the child’s initial experiences influence and lay the foundation for later learning. Bruce, Meggitt and Grenier (2010) posit that the environment is very crucial in modelling the total development of the child. This suggests that the environment ultimately grooms the child to the societal values and norms.

Children think, move, feel and interact with other human beings; hence, teaching them appropriately implies taking into account their diverse makeup and cultivating their developmental and learning needs in all spheres. Vitiello, Greenfield, Munis and George (2011), as well as Welsh, Nix, Blair, Bierman and Nelson (2010), expand that children may experience developmental delays when they are reared in underprivileged environments that lack inspiring learning prospects. Progress and change in a particular domain stimulate and are directed by what takes place in other aspects of growth; the milestones are closely interconnected. Though functional development is intrinsic in all children through the biological timetable of maturation, Roberts, Lim, Doyle and Anderson (2011) suggest that development may be reinforced through exposure to stimuli and motivating ECD services, especially for children with disabilities. Accessible ECD and quality educational opportunities have a high probability of a significant effect on developing children, their future lives, academic careers and national projections, particularly for children from deprived settings (Green, Parker, Deacon & Hall, 2011; UNESCO, 2010).

In Zimbabwe, on 18 April 1980, the new government took a stance in addressing inequalities in the education system by including the black majority who had been historically disadvantaged. The new democratic dispensation led to the introduction of early childhood education to the African children in 1984 (Dyanda, 2007). As a signatory to both international and regional conventions, Zimbabwe has integrated ECD programmes in its education system. Early childhood is perceived and conceptualised contextually; consistent with current trends, ECD in Zimbabwe covers programmes intended for children in the age zero-to-eight range.

To further strengthen the educational resolution of the Zimbabwean government, the 1999 Commission of Enquiry into Education and Training (CIET) recommended that schools, teachers' colleges, polytechnics, universities and other institutions of higher learning should take on board provision for the development of ECD services. However, a study by Choruma (2007) revealed that though Zimbabwean teachers' colleges and universities trained teachers to cater for children with different needs, the teachers were not adequately equipped to deal with young children with diverse forms of disability. Although there are policies on paper, a lack of funding and quality control for critical ECD services is exacerbated for young children with disabilities.

1.9 RESEARCH METHODOLOGY

Research methodology is described by Rajasekar, Philominathan and Chinnathambi (2013:5) as the techniques used by researchers to conduct their studies in illustrating, expounding, justifying and envisaging phenomena. Research methodology is discussed in two broad areas – the research design and the research methods.

1.9.1 Research design

Research designs are perceived by Creswell (2014) as varied plans of enquiry contained in the different approaches (qualitative approach), understood by Denzin and Lincoln (2011) as approaches to inquiry. With particular reference to theoretical designs that inform the application of qualitative inquiry, several perspectives such as grounded theory, hermeneutics and phenomenology are not only identifiable but also distinguishably suited to specific interpretive research approaches (Gay, Mills & Airasian 2011). According to Creswell (2008), a research design is selected based on the nature of the problem or issue being addressed, the researcher's personal encounters and the target group of the study. The research design embraces the research paradigm, the research approach and the type of research to explore in detail the matter under investigation. This study is located in the interpretivist paradigm, following a qualitative approach and using a case study design.

1.9.1.1 Research paradigm

According to Mertens (2010), a paradigm is a way of looking at the world, comprised of philosophical assumptions that influence and guide reflections and action. Creswell (2014:6) describes it as "philosophical world view assumptions" that embrace the study and underscore the importance of paradigms as they inform the researcher on the design specific to the worldview and the procedures in conducting the research study. In the same vein, MacNaughton, Rolfe and Siraj-Blatchford (2001) add that the three elements that make up a paradigm include a methodology, criteria for validity and a belief about the nature of knowledge. Nonetheless, because epistemology deals with how people have come to know what they know (Bourgeois, 2011), it is reasonable to theorise that the legitimacy of knowledge claims is based on how research results have been arrived at. In other words, knowledge claims should be based on visible outcomes that are not only demonstrable and measurable but also accurately obtainable from systematic and methodological blueprints (Mason & Boscolo, 2004). Niewenhuis (2007) suggests that there are three major paradigms, namely critical theory, interpretivism and positivism. This study is aligned to the interpretivist paradigm.

Cohen, Manion and Morrison (2011) state that the interpretive paradigm portrays an individual's concerns. Researchers disposed to this paradigm assume that reality is created through social interactions such as shared meanings, language or consciousness in the natural settings. With that in mind, the study explored and interpreted the subsisted experiences of parents of young children with disabilities, ECD teachers and school administrators who interact with these children in their daily activities at school as well as health and social officers who provide psychosocial services to children with disabilities.

As emphasised by Denzin and Lincoln (2003), an interpretivist worldview allows for the researcher to better understand the phenomenon under study by collating the various perceptions of the participants involved with the phenomenon. In this study, emic interpretations have been drawn from the participants involved with the wellbeing of children with disabilities. Thus, to understand the ecosystemic factors that inhibit access to education in schools for students with disabilities, it was appropriate that I adopted the interpretivist paradigm in preference to the positivist paradigm. Maree (2007) suggests that interpretive approaches focus on action. The activities are only significant to those who are able to determine the purposes of role-players as they disclose their encounters and practices. Our everyday interactions with one another are largely dependent on such shared experiences. Thus, researchers inclined to the interpretivist paradigm begin with individuals and set out to comprehend their elucidations of the world that surrounds them. Generated data contain the denotations and determinations of the sources of information.

1.9.1.2 Qualitative research approach

The study has been anchored in the qualitative approach in a bid to explore the accessibility of ECD services to young children with disabilities (four to five years old) in Zimbabwe. Educational research is usually qualitative in nature, according to Creswell (2014:4), where the researcher depends on the opinions of the participants (emic view). The researcher asks broad, general questions. This type of research involves listening to the participants' voices. The data collected from participants are represented textually or pictorially. The data are subjected to analytic induction, for example, finding common themes. The main focus of the qualitative research is primarily to seek to understand and construe the meanings of conditions or actions from the viewpoints of the people concerned and as understood by them. It generates theory from the interpretation of the evidence (emic view). Cohen et al. (2011) are satisfied that qualitative studies develop general explanations that need little or no further scientific validation.

1.9.1.3 Type of research: Multiple case study

Hesse-Biber and Leavy (2011:256) view a case study as an approach recognised by researchers to be an effective qualitative design because it focuses on experiential knowledge and the social context of individuals. A case study allows the researcher to explore variances between or within particular cases. Thus, it implicates the perspectives of participants on the outlooks of the social world. Monette, Sullivan and DeJong (2005:240) add that it also provides a rich and detailed description of people's lives, experiences and circumstances, with the aim of replicating findings across contexts. Three schools and an ECD centre were selected for this study, and each school represented a different case. Since comparisons were drawn, it was imperative that the sites were chosen carefully to enable the prediction of comparable outcomes across the settings or to envisage complementary findings, based on a theory (Yin, 2003). Multiple contexts of three schools chosen for this study allowed me to analyse within each setting and across the settings (Maree, 2007). This ensured that the issue was not searched through a single lens, but rather through a variation of lenses, which permitted multiple aspects of the phenomenon being exposed and appreciated. A hallmark of case study research is the utilisation of a manifold of data sources, a strategy that also helps enhance the trustworthiness of the data (Patton, 1990; Yin, 2003). Potential data sources for the study included photovoice, interviews and focus group interviews.

I employed a case study research design, given its strength in answering the how and why questions on a particular phenomenon (Yin, 2003). This type of design also allows a holistic perspective on causality because it treats the case as a specific whole. There was, therefore, no doubt that the case study design would allow me the possibility of finding out the challenges faced by young children with disabilities in Zimbabwe in their endeavour to access ECD services (George & Bennet, 2005).

Given the complexity of the ecosystemic factors that influence the access to ECD by children with disabilities, this design allowed me to gain in-depth information on the matter, complex as it is.

1.9.2 Research methods

Research methods may be fathomed to be all the procedures that are used for conducting a research study and, therefore, refer to the approaches the researcher employs in executing the research processes. Walliman (2011) defines research methods as the tools a researcher uses when administering any type of investigation. Mafuwane (2012) explains that in qualitative research studies, the methods are premeditated to assist the researcher to appreciate the significance people ascribe to the societal phenomena and to expound the psychological processes underlying certain behaviour. Mertens (2010) supports using several sources for collecting data and maintains that it permits for data triangulation and gives the researcher a chance to self-reflect. On that note, the discussion that follows focuses on the selection of participants and research sites, data collection techniques and analysis procedures.

1.9.2.1 Selection of participants

Sampling is critical to research. Abrams (2010) admits that it is pertinent to the authenticity of a qualitative study as it communicates the richness of data in addition to the extent and latitude of conclusions arrived at. In purposive sampling, Cohen et al. (2011) explain that cases to be included can be handpicked from the sample by the researchers based on their decree of typically possessing the particular traits being sought. In addition, Maree (2007) says that selecting participants' sites depends on the defining characteristics that make them, as the data owners, desirable for the study. To harness reliable pedagogical perspectives from local Zimbabwean ECD teachers and parents with four- to five-year-old children with disabilities, I conducted a case study in multiple contexts. On that note, three special schools and an ECD centre were purposefully selected, mainly because of the ECD services they offer, which formed the basis of my study on the influence of ecosystemic factors on the accessibility thereof to disabled children.

Purposive sampling was used for selecting participants, who I felt, possessed the specific attributes the research process aimed to secure (Teddlie & Yu, 2007). For the purposes of this study, participants identified as key informants were the three principals of special schools, an ECD centre manager, six ECD teachers, two officers of the Schools' Psychological Services (SPS), six school-based support team (SBST) members and eight parents or caregivers of four- to five-year-old children with disabilities. I utilised purposive sampling to reach out to well-informed people who had a profound knowledge of ECD services (Cohen et al., 2011).

1.9.2.2 Selection of research sites

I identified and located three special schools and an ECD centre that offered ECD services to young children with disabilities (four to five years old) in the Bulawayo Metropolitan Province. This helped me to identify possible data-rich informants**.**

Two of the special schools (School A and B) are located in the low-density suburbs of Bulawayo (residents in the low-density suburbs are those assumed to be medium- to high-income earners, while those in the high-density suburbs are located in the low- to average-income bracket). School C and the ECD centre are in the high-density suburb. The sites were purposefully chosen because of the variable ecosystemic aspects of the participants identified. The children's rehabilitation unit (CRU) is located in one of the referral hospitals, conveniently placed for ease of access. In addition, all the sites were strategically positioned in the second largest city of Zimbabwe, where I live as well. I agree with Leedy and Ormrod (2014) that centrality of a research site makes it possible for critical information to be collected with considerable ease.

1.9.3 Data collection techniques

The data were gathered using appropriate qualitative approaches (Cohen et al., 2011). These included face-to-face interviews, focus group interviews and the photovoice method. Thus, based on the research approach chosen (qualitative), the paradigm (interpretive) and the research type (case study), the study was an ongoing process until saturation was achieved (cf. Ghauri, Sinkovics & Penz, 2008).

1.9.3.1 Face-to-face interviews

Cohen et al. (2011) describe an interview as an adjustable tool used for collecting data as it enables multisensory processes to be employed. Despite the fact that circumstances where interviews are used as data-gathering instruments vary from context to context, the most common understanding is that there is a considerable rate of information exchange between the researcher and the respondents (Cohen et al., 2011). Face-to-face interaction was facilitated with the principals of selected schools, SPS officers, ECD teachers and parents or caregivers of children with disabilities aged four to five years, because of their exposure and possible interaction with young children with disabilities. In the context of this study, face-to-face interviews were used to collect data, taking into cognisance De Vos's (2002) emphasising that an interview is an adaptable technique that permits the researcher to probe deeper and search for deep meanings compared to other techniques. The other strength was the dimension from Burns and Grove (2003), who highlight that interviews save time and are appropriate, especially where the participants may have challenges in reading and writing.

1.9.3.2 Focus group interviews

A focus group interview is an interview that is administered to a group of selected participants. Stringer (2014:111) adds that "focus groups provide another means of acquiring information where participants are given opportunities to describe and present their perspective on the issue discussed". The strength of a focus group interview relies on the interactions and relations within a group in generating a mutual perception, rather than an individual opinion (Cohen et al., 2011). To this end, the focus group constituted members of the SBST from Site A; the other sites did not have resident support teams. As an advantage, Rule and Vaughn (2011) speculate that open discussions are reliable ways of listening to research subjects regarding their achievements, challenges and possible prescriptive measures to peculiar undesirable local conditions.

1.9.3.3 Photovoice

According to Nieuwendyk, Vallianatos and Nykiforuk (2015), photovoice is one of several qualitative methods utilised in community-based participatory research. It is a hands-on technique that allows the study participants to utilise camerawork in telling innermost stories about their snapshots, as a way to ascertain and demonstrate issues of prominence to them. According to Kamper and Steyn (2011), using the photovoice technique gives the researcher an opportunity to solicit for auspicious information and participation of those involved as well as their devoutness and dedication as they capture photographs that tell their intimate stories. The popularity of the photovoice technique as a qualitative research method is positioned on its strength that allows researchers from several fields to envisage participants' insights about their everyday realities (Nieuwendyk et al., 2015). This technique was chosen for its convenience as a powerful tool for the voiceless and marginalised group of people; in this study, the participants for the photovoice method were parents and caregivers of children with disabilities. Details on the execution of the method are presented in Chapter 4 (see section 4.4.3.5). Figure 1.1 depicts the photovoice process.

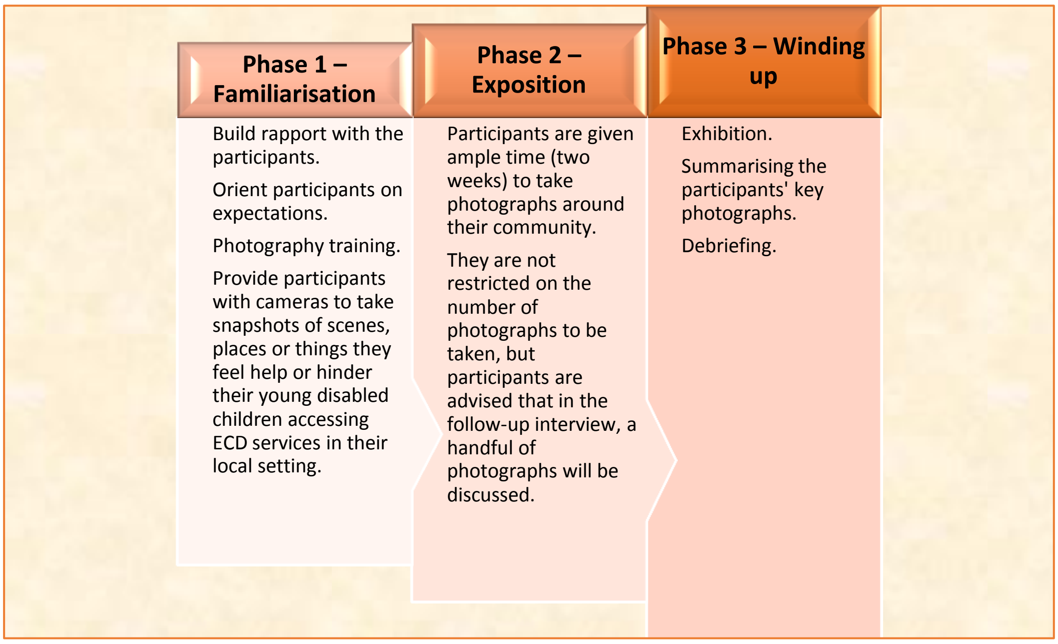

Figure 1.1: Graphic representation of the photovoice process

1.9.4 Data analysis

Riessman (2008:54) states that “thematic analysis focuses on the content of narratives (what is said rather than how the story unfolds) and can be applied to narratives produced in interviews and written documents”. I utilised the thematic approach in analysing data to identify, evaluate and report emerging themes. Creswell (2014) and Stringer (2014) are of the view that the most distinguishable characteristic of qualitative inquiry is its approach to data analysis. My role remained that of assisting participants to answer the identified research questions in a scientifically and collaboratively orderly fashion to ensure that informed and guided theoretical conclusions are harvested.

1.10 TRUSTWORTHINESS

Maree (2007:299) maintains that trustworthiness “refers to the way in which the inquirer is able to persuade the audience that the findings in the study are worth paying attention to and that the research is of high quality”. On the other hand, Streubert, Speziale and Carpenter (2003) explain that trustworthiness refers to the degree of genuineness, authenticity and accuracy in establishing the validity and reliability of qualitative research. Graneheim and Lundman (2003) point out that credibility and trustworthiness of a study refer to research results. Research results can be affected by the ignorance of participants, misunderstanding, reticence or bias. Engaging several techniques of collecting data in this study assured trustworthiness (cf. Maree, 2007). I also reflected on the recommendations of Monette, Sullivan and DeJong (2005), who suggest thoroughness in making assessments, descriptions and interpretations of situations as these aspects may influence the research results. As part of trustworthiness, the following concepts featured in my study: credibility, transferability, dependability and conformability.

Terre Blanche, Durrheim and Painter (2006) view credibility as the assurance that the researcher’s conclusions stem from the data. To accomplish the integrity hallmark in this study, triangulation of different data collection tools, the utilisation of different data-rich informants and the specification of the three research sites lessened researcher bias and, to a certain extent, minimised the impact of each of their flaws combined. I applied these tools to determine any discrepancies in the findings (cf. Maree, 2007). I strived to produce findings that are believable and convincing.

Transferability, according to Lynham and Guba (2011), addresses the issues of uprightness, profundity, fertility and latitude of the data achieved and the extent to which the study findings can be protracted to other situations. Lewis (2009:5) admits that to achieve transferability, results must “hold true across various people, times and settings”. In this study, to increase the aspect of transferability, I provided comprehensive details of the entire research process – from sampling techniques of sites, report writing by participants and the presentation of findings – as Anney (2014) alludes that research findings should be contextualised to other settings.

“Dependability refers to the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did” (Terre Blanche, Durrheim & Painter, 2006:93). It is critical to note that the key to qualitative research is learning from participants, as opposed to controlling them (McMillan & Schumacher, 2014); therefore, qualitative studies emphasise uniqueness rather than repetition (Shenton, 2004). Replicating a process does not essentially entail that similar outcomes will be realised. Instead, diverse discoveries should be seen as suggestive of numerous truths that could also infer the presence of a variety of solutions, provided that proper techniques are applied to interrogate ecosystemic factors influencing the accessibility of ECD services to young children with disabilities (cf. Cohen et al., 2011). Member checking and identifying themes to ensure that they are accurate and dependable (cf. Creswell, 2003) were employed to participants in the second stage of the research study.

To achieve confirmability, there must be assurance on the issues of credibility, transferability and dependability (Anney, 2014). Furthermore, Shenton (2004) adds that confirmability in research denotes the actions carried out in the study in an endeavour to validate that the results emerging from the data analysed are a true reflection of the study. To ensure and ascertain the validity of the findings in my study, I have provided a comprehensive description of the research procedures (cf. Creswell, 2007).

1.11 ETHICAL CONSIDERATIONS

Streubert et al. (2003) stress that the researcher has a virtuous commitment to consider the courtesies of the members who are to contribute and are projected to offer important information in the study. It was thus crucial for me to reflect on the importance of establishing trust between the participating team and myself and to esteem them as independent beings, thus allowing them to make comprehensive verdicts (Burns & Grove, 2003). Ethical guidelines and principles for shielding human subjects of research, as laid out in the Belmont Report (1979), suggest that the consent document should be provided to all participants.

I submitted an ethical application to the Ethics Committee at the University of Pretoria and obtained permission to conduct the research (Ref No EC16/02/02). I also sought permission from the Provincial Education Director responsible for the Bulawayo Metropolitan Province (see Appendix A). This permission granted, I solicited consent for participation in the study from all selected sites and participants (see Appendices B, C, D, E, F, G, H and I). I also safeguarded individual confidentiality as specified in ethical considerations concerning any type of research.

1.12 CHAPTER OUTLINE

Chapter 1: Orientation of the study

This chapter provides the orientation and background of the thesis in exploring the ecosystemic factors that influence the accessibility of ECD services to young children with disabilities in Zimbabwe, focusing on the four- to five-year age group. The chapter gives a general overview of the study and includes a discussion of the problem statement as well as the focus, rationale and significance, research objectives and research questions that have guided the study. A brief description of the concepts, research methodology, ethical considerations and quality criteria of the research is also presented in this chapter.

Chapter 2: Contextual perspectives on early childhood development

To put the study into context, pertinent issues regarding children with disabilities are discussed in this chapter. ECD contributes to societal efforts to reduce poverty and inequity. The chapter presents literature on the magnitude of the influence of ecosystemic factors in the accessibility of ECD services to young (four- to five-year-old) children with disabilities. The main aim of this chapter is to highlight the gaps that exist in ECD programmes in Zimbabwe and beyond, which ultimately justifies the need for this research.

Chapter 3: Theoretical framework

Children grow up and develop in the context of many systems, regardless of their physical, social, mental or economic status. This chapter provides an in-depth account of the literature that is relevant to this study according to the ecosystemic factors outlined in Bronfenbrenner’s ecosystems theory. The applicability of Bronfenbrenner’s theory to the Zimbabwean situation regarding factors that influence the accessibility of ECD services to young children with disabilities is discussed. Socially excluded individuals or specific groups face discrimination, excluding them from meaningful participation in society. Children with disabilities in developing countries, such as Zimbabwe, face exclusion from accessing ECD services.

Chapter 4: Research methodology

This chapter presents, in detail, the justification of the selected research design, methodology and paradigmatic position used in the study. I also discuss the research participants, data collection strategies, measures for quality assurance and ethical consideration.

Chapter 5: Data presentation analysis and interpretation

Chapter 5 presents the findings of my research. Demographic data of the participants are presented in this chapter, as well as summaries of interviews and discussions. The results are presented in themes and categories. The emerging themes are presented for interpretation to secure a deeper appreciation of the case studied. The discussion is developed in relation to the previous studies, theoretical frameworks and the current Zimbabwean context of the influence of ecosystemic factors in the accessibility of ECD services by young children with disabilities. The emerging themes are substantiated by using exact extracts and excerpts from the participants' interviews and written narratives, as well as my own field notes. Relationships, inconsistencies and new perceptions from the results obtained and the prevailing prose consulted, are highlighted.

Chapter 6: Summary, conclusion and recommendations

Chapter 6 describes the general overview of the study and enlists a number of recommendations for future implementation in the Zimbabwean education system.

1.13 CONCLUDING REMARKS

ECD has been acclaimed as a significant phase and, thus, has garnered worldwide recognition. Research has demonstrated that the early years are very sensitive and critical periods that determine the personality of a child, and later adulthood; therefore, it is crucial that children grow and develop in supportive and enabling environments. Evidently, Zimbabwe has shown its commitment to providing ECD services through many developments and innovations that have taken place since independence in 1980. In a demonstration towards providing a compacted foundation and holistic development to young children, the Zimbabwean government formalised ECD and mandated all primary schools to attach ECD classes for children aged three to five years in 2005. However, access to quality ECD services has remained fragmented and disintegrated.

Notwithstanding the noble policy developments in a bid to address the issues of inequity and inaccessibility in ECD, I noted that four- to five-year-old children (ECD target group) with disabilities were not being provided for in the services meant to benefit them. There was a discrepancy in accessing ECD services; hence, the main focus of this study was to permeate the ecosystemic factors that impinge on ease of access to ECD services by young children with disabilities. Pertinent to the study was the establishment of ways and means of mitigating and improving access to services for these disadvantaged children.

The next chapter focuses on the contextual perspectives of early childhood development.

CHAPTER TWO

CONTEXTUAL PERSPECTIVES ON EARLY CHILDHOOD DEVELOPMENT

It is not simple to explain the practice of nurturing a child with exceptional demands. From the peripheral, it may appear complicated and hectic. Yet from a parenting angle, it is a marvellous encounter of growth and development

Eliana Tardio

2.1 INTRODUCTION

The early years of an infant's life underpin all future development in the areas of linguistic, socio-emotional and cognitive domains (Storbeck & Moodley, 2011). According to UNESCO (1990:5), specialists agree that "learning begins at birth", thus the need to lay a solid foundation in the development and growth of young children is important and should embrace all children, including those with disabilities. In addition, Atmore (2013:3) highlights that young children deserve "the best quality care and education". Subsequently, the area of ECD has become a critical global research focus, underscoring, conceding, considering and meeting the unique needs of the young child (Storbeck & Moodley, 2011). Regrettably, as noted by Nyikahadzoi, Chikwaiwa and Mtetwa (2013), young children with disabilities contend with adversities that ordinary children do not generally experience.

A study by UNICEF (2011) suggests that when support is of a poor quality and motivation and nurture are scarce, child development is acutely prejudiced, and more so for children with disabilities. In this regard, it is vital to ensure access to interventions for children who experience disability as this can help them reach their full potential. In its report, the Organisation for African Unity (2001:6), as cited by Hannaway (2012), is also in agreement when it reports: "The future of Africa lies with the well-being of its children and youth." The author further highlights that the organisation regards "today's investment in children as tomorrow's peace, stability, security, democracy, and sustainable development" (Hannaway, 2012). However, due to various factors such as poverty and disabilities, not all children have access to ECD services (Mailwane, 2016). It is thus the goal of this study to explore the ecosystemic factors that influence the accessibility of ECD services to young children with disabilities, aged four to five years, in Zimbabwe.

To foreground the study on the accessibility of ECD services for young children with disabilities, attention will first be focused on the importance of the early years, followed by an elucidation of the concept "development" in early childhood and the various areas of development. The latter sections of this chapter explore the role and importance of ECD services in relation to the development of young children. The chapter concludes with a brief discussion on ECD services in Zimbabwe, encompassing the state of accessibility of these services for young children, in particular those with disabilities, falling within the four- to five-year age group.

2.2 THE IMPORTANCE OF THE EARLY YEARS

Early childhood distinctly signifies a crucial phase in the lives of children as it characterises enhanced rates of development in all domains, such as cognitive, physical and psychosocial (Ige, 2011). Concurring, Hannaway (2012) observes that on a global scale, exposing children to ECD services has the probability to promote holistic growth and expand the lives of communities. Notably, the growth and expansion of any nation fundamentally depends on its young children. In this regard, the Bernard van Leer Foundation (2004:3) affirms that "a nation's future relies on its young children since the circumstances and experiences that happen to children in their first days, months and years of life affect their development, the development of our society and the development of our world". Thus, what transpires in the early years of a developing child is fundamentally significant, as it is a phase of not only remarkable changes but also of susceptibility. Young (2002) states that ECD programmes offer children an opportunity to grow and develop self-confidence, positive attitudes and the capacity to learn in motivating environments that are favourable to the overall development of the child. The provision of viable ECD programmes also leads to the development of competent young children who will ultimately give support in a society of accomplished, accountable and dynamic citizens.

Santrock (2010:82) also emphasises the importance of the early years of a child and describes it as “a critical stage of life in terms of children’s physical, intellectual, emotional and social development and well-being”. It is the most rapid period of development in a human’s life and is critical to a child’s cognitive, social, emotional and physical development. A child’s environment during the early years has serious long-term effects on the trajectory of his or her adolescence and life course (UNICEF, 2011). Similarly, Santrock (2010) accentuates the importance of provisioning high-quality child care, provided by experienced and adept caregivers. In harmony with the other authors, Chan (2012) proclaims that the importance of the early years is being acknowledged globally by many countries as they realise the influence thereof on increasing and sustaining human productivity. Thus, an investment in the early years has turned out to be one of the most lucrative investments in human resources, which may lead to the viable expansion of a nation (UNICEF, 2011). Furthermore, the UNICEF report acknowledges that the return on investment in education is increased by reducing repetition rates, increasing school readiness and making education more effective.

In pursuance to the UNICEF (2011) study, as alluded to in the preceding paragraph, the WHO (2011) reports that a child who is well prepared for school is less likely to repeat a year of school, be placed in special education or drop out of school. Thus, investing in children in the earliest years results in the saving of costs in remedial education, healthcare and rehabilitation services, and may result in higher earnings for parents and caregivers. On this strength, Dodge (2007) urges people to invest in ECD as a measure to avert results of adversity in later life. Thus, an endeavour to investment in the early years of a young child with disabilities can help reduce costs and is more effective than attempting to address the consequences. Early learning precipitates later education as much as early achievement nurtures future achievement, and just as early failure leads to failure in future. In this regard, learning begins in the early stages of a child’s life, way before conventional learning starts and progresses through his or her lifetime. It is, therefore, of paramount importance that children learn and develop in an environment conducive to learning. The learning environment should foster the holistic development of the child, that is, physically, intellectually, emotionally as well as socially.

Developmental risks manifest more in young children with disabilities, and their vulnerability is more evident than that of children who do not have disabilities; however, children with disabilities often suffer the affliction of being left out from conventional programmes and services that are intended to promote child growth (Simeonsson, 2003). Similarly, according to a report from a study carried out by the WHO (2011), these children do not benefit from ECD services and are often excluded from the supportive network that is essential to meeting their rights and needs. Montie and Abery (as cited in Nyikahadzoi et al., 2013) agree that a child needs education, love and appreciation from relatives and the society, in general, to develop the human and social capital necessary for the child to experience a rewarding lifetime and to augment profoundly to the social and economic development of his or her family, community and country. In many settings, the family units of young children with disabilities are generally confronted by challenges of inadequate information on regulatory policies, adverse attitudes, scarce facilities and the absence of accessible environments (WHO, 2011). With the same objective, a study by UNICEF (2011) has revealed that a lack of timeously appropriate intervention and support for children with age-related deferments or frailties, as well as their relations, results in severe consequences in their lifetime – their exclusion becomes more intense and poverty becomes a perpetual feature in their lives.

Proper provision of and access to ECD services, especially for young children with disabilities, may help reduce the social, economic and gender disparities that divide a society and may contribute to including those traditionally excluded. It is through education that young disabled children and societies can be empowered "by equipping them with values and basic skills that allow them to critically reflect and make informed decisions about issues and courses of action" (Kaga, 2007:54). ECD, therefore, has the probability to stimulate transformations and comprehensively augment the subsists of societies on a large magnitude. With that in mind, the next section cogitates on the development of four- to five-year-olds – physically, socially, emotionally and cognitively. Focus will also be placed on the medical and social models of disability as these inform the current study.

2.3 DEVELOPMENT IN EARLY CHILDHOOD

“Development” is a universal term that can be used in various contexts. Baltes (1987) notes that development are all those processes that the child may go through during the different stages of growth in life, whereas Trawick-Smith (2003:6) refers to development as a process through which human beings “change both qualitatively and quantitatively as they grow older”. There is a consensus among researchers (cf. Trawick-Smith, 2003; Umansky & Hooper, 1998) that development in the early years may refer to quantitative measures in terms of height, weight, social and other physical abilities, and qualitatively through cognitive and behavioural aspects (Mailwane, 2016). In young children, growth is universal; thus it embraces social, emotional, physical and intellectual development. In the context of early childhood, which spans from birth to about the age of six (WHO, 2012), development of the mind and body progresses at an incredible speed, and it is at this stage that a lot of edification transpires. Furthermore, this is a phase when children predominantly require proper, efficient and eminent individual care and learning experiences. Experiences in the elementary years have significant effects on the lifelong outcomes; hence, substantially, ECD is regarded as a vital link that can reduce poverty and proliferate health, education and welfare (UNICEF, 2007). For this purpose, it is imperative that caregivers comprehend the cultural standards and other developmental trends of children in the ECD phase and devise best supportive ways that conform to appropriate practices to assist in young children’s development.

Human growth is also perceived as “patterns of change over time throughout one’s life span” (Keenan & Evans, 2009:4) and these developmental changes manifest in various dimensions, such as cognitive, social, emotional as well as physical dimensions. Consequently, growth may be described as a process that begins at conception and extends through the whole life of a human being (Baltes, 1987; Myers, 1992). However, in argument, Bastable and Dart (2007) are of the view that the definite chronological age is only a comparative pointer of the child’s physical, cognitive and psychosocial phase of development, and hence, should never be examined in isolation. Children with disabilities also go through these different processes, regardless of whether they are born with the disabilities or whether the disabilities emerge after birth. As such, ECD services to children with disabilities in particular are not only a necessity but a critical component in the development of a group of children that are regarded as vulnerable (Mailwane, 2016) and could be under remarkable threat (Lerner & Johns, 2009). In concurrence, Bastable and Dart (2007) opine that the development of the child is fundamentally critical for early childhood teachers and caregivers, as all domains are interdependent for the child to develop in a balanced manner (Rathus, 2003). Although physical growth typically constitutes the major facets through observing the developing child, other areas of development, including social, emotional and cognitive growth, ultimately influence the holistic outcome. To understand the differences in typical and atypical children within the age range of four to five years, warrants the next section to channel its emphasis towards typical and atypical development in young children.

2.3.1 Typical or normal development of young children

In defining typical or normal development, Allen and Schwartz (2001:56) concede that it is a continuous "process of growing, changing and acquiring a range of complex skills", while Brady, Holloway and Long (2014) posit that typical motor development tends to occur in an orderly, projected manner. Notably, discrepancies in the development of skills and the degree at which children attain these skills will always subsist (Brady et al., 2014). The process of growth in children is a vigorous procedure where there is progressive reliance on the caregiver in all operational capacities from the initial stages, through adolescence, to adulthood with the aim of reaching autonomy (Simeonsson, 2009). Thus, as children undergo the process of development, there is evidence of mastery and transformation of multifaceted stages of physical growth, cognitive development, feeling, communicating and collaboration with people and objects in the environment (UNICEF, 2011:2). Also, a study by Heckman (2000) indicates that children undergo divergent phases of development as they interchange from infancy to adulthood. The growth of children follows a certain pattern or principles, which can be anticipated by the diverse circumstances and uniqueness of every child. Even if growth patterns of children are predictable, the State of Victoria, Department of Education and Early Childhood Development

(2010) highlights that the child’s outcome is unpredictable, owing to multiple factors such as family, school, community culture, genetic inheritance, personality, gender and health.

According to Walker et al. (2007), the growth of children is normally divided into three key areas, namely cognitive, physical and socio-emotional development; development indicates that a number of skills that are linked to these domains should be mastered. The highlight in this area is the holistic development of the child (Xin, Xiaobin & Lackaff, 2013), which is intertwined throughout life. In his argument, Myers (1992) puts forward the view that to give a comprehensive description of how a child develops, the various dimensions of development should be taken into consideration. To this end, in discussing the manifoldness of development, Keenan and Evans (2009) mention the multidirectional principle of development, indicating that there is no single normal route regarding development in children, but there is a lot of diversity. The authors observed that development is coordinated by the brain and these domains are interlinked as such that they form the basic foundation of human development. The ensuing sections deliberate on physical, cognitive and socio-emotional areas of development.

2.3.1.1 Physical development of preschoolers

According to Grisham-Brown (2009), physical development denotes bodily changes revealed in the manner in which children grow and move, as well as the way they perceive the environment around them. In computing the growth of a child, Davies (2003) postulates that weight, stature and head perimeter may be used. In the course of their preschool years, children experience major transformations in physical growth and motor development as they become taller and stronger, and improve their coordination of muscles (Grisham-Brown, 2009). Piaget, Inhelder and Weaver (2000) also add that it is at this stage that children master gross motor skills by running, hopping, skipping and jumping; he attributes this refinement to the fact that a great deal of time is spent practising these skills. In the same vein, Santrock (2007) asserts that physical development for children in the age range of four to five years is a progression of the child’s earlier growth in fine and gross motor skills as these gradually become more perfected and coordination is improved to enable children to perform daily activities more independently.

Berk (2012) notes that when a child’s physical stature develops and his or her centre of gravity is mostly transferred downwards towards the torso and becomes more rationalised, balance improves, thereby paving the way for the development of new motor skills. Berk (2012) notes, as children experience and practise their larger bodies in walking, running, climbing, jumping and skipping, they also develop their fine muscles, for instance, eye and hand harmonisation. To augment the views of Berk (2012), Slemming and Saloojee (2013) acknowledge that in their early years, children demonstrate ample malleability and react better to intervention and encouragement than later in life; they, therefore, support the view of the importance of attention to the development of children born with or without disabilities, as nature’s prescribed route cannot be prevented. In addition, Bastable and Dart (2007) further say that motor activities promote children’s perception of their environment and consciousness of other people’s feedback in reaction to their own actions. Berk (2012) depicts the following as projected developmental milestones that young children aged four to five are expected to attain. They are expected to pace down the staircase while interchanging their feet. At this stage, children are energetic; thus, they are able to dart more efficiently and may even run or hop, using one foot. Berk (2012) highlights other milestones that may be exhibited by four- to five-year-olds, which may include tossing a ball or dolls with improved body variations. There is also a well-defined mass movement to other body parts; balls may be kicked or clasped with ease. The use of large muscles may also be evidenced in cycling rapidly and efficiently, while fine muscles are exercised by brushing their own teeth, using the scissors or drawing stick people (Slemming & Saloojee, 2013).

Motor skills are nurtured in the early years to enable children to gain control over their bodies. According to Neuman, Copple and Bredekamp (2000), the development of proficiency in the motor skills is essential as it lays the foundation for the establishment of self-care and handwriting skills. Fine motor development involves firming up of fine muscles through a variety of activities. According to Berk (2012), fine motor skills are basically ostensible in two components, that is, when children nurture their bodies, as well as by drawing and painting at home or at preschools. Kersey and Masterson (2013) explicate that fine motor skills are a result of enhanced control of hands and fingers, thereby allowing children to perform certain tasks such as drawing, cutting with scissors or tying shoelaces. For this purpose, it will be beneficial to involve young children with disabilities in activities that will enhance agility and the development of life skills. Gross motor development relates to large muscle development resulting from activities such as throwing and running. Berk (2012) posits that preschool activities such as running, jumping, hopping, galloping and skipping smoothen the postures of children rhythmically. An examination of the cognitive development of young children aged four to five years follows in the subsequent section.

2.3.1.2 Cognitive development of preschoolers

Jean Piaget is a distinguished expert in describing the major cognitive developmental milestones in children. His work on the growth of children's thinking, spanning several decades, has profoundly influenced and modified other fields that put emphasis on human growth (Wankat & Oreovicz, 2015) and how children grow cognitively (Diègue, 2014). Development of cognition in preschoolers is based on the major principles of Piaget's theory, particularly the construction of knowledge and the manifestation of logical thinking traits at ages four to five years (Flannery, 2011).

Children interact with their environments to develop intricate perceptions and understanding, as demonstrated by Piaget's theory of cognitive development (Diègue, 2014). According to Piaget et al. (2000), preoperational thought is the developmental stage related to children during the age of two to seven years in the preschool phase. Piaget et al. (2000) attribute this stage to the development of symbolic reasoning, the emerging of cognitive thinking, increment on the use of concepts and the construction of make-believe thoughts. In addition, McCormack, Henderson and Wright (2009) indicate that during this stage, the children's behaviour gradually takes a direction that relies less on their sensorimotor movements. Thus, the development of such mental templates (schemas) assists the progression of children from one phase to another (Crain, 2005). Crain (2005) further suggests that maturity in thinking capacities at the preoperational stage helps children to deal with environmental influences and proceed to more intricate stages.

Nicolosi, Harryman and Kreshek (1989) maintain that the development of intellectual structures happens consistently through competence growth in concept formation, judiciousness, logic perception, creativity as well as in memory retention. In agreement, Owens (2008) asserts that development of the intellectual faculties encompasses the use of appropriate activities that will help develop the mind's level of processing information, comprehension, organisational, identification and knowledge growth. It is during these growing stages that children acquire reasoning skills and begin to use their linguistic abilities characteristically and gradually to express their thoughts, through imaginary play as well. To that end, McCormack et al. (2009) describe the development of thinking skills in children as the major matter in Piaget's work. In supporting the development of thinking skills in growing children, the Association for the Education of Young Children (2009) emphasises that providing an extensive accessibility of diverse educational events, prospects, backgrounds and settings is an essential highlight of worthy services in early childhood, particularly for children with disabilities.

According to Wankat and Oreovicz (2015), Piaget's theory perceives intellectual development as distinct phases that occur in stages as he understands the process of intellectual growth to be structured and related to age. According to these authors, Piaget sees development of the mind as incessant, with the intellectual processes being manifestly different in the four stages. In a research paper, Anthony (2014) highlights that cognitive development in three- to five-year-old preschoolers is marked by a rapid growth in their thinking abilities. She adds that it is during this developmental period that they learn to reason symbolically and increasingly use their linguistic abilities to express their thoughts, through pretend play as well. Piaget et al. (2000) expand by saying that it is a phase when figurative reasoning develops, conceptual thinking surfaces, the use of concepts is increased and make-believe views are created. At this stage, dependence on physical actions is lessened and primarily the focus is on activities that develop the mind. However, imperative and influential as this age can be, it should not be scrutinised in isolation to other aspects at play, taking into account that young children with disabilities may be chronologically disadvantaged (Bastable & Dart, 2007). The child's age is only an approximation guide of developmental aptitudes and capabilities.

Wankat and Oreovicz (2015) conclude, while Piaget's theory has, to some extent, borne endurance with some degree of modifications, it is now generally agreed that young children construct meaning dynamically. Feldman (2004) argues that overall it is pertinent to elucidate the fact that realistically, individual differences in children exist along the intellectual development trajectory over and above the way it is being addressed by Piaget's theory. As highlighted by DePoy and Gilson (2007), during growth, every child has a developmental route or adheres to a precise trajectory that works out well for him or her. His or her developmental curvature may be anchored on a combination of aspects embracing ethnic contexts and hereditary possibilities, as well as ecological inputs, such as diet, exercise and social motivation.

Following up on the previous authors' observation, it warrants the supposition that even though children grow and develop at their own pace, many are most likely to achieve some of the following cognitive developmental milestones at four to five years of age (Wilson & Katz, 2009). Wilson and Katz (2009) describe cognitively developed children as having the capacity to progress steadily in the development of early literacy and grow in vocabulary; they may use different verb tenses, recognise numbers and basic shapes and comprehend sounds of words that rhyme, or short rhymes. Recognition of some letters of the alphabet, their names and those of family members may be noticed.

Wilson and Katz (2009) furthermore posit that some children may begin to comprehend opposites (boy/girl) and may conceptualise sequence (small, smaller, smallest). They are very inquisitive; hence, they tend to ask plenty of “why” and “how” questions, and many will have developed a sense of time in terms of today, tomorrow and yesterday. A supportive, inspirational and motivating setting in an attempt to promote developmental skills that, in turn, permit the child to be curious and develop ingeniously is an environment that Shanker (2008) upholds. Henceforth, the welfare of young children exhibiting signals of atypical or delayed developmental milestones should be given priority. In the next section, socio-emotional development of preschoolers, as another critical component of growth, is deliberated on.

2.3.1.3 Socio-emotional development of preschoolers

An emerging capability of young children in the development of socio-emotional capacities at ages four to five years is to “establish close and dependable adult and peer associations; practice, control, and articulate emotions in socially and culturally pertinent ways” (Yates, Ostrosky, Cheatham, Fettig, Shaffer & Santos, 2008:2). Thus, an exploration of the immediate learning environment in the context of family, neighbourhood and culture is also a vital exercise at this stage. Grisham-Brown (2009) concurs that socio-emotional growth embraces learning to interrelate with other people and to appreciate and regulate personal emotions. The author further depicts socio-emotional development as the manner in which children deal with their relationships with other people and their understanding of their own feelings. In addition, Cohen, Onunaku, Clothier and Poppe (2005:1), in their study, document that social and emotional development denotes a child’s rising aptitude to familiarise, cope, and exhibit a continuum of “positive and negative emotions; develop close satisfying relationships with other children and adults; and actively explore their environment and learn”. It is thus imperative to keep in mind how children develop relationships and interact with peers at this level. Children develop relationships with people around them as early as at birth (Hurley, Saini, Warren & Carberry 2013); however, cultivating interaction skills, such as communicating, sharing and intermingling with other people, may take a long time to develop (Yates et al., 2008).

Brazelton and Sparrow (2006) view the socio-emotional growth of children as developing the capacity to figure out how others feel, manage their personal emotional states and demeanours and cope with adult figures and peers. In this regard, the authors further advise that for children to accomplish the basic socio-emotional skills – for instance, teamwork, sharing, following simple instructions, turn-taking, exhibiting self-will and being courteous – they must be trusting, have feelings of buoyancy, superiority, companionship and warmth and be humorous, all of which contribute to the child’s development, socially and emotionally (Brazelton & Sparrow, 2006). A noted specialist in psychosocial development, Erikson (1963), summarises the phase of infancy as one of trust versus mistrust. It is during this period that children must thrive through their first major impasse of developing a sense of trust with their primary caregiver (Bastable & Dart, 2007). It is imperative, therefore, to consider that children develop affirmative relationships with trusting and considerate adults as this is key to successful emotional and social development for young children with disabilities. To sum up, a study by Tominey and Rivers (2012) revealed that more than 80% of children in the United States of America attend early childhood education and care programmes preceding formal school entry, thus making ECD an important setting for the development of socio-emotional abilities for young children with disabilities.

A research paper by Siegler, DeLoach and Elsenberg (2011) highlights that there is a high probability of benefit to children who encounter well-balanced social and emotional milestones. Though these are not taut specifications to ascertain children's development, they are most likely to develop passionate associations with adults and peers and thrive in group settings. There is a development of self-confidence and their sense of self-worth is high as they have improved capacities and abilities in their learning environments. Siegler et al. (2011) underscore that thoughts and feelings are appropriately conveyed, regulated and articulated in a wide spectrum of personal emotional states. Supporting the preceding authors, Trawick-Smith (2014) adds that children who are emotionally stable and in good physical shape are capable of establishing and maintaining constructive interactions with peers and adults. For the purpose of this study, ii should be noted that not all children may have the advantage of being exposed to positive environments; for that reason then, it is crucial for caregivers to be vigilant if there is a suspicion of developmental delays or concerns in young children. The follow-up section reflects on atypical development.

2.3.2 Atypical development and disability in early childhood

As this study focuses on the accessibility of educational institutions to children with disabilities, it is necessary to discuss atypical development, which Brady et al. (2014) explain as development that does not follow the same trajectory as the typical developmental progression. Umansky and Hooper (1998) warn that this kind of development may signal red lights and may, therefore, be an indicator of disabilities. That is to say, the way in which disability is comprehended, is vital since people use language to describe persons with disabilities, and hence that shapes their anticipations of and dealings with people with disabilities. Boskic (2011) highlights that critical delays in cognitive development has repercussions on other areas of development, including locomotor, speech, socio-emotional and life orientation skills. He attributes atypical development to the fact that some children have to learn the skills outside of the typical or perceived standard progression in development (Boskic, 2011). In rationalising, this means that these children may possibly develop some of these skills much later than others or may not develop them at all. Boskic (2011) lists some of the indications for atypical development as follows:

- Low development of small motor skills, having difficulties with holding writing tools and performing simple self-help skills.
- Severe underdevelopment of gross motor skills.
- Difficulties in toilet training.
- Extraordinary muscle tone.
- Very low muscle tone – their muscles tend to be flaccid.
- Preschool children who are hyperactive – cannot settle down for a specific period of time.
- Preschool children who face challenges in following simple instructions and find it very difficult to participate fully.
- Preschool children who encounter challenges in taking part in classifying and sorting activities.
- Blurred speech (profound speech complications).
- Limitations in vocabulary acquisition (communicating in single-word phrases at five years of age).

For that reason, Boskic (2011) adds that it is imperative for caregivers to familiarise themselves with typical developmental milestones in the fine and gross motor domains and call in health professionals where they suspect delayed development.

Odom, Buysse and Soukakou (2011) perceive disability as impediments in development in relation to normal standards of growth in a chronological age. These may be disorders linked to developmental setbacks, for instance, autism, cerebral palsy and physical or sensory deficiencies. In the same vein, Trani (2009) brings in the dimension of the limited opportunities of the disabled child that could be availed in a particular context. Child development is subjected to a diverse range of biological and environmental factors. These factors may either promote optimum development or impede it, and thus prevent the child from reaching his or her highest possible levels (WHO, 2007). To this effect, children with some type of disability are susceptible and may be subjected to a diverse range of risks, such as poverty, stigma, discrimination, abuse and neglect, over and above limited accessibility of services. This may have a negative impact on their development (WHO, 2007). In addition, the WHO (2012) promulgates that children with disabilities, as well as non-disabled children, have health needs that have to be provided for in their developing lives. It is notable, however, that as people with disabilities encounter difficulties in accessing healthcare and other services, they need to eradicate barriers in their physical and social environments, which limit them in exercising their legitimate rights (WHO, 2012). In this regard, it is crucial that children with disabilities are afforded access to diverse facilities they need, which may include healthcare, social welfare and ECD services. Accessibility of such services will enhance their health status, social standing and full development.

Yeo and Moore (2003:572) view disability “as the loss or limitation of opportunities to take part in the everyday life of the community on an equal level with others due to physical and social barriers”. In expounding on the disability concept, Wrestling and Fox (2009) view it as conditions whereby individuals are substantially incapacitated physically, socially or academically or have disabilities in sensory processes. Furthermore, definitions of disability contextually vary from one place to another and are mainly dependent upon the domestic legislation of a state (Wrestling & Fox, 2009). Disability is viewed by more recent models as being constructed by the structures of society; thus, the effects of disability are inflicted upon people by their social environments (ACPF, 2014). There is some degree of truth in that the structures in the society exacerbate the disability woes of young children; for instance, a person is not disadvantaged by his or her disability or use of a wheelchair, but relatively owing to inaccessible buildings, toilets or play centres. A depressing observation was made by Mwakyambiki (2006), who states that there is an association between disability and poverty, where, in many instances, various disability causes may be avertable. As a result, the tendency is that these disabled children live in acute poverty, without accessibility of modest educational services.

There are some models of disability that Sullivan (2011) states, are conceptual frameworks for understanding disability. These models deliver some understanding of why certain attitudes and stereotypes exist and how they are reinforced in society. These models are medical and social. Briefly, the medical model views disability as a medical problem in an individual. This is the root of most deleterious attitudes held towards disabled persons. Meanwhile, the social model views disability as stanching from societal and environmental barricades and sees people with disabilities as valued, normal members of the society (Sullivan, 2011). Therefore, in the context of this current study, disability will be viewed from two broad perspectives, namely the medical and the social model. The following section expands on the medical and the social models, as they apply to this research study.

2.3.2.1 Medical model

According to Kaplan (2011), the medical or individual model dominated in the 19th and 20th centuries during the rise of medical professionalism. Oliver (1996) postulates that this model views disabled persons as defective, helpless and reliant, requiring treatment or rehabilitation; it is because of this model that the society holds negative attitudes towards disabled persons. Sullivan (2011) adds that stereotypes towards people living with disabilities arise because the medical model makes them seem to be in need of fixing to become closer to normal as they are generally viewed as incapable of participating fully and independently in the society. Mailwane (2016) opines that the medical model is grounded on the views that disability is perceived as a medical crisis, rather than a social one, thus accordingly can only be explained medically. On this note, Rothman (2010:197) regards disability as “functional loss and impairment” borne by the individual. In addition, disabled persons in this model are viewed as sick persons, who are incompetent of being hired; the society has no capacity to accommodate them, and thus they require medical attention and rehabilitation (Kaplan, 2011). According to Sullivan (2011), such discrimination and low prospects towards disabled persons are detrimental to the disabled and the society itself. This is how negative perceptions of disability are established and armour-plated and how disabled people are marginalised in society. Jaeger and Bowman (2005) add that the presence of fear, pity and demeaning attitudes towards disabled persons that are experienced even today are as a result of the society's negative view of disabled people who are treated differently from the so-called normal. This thus creates a wider gap separating the general public into two groups – disabled and non-disabled.

In a nutshell, Sullivan (2011) propounds that even though the medical model has not found favour as the social model is now the most preferred, it should be noted that the medical model is still rampant and largely contributes to the underpinnings of negative attitudes. The author also highlights that it is important to be aware of which model is used as the role they play bears rather a lot of weight in influencing people's attitudes and actions. Sullivan (2011) highlights that the medical model is still prevalent in the language that people use, the media, legislation, technology and education. A study carried out by Sullivan (2011) in Olin College also confirmed the prevalence of the medical model, showing that in the survey conducted, students held attitudes that were based primarily on the social model but still had some medical model tendencies. The main line of argument of the medical model is that disability is explored from the world of the medical fraternity, whereas the social model rests on the context of a society. Ensuing is a discussion on the social model of disability.

2.3.2.2 Social model

According to Shinohara and Wobbrock (2011), the Civil Rights Movement of the 1970s in the United States of America led to the development of the social model when disabled persons canvassed for equal privileges. This model shunned the idea of the medical model that disability is a medical condition and adopted a new model in which persons with disabilities are not perceived as different, but rather as respected and valued members of the society who have full rights of participation. Sullivan (2011) elaborates that this model does not view the individual's impairment as a problem that needs to be cured. Significantly, warranting notice, is the fact that the social model spells out “disability” as a drawback that is instigated by the convergence of personal inadequacies and a social setting embracing a variety of barriers that may hinder expectations about their ability (Samaha, 2007). Of concern, is that interacting with these numerous obstacles often impedes the full and efficient involvement of young children with disabilities on the same basis with their age mates. In elucidating on the model, Oliver (1996) says that disability is everything found in the society that does not accommodate disabled people or exclude them, such as prejudice, inaccessible buildings, transportation systems, discernment and segregated education; thus, without these hindrances, there would be no disability.

Sullivan (2011), therefore, highlights that the solution does not lie in curing or fixing a disabled individual, but rather in fixing and curing the society to enable access and do away with discrimination and damaging attitudes so that people living with disabilities can take part wholly, like any other citizen, as they are all valuable members of the society. In addition, Shakespeare (2002) notes that the social model has a great and significant impact on disabled people as it has replaced the medical model in which disabled people feel they are to blame. The social model has changed the way disabled persons perceive themselves by highlighting that the problem is in the societal oppression, not in them, and hence the society needs to change. In the same perspective, it is the model orientation that depicts the way the society or caregivers will associate with and involve persons with disabilities (Haegel & Hodge, 2016).

On the other hand, Shakespeare (2002) presents an argument that in as much as the social model was a success to the disabled, the model is now its own main weakness as it presents an ideology that cannot easily be challenged. The model draws attention to disability rather than impairments, and Crow (1996) adds that the model emphasises experiences of pain on a personal level, thus advancing restrictions, which is an atypical component of disability. Shakespeare (2002) highlights that disability needs neither to be reduced to a medical condition nor to an outcome of social barriers alone, as no one has a body that works perfectly, unswervingly or forever. In a substance of truth, Haegel and Hodge (2016) believe that the implications of disability have remained inconsistent and are perceived in a diversity of forms. In the context of this current study, disability generally encompasses both models and the diverse types of challenges that include cognitive, physical and socio-emotional experiences of young children aged four to five years old. On that note, provision of ECD services is critical to all growing children, regardless of their developmental status; however, children with disabilities stand to benefit more. Therefore, the ensuing section focuses on ECD services.

2.4 EARLY CHILDHOOD DEVELOPMENT SERVICES

ECD services embrace an array of services made available for the purpose of facilitating holistic development of children from conception to about the age of eight years (Csibira, 2010). Quality ECD programmes facilitate, cultivate and develop the child in language, as well as socially, mentally, emotionally and physically (Irwin, Siddiqi & Hertzman, 2007). Thus, the quality and the accessibility of ECD services ensure a solid base for future learning of a child. Csibira (2010) further confirms that a solid foundation that shapes the future happiness, growth, health, knowledge and high performance of a child in later school years, is best laid in the first five years of life. Vargas-Baron (2012) concurs that ECD services embrace the five broad areas of health, nutrition, education, protection and sanitation. On that note, successful, cost-effective and beneficial ECD programmes require collaboration of all stakeholders for the benefit of the child. Young (2014:1) observes that “early interventions can alter the lifetime trajectories of children who are born poor or are deprived of the opportunities for growth and development available to those more fortunate”.

According to research by the WHO (2008), child sustenance, in addition to health support services, has a positive impact on child development and may reduce child mortality. However, from an ecosystemic perspective, such provision requires multifaceted efforts by all stakeholders. Countries, local communities and families need to play their roles in caring for young children with disabilities. Chinhara (2016) advises that for children living in disadvantaged societies, basic nutrition is necessary for total development of gross and fine motor dexterities. Poverty, hunger and malnutrition have a negative impact on children. Furthermore, UNESCO (2014) mentions that chronic diseases and malnourishment impair the emotional, physical and mental growth of the developing child. Sadly, indications are that many children in their early years, especially children with disabilities, have either restricted or constrained regular nutrition and health amenities. The section below discusses the significance of ECD services in the development of children with disabilities.

2.4.1 The importance of early childhood development services

ECD is the key to a full and productive life of a child and, subsequently, the progress of a nation (UNICEF, 2011). Similarly, Wazir and Van Oudenhoven (1998) maintain that there is value in investing in the early education and development of children as it ensures the development of economically driven adults. A WHO Report (2012) refers to ECD as a powerful equaliser because at this stage there is a rapid development of the brain and body blocks for imminent growth and progress. Aidoo (2008) adds that focusing on holistic child development and empowerment through ECD programmes provides an opportunity for viable human, cost-effective and societal revolution in Africa. For these reasons, intervention in the early years mitigates the impact of adverse early experiences.

UNICEF (2011) also observes that ECD is essential for breaking intergenerational cycles of poverty by identifying the most vulnerable children and situations likely to perpetuate cycles of poverty. Scholars such as Pearson and Rao (2008) claim that universal ECD services can promote change in many societies. Similarly, the African Union (2001) argues that the future of Africa rests in the comfort of its young citizens and youth. According to UNICEF (2007), ECD services can potentially reduce societal inequality through identification and positive intervention in susceptible children as their constant desperate situations may propagate poverty. UNESCO (2007) also stresses that the eradication of poverty cannot be accomplished without education. The provision of primary healthcare services, sufficient nutrition, motivation and encouragement in suitable and comfortable environments, together with ECD intervention programmes, may ensure children’s progression to primary education, continuance through high school and efficient entrance into the work force.

To illustrate the focus of ECD services, Tadros, Silloway, Mayman and Dahlin (2012) report that in Hawaii, all young children have the prospect to access an extensive range of health and medical services that are offered by the state health programme. On the same note, Vegas and Santibanez (2010) report that in Chile, the National Health System has the responsibility to explore and monitor the quality assurance in the health delivery settings for children under six years. The WHO (2011) acknowledges that the survival prospects for many nations depends on good nurturing of its young children through attainment of optimum physiological as well as psychological growth. In this regard, it is prudent to admit that many governments have made provision for ECD services through various ECD programmes. Armecin et al. (2006) present a comprehensive review of the objectives for the ECD programmes, and these include the enhancement of the learning environment, improvement of nutrition as well as decreasing the prospect of ill health among children.

It has been proven that the earliest years of life of a child are crucial for development of the brain, regardless of whether a child is disabled or not (WHO, 2012). In the report by the African Ministers and Representatives of Ministers (2005), they suggest the possibility of quality ECD services that can offer some degree of a worthy foundation in children through nurturing and caring for them in dependable and secure settings; thus, children deserve appropriate tactics and backing to encourage their holistic development. The importance of ECD for all children is further emphasised by Heckman (2012) and Storbeck and Moodley (2011), who indicate at ECD is important, especially for children with disabilities, as it encourages them to learn to interact with their peers and zealously participate in set tasks. In concurrence, Levy, Messner and Wertlieb (2014) observe that ECD programmes provide bridging gaps that improve the wellbeing of children with disabilities; ECD interventions are said to be cost-effective methods that improve the susceptibility of disabled children. Philpott (2014) also notes that care during the early years may reduce later costs for education, medical care and other social expenditures, and concludes that investment in children with disabilities means lower costs in the future lives of these children. This corroborates with the work of Heckman (2012), who expounds that healthy, productive and independent disabled adults can emanate from good care and development prospects they receive during childhood.

Access to and participation in ECD programmes help in the identification of children with disabilities before it is too late to help them, and these programmes improve the rate of survival for disabled persons and equip them for later education (WHO, 2012). Heckman (as cited in Philpott, 2014) reports that early identification through ECD programmes is vital because it initiates the commencement of investigations that can yield better results as far as disabled persons are concerned, unlike investigating later and trying to fix missed prospects. On that note, the role of ECD services is discussed in the next section.

2.4.2 The role of early childhood development services

ECD services sustain young children and their families to enhance the survival, growth and development of children to their full capacity (Philpott, 2014). In addition, ECD services may have explicit outcomes and can transform the developmental routes of children during the preparatory phase (Guralnick, 2011). Therefore, children with disabilities have a chance to develop positively, like all other children. Underwood (2015) also emphasises that early childhood is a crucial opportunity for ECD services to intervene and minimise effects of vulnerability, poverty and disability. This prepares a child for school – to avoid repeating grades, being confined to special classes and failing to complete school.

Heckman (2012) postulates that early childhood education programmes nurture children cognitively, socially and emotionally, and enhance attentiveness, motivation, self-discipline as well as character skills that turn knowledge into proficiency and people into productive citizens. Similarly, Nores and Barnett (2010) suggest that even without much reference to technicality or literature, rationally, a person who is well developed in totality will be better positioned to add value to the family and broader society compared to a person who is not. In addition, ECD services “are the surest ways of bridging intergenerational divide, offer tremendous benefits in terms of future income” (Nores & Barnett, 2010:76). Positive projections in growth, education and developmental opportunities for the least advantaged children can be enhanced at ECD centres where, according to Guralnick (2011), children may have a good chance to socialise, develop or acquire language and self-help skills. Young (2002:1) also asserts that investing in ECD can yield high economic returns through the provision of “basic health care, adequate nutrition, nurturing and stimulation in a caring environment”. Thus, this ensures progress into primary school, continuation through high school and victorious access to employment.

Viable health systems are necessary for ECD. In Croatia, medical diagnoses and care are made available to children to allow paediatricians to integrate medicinal and preventative care to children who need special care. Pregnant mothers are connected to programmes and medical facilities leading to sound neonatal and postnatal health improvement (Waldfogel, 2006). Elsewhere, Vargas-Baron, Janson and Mufel (2009) state that in Belarus, ECD health facilities are offered to young children with disabilities; access to health is mandatory and free, and medication, nutrition and educational services are in place for children. Vargas-Baron et al. (2009) also report on outreach programmes and child assessment systems initiated to identify children at risk of developmental delays, malnutrition and disabilities. To expedite ECD of children holistically, Vegas and Santibanez (2010) note that in Columbia, programmes have been initiated for mothers to educate them to understand developmental needs, health and nutrition, as well as the organisation and programming of learning activities for children in the ECD phase. In her remarks, Aubrey (2017) points out that in South Africa, ECD services are largely offered through the private sector, the non-profit sector, non-governmental organisations (NGOs), community-based organisations, individual crèches and preschool centres. Thus, there is a strong need for adequate integration of stakeholders and quality ECD services, especially for families with young children with disabilities.

For the purpose of this study, it should be noted that the Zimbabwean government has demonstrated its commitment to the provision of health, nutrition and safety services in institutions that deal with young children (Chinhara, 2016). The *Statutory Instrument 106* of 2005 (Government of Zimbabwe, 2005) stipulates the general health expectations of all ECD centres. However, one province in Zimbabwe lacks water, sanitation and hygiene facilities for ECD classes; thus, health and nutrition facilities in Zimbabwean schools still need attention (Gunhu, Mugweni & Dhlomo, 2011). Musengi and Chireshe (2012) also corroborate that issues of health and nutrition are rarely considered in most ECD centres. Though Zimbabwe's health policy stipulates unrestricted healthcare for expecting mothers and children in their formative years (Government of Zimbabwe, 2005), health facilities are compromised as children are made to pay for medication (UNICEF – Zimbabwe, 2011). A lack of funding therefore creates a health barrier to poor women and children (Chinhara, 2016). Mugweni and Dakwa (2013), Mapolisa and Tshabalala (2013) and Mpofu and Shumba (2012) all observe that there are no facilities specifically designed to monitor the health, nutrition and safety of young children. Levine (2002) and McEwan (2013) also assert that in many developing countries, children do not have access to ECD services. Poor and disabled children risk poor growth, and hence early identification and interventions could enhance the lives of such children.

2.4.3 Early childhood development as an investment in the future

Grunewald and Rolnick (2003) postulate that countries can benefit substantially if they invest extensively in ECD services and programmes. Heckman and Masterov (2004) add that investing in ECD is investing in human resources. Similarly, Calman and Tarr-Whelan (2005) also suggest that in this form of investment, there is potential for economic success of families, the society and the nation at large. With the numerous advantages of ECD, Debissa and Lombardi (2014) highlight the importance of prioritising investment in ECD services and programmes as this reduces future expenses in strengthening the workforce, growing the economy and reducing social spending. Furthermore, Evans (2004) suggests that failure by a nation to invest in ECD leads to continuous loss of human capital through retarded development, repeating of grades and stunted growth. Holdsworth (2013) also observes that constitutions, policies and regulations of many countries now emphasise obligatory ECD education. To the contrary, the Bernard van Leer Foundation (2004) argues that very few studies have come up with detailed monetary calculations confirming economic gains in terms of investing in ECD programmes (Mailwane, 2016). To counter that observation, scholars such as Calman and Tarr-Whelan (2005) note that rewarding investments in ECD are accumulatively realised after a longstanding commitment of public resources, and may thus inevitably not be possible with short-term expectations.

According to UNICEF (2011), the expansion and improvement of ECD is a priority focus of the EFA goals. Vegas and Santibanez (2010), however, caution that only a few governments have prioritised the provision of health, education or poverty reduction in their civic strategies for ECD programmes. Several African nations, such as Namibia, Kenya and Ghana, have committed to investing in ECD educational programmes, while Bassant and Moti (2000) highlight that Mauritius has invested heavily in ECD services. However, in 2001, UNICEF noted that although children have a basic right to education, children in developing countries still faced challenges in terms of accessibility of quality education. It was noted earlier by Myers (1992) that although ECD programmes have always been regarded as a basis of solidifying a nation’s future investment, young children with disabilities never seemed to exist in this bracket. It is a point of concern that this opportunity once wasted, can never be recovered. To that end, young children with disabilities who live in poverty very often lose out on opportunities. Philpott (2014) reports that little or no provision of supportive ECD services leaves these children with a wide gap between themselves and their able-bodied peers.

Without overemphasising the duty of the family in caring for children on microlevel, the incidence of poverty in many developing nations render many families in developing nations unable to provide and support children due to poverty (Brooks-Gunn, 2004; Chinhara, 2016). Concurring, Katz and Redmond (2008) conclude that, in general, access to quality care and early learning prospects outside the homes of these underprivileged children remains a far-fetched dream for many. Therefore, national support is critical to bridge the gap and improve holistic development for young disabled children. Dynamics in the social world may disadvantage young children with disability to fully exercise and enjoy ECD services; therefore, children’s rights are discussed in the next sections.

2.4.4 Early childhood development as a fundamental right

Hepburn (2004) suggests that what children experience in their formative years sets the platform meant for their imminent growth and future achievement. The EFA goals clearly appeal for the extension and enhancement of ECD services to highly susceptible, excluded children (UNICEF, 2011). The focus is on excluded and susceptible young citizens, with emphasis on accessibility, impartiality and inclusion. ECD services are an integral right of children with disabilities. Mailwane (2016) states that access to early childhood learning is a privilege for all children; in spite of their physical, emotional or social status, they are equally entitled to attend ECD centres.

Freeman (2011) points out that physiological vulnerability in young children places their survival at the mercy of others, thus leading to extra protection needs. People have rights and duties that govern their lives, regardless of gender, race, tribe and disability. However, Ngwena, Grobbelaar-du Plessis, Combrinck and Kamga (2013:46) observe that when these disabled children ultimately attend school, despite acceptance by some of their able-bodied mates, generally they are "marginalised and despised by their teachers and fellow learners as if they are not human". These children are often side-lined, although they are also entitled to human rights that can help them to reach their full capacity with equality and non-discrimination (UNICEF, 2011).

In the context of the Zimbabwean society, disability has always been perceived in very discouraging and derogatory ways, leading to stigmatisation and discrimination. Marongwe and Mate (2007:25), in their research study, show that in many instances the source of disability is ascribed to unnatural means or the supernatural or magical powers:

> Sometimes disability is seen as a sign that the woman's ancestors are angry and wish to be appeased, or it is attributed to other causes often associated with the baby's mother's family or her (immoral) behaviour. Men are given to saying that because there are no known persons with disabilities in their family, the child disabilities should not belong to their family.

Governments are, therefore, indebted to identify groups of people that are often excluded and experience challenges that hinder them from reaching their full potential. In addition to that, the governments are obliged to support those people whose rights are not comprehended and take measures to protect them from stigmatisation, discrimination and vulnerability (Philpott, 2014).

2.4.4.1 Rights of children with disabilities from an international perspective

According to the ACPF (2014), education is for everyone, and although it should be accessible, available, acceptable and adaptable, children with disabilities are often excluded and their privilege to education violated. The International Covenant on Economic, Social and Cultural Rights (United Nations, 2015), under Article 13 (2), states that compulsory and free education at primary level shall be available to all; this is an expedient outline that allows for the ample scrutiny of the right to education. The United Nations Convention on the Rights of the Child (UNCRC) was adopted in 1989 as a promise to all children by worldwide governments that they have the same rights. This changed the approach to how children were viewed and treated – a step from charity to entitlement. The ACPF (2014) highlights that the UNCRC was the first legally binding tool that provides a collective, authoritative definition of children’s survival rights – economically, politically, socially and emotionally – as it advocates for children to develop to their full developmental domains. The ACPF (2014) postulates that even though the UNCRC, under some sections, specifically mentions children with disabilities, it should be noted that every right set forth, giving reference to the child, likewise equally relates to any child, with or without disabilities. Ngwena et al. (2013:50) point out that the Convention refutes views that regard people who are disabled as “objects” of charitable foundations, medical treatment and social protection, but rather regards them as “subjects” with dispensations. Thus, the plight of children with disabilities is not adequately addressed by many nations, despite the legal bindings by global conventions.

Education is generally considered to be a basic human right for all children. The New Zealand Human Rights Commission (2004) emphasises that education is crucial to the growth and prospects of human potential, fulfilment of human rights as well as in respecting the rights of others (Kearney, 2008). Furthermore, to understand the reasons why disabled children are being excluded from and within school environments, it is imperative to examine the human rights perspective. It is worth noting that not only developing nations are guilty of excluding children with disabilities, as Kearney's (2008) study reveals that New Zealand is not performing well in terms of ensuring accessibility of educational services to children with disabilities. The Human Rights Report also highlights that disabled children experience "discrimination, bullying and harassment" (New Zealand Human Rights Commission, 2004:68). The deprivation of educational rights for children with disabilities in New Zealand is an area of concern, just as it is for Zimbabwe.

In India and other Asian communities, theories about disability dwell on the concept of karma, where disability is viewed as resulting from one's bad or negative previous actions (Van Kraanyenoord, Palmer, Field & Rickards). In exploring the cultural modelling of disability, Braithwaite, Carroll, Mont and Peffley (2008) expose that associating unhealthy acts, distresses and disability as well as obliviousness on issues relating to infirmity give rise to humiliation and discernment of persons with disabilities. Thus, Ashby (2012) opines that these negative attitudes have perpetuated discrimination and marginalisation of young children with disabilities the world over, consequently leading to denial of equal opportunities and rights to humanitarian services. In addition, Ashima and Ruth (2009) state that in India, although the Convention on the Rights of Persons with Disabilities (CRPD) has great significance in helping to overpower traditional beliefs and customs and accelerate the provision of comparable prospects for learning opportunities to disadvantaged children, generally, disabled children have not been paid much attention.

The Government of Nepal, alongside with other global nations, made commitments for the provision of universal quality education and thus espoused policies of inclusion as a measure to promote an all-inclusive education system, reports Regmi (2017). However, despite all these commitments and provisions, many children in Nepal do not attend school, most of which are young children with disabilities. Teachers and parents show negativity towards disability; thus, Regmi's (2017) study reveals critical mandates for change of attitude to respect disability and diversity. Likewise, equally responsible are the many other common factors, such as the shortage of resources, ignorance of disability issues and belief systems and social values. In the same study, Regmi (2017) further notes that UNESCO (2014) reports that globally, children with disabilities still remain the utmost abandoned and underprivileged group in educational systems. In the same perspective, Devereux and Sabates-Wheeler (2004) indicate that social protection entails tackling disparities in power through inspiring, constructing and supporting people who are disabled. They add that social protection involves processes to ensure that all children are protected and their privilege to be heard and listened to within their families, communities and schools, regardless of religion, gender, race, disability or social class, is respected.

UNESCO (2012) reports that children with challenges have comparatively endured obscurity despite the determination of many governments to attain universality in the access to basic elementary education. Ghana's commitment to safeguard and uphold children's rights was endorsed when it validated the global UNCRC in 1990 (Mantey, 2014). In his study, Mantey reports that although there is advocacy for including deprived children in Ghana, inaccessibility to education by these same children could be because of sociocultural values, limiting policies and the lack of teachers' competencies, among others. UNESCO (2010), Mantey (2014) and Baffoe (2013) document that the literature reveals negative societal perceptions and cultural patterns concerning the education of children with challenges and the inability to see the importance of educating children with disabilities. To this end, these sociocultural insights often lead to a high degree of stigmatisation associated with disability in many Ghanaian families, resulting in many young disabled children being hidden in homes and barred from attending school (Mantey, 2014).

The government of Zimbabwe, in line with other global nations, ratified the UNCRC in 1990 and the CRPD in 2013. This ratification validates its commitment to protect, promote and fulfil the rights of the people of Zimbabwe, including those of children with disabilities (Manatsa, 2015). The Constitution of the Republic of Zimbabwe, No. 82 (Government of Zimbabwe, 2013:22) states that the State must –

> …appropriately provide for persons with disabilities so as to enable them to live with their families and participate in social, creative, or recreational

activities, protect them from all forms of exploitation and abuse and to access to medical, psychological, and functional treatment.

The government of Zimbabwe, as a signatory to some of these international treaties, has also crafted its own national policies and institutions to endorse the development and growth of young children with disabilities; these include the Ministry of Labour and Social Services and the Child Welfare Council. Sadly, these institutes have not performed well in addressing issues regarding the rights and welfare of children with disabilities in Zimbabwe. A study by Visagie, Mlambo, Van der Veen, Nhunzvi, Tigere and Scheffler (2015) acknowledges the presence of rehabilitation services in urban centres, which are primarily offered by rehabilitation technicians, occupational and physiotherapists. However, the study also reveals challenges encountered by children with disabilities, ranging from the unsuitability of school environments, the lack of resources, transport issues, the nature of the disability and financial constraints to parents not valuing educating these children. Thus, despite all efforts above, the government is still unable to provide appropriate ECD services to young children with disabilities.

Children with disabilities are viewed as bearers of rights like any other person and are protected by laws and regulations that encompass international and national legislation; they, therefore, have the right to participate in the education systems available in their countries (Berry, Jamieson & James 2011). The UNCRC (1989), under Article 29, stipulates the priority in the provision of education to all children in an endeavour to enhance their mentality, talents and physical growth to their full potential. Mendis (2006) also stresses that young children have the right of access to ECD services, asserting that “all young children have the right to early childhood education as well as to attend Early Childhood Care and Development Centres” Mendis (2006:1). Young disabled children, therefore, are fully entitled to all educational rights on the same weighting as their peers and have the same right to enjoy equal opportunities without discrimination (UNICEF, 2007). The following section attempts to put the study into context of the provision of education in the pre- and post-independent Zimbabwe, for young children with disabilities aged four to five years.

2.5 EARLY CHILDHOOD DEVELOPMENT SERVICES IN ZIMBABWE

Traditionally, education did not have a grading system; so preschool was not a defined phase. Although early childhood learning was unstructured, it generally defined the ethnic identity of the child through the language, customs, values and traditions of his or her people (Zvobgo, 2007). It was organic to the society and always a community responsibility; hence the African adage “it takes a village to raise a child”. By the seventh year, a child would be skilled in the language, beliefs and gender roles that define a Ndebele, Karanga or Zezuru youth, such as domestic chores for girls and animal husbandry for boys, among others (Moyo, Wadesango & Kurebwa, 2012). Children were generally socialised by the extended family – siblings, cousins, parents, grandparents and the general community. The parents were directly responsible for shelter, food and identity, whereas the rest of the community gave the child the wider moral fabric of the village – language, knowledge and beliefs, traditions and values.

Early childhood learning in Zimbabwe dates back to the 1970s where it was largely perceived to encompass preschool education, childcare, crèches and nursery schools. Different terms were used to refer to age categories, so that three- to four-year-olds went to a crèche, while the education institution of five- to six-year-olds was called “nursery school” or “preschool” (Mangwaya, Blignaut & Pillay, 2016), referring to learners who were getting ready to join the formal primary school system. ECD was then adopted by the Zimbabwean government as a preschool education policy in 1999 (Mangwaya et al., 2016), but by 2017, this policy has still not been fully implemented. ECD is an organised curriculum for preschoolers, aged zero to five years. However, children in affluent urban areas have better access to ECD than those in less affluent townships and rural communities (Moyo et al., 2012). Zvobgo (2007) agrees that prior to independence, access to ECD services was largely confined to affluent urban areas. On the expansion of ECD services, CIET (1999:264) observes that “[s]ince 1980 there has been great interest in expanding the provision of early childhood education and care but policies and strategies to access provision and providers have been limited”. Services that have been established after 1980 were mainly privately owned, expensive and available to a minority who had the means and resources to operate them (Mangwaya et al., 2016; Nziramasanga, 1999).

Although education in Zimbabwe had been declared a fundamental human right at independence in April 1980, the role of the government, by then, revolved around the reversal of all forms of inequalities that favoured the racist colonial establishment at the expense of the cultural choice and ethnic integrity of the local people within the country (Kanyongo, 2005). In 1982, the then Ministry of Community Development and Women’s Affairs started community-based ECD programmes in both rural and urban locations. ECD centres were established at health centers, community centers, NGO sites, churches and clubs (Nziramasanga, 1999). Zvobgo (2007) observes that the driving force for the establishment of ECD centres was to care for children to enable women to be free to work in different community programmes such as “Food for Work”. The discussions that follow elucidate the education policy – the Education Act of 1987.

2.5.1 The Education Act of 1987

The Education Act of 1987 recognises the essential right of a child to education, as stipulated by the UNCRC in 1989 (UNESCO, 1990). The Act is unbiased as designated by the section that affirms that on no account shall a Zimbabwean child be declined access to any school on the basis of ethnicity, colour, belief, tribe, place of origin, social class of the family or religious affiliation (Government of Zimbabwe, 1987, Chapter 25:4). This clause demonstrates that the Act is all-inclusive by ensuring equal educational opportunities to all children, regardless of place of origin, religion, race or disability. The Act also acknowledges the importance of ECD in its definition of nursery school education. However, these same rights seem not to be extended to young children with disabilities as the Education Act does not stress the protection and provision of rights to this class of citizens, possibly implying that lawful protection is jeopardised. The Marist International Solidarity Foundation (2011) observes that the Act fails to articulate the provision of education to persons with disabilities. It notes that even if the Act advocated for inclusive education and children having the choice to go to any school near them, there are few or no teachers in public schools with the necessary expertise to work with learners with disabilities. Sadly, as revealed by Nziramasanga (1999), in practice, there is only a handful of highly equipped schools in the country, which are extremely expensive; consequently, very few children with disabilities attend these schools (Marist International Solidarity Foundation, 2011). The need to redress inequalities is part of the broader agitation for the provision of educational services to all citizens of Zimbabwe, as far as children with disabilities are concerned (Marist International Solidarity Foundation, 2011).

The Education Act of 1987 had been developed in response to the need to ensure equal access to national education resources. The government ventured to promote child development and thus prompted for the institution of more childcare centres (Moyo et al., 2012). However, although this was a commendable effort, Nziramasanga (1999) observed that "there were centres that looked drab and neglected signalling lack of initiative or even absence of a teacher" (Nziramasanga, 1999:267). In 1988, ECD programmes were assimilated into the Ministry of Primary and Secondary Education. Nevertheless, they still continued as voluntary community enterprises (Samkange, 2016); thus ECD services were still in a sense very sporadic and diverse in quality as they lacked relevant guiding policies and material resources. As noted by Moyo et al. (2012), ECD centres became a shared responsibility of the Ministry of Education, Sport and Culture (MoESC) (three- to six-year-olds), the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) (zero- to three-year-olds) and the Ministry of Health, taking care of nutritional and health welfare (Nziramasanga, 1999). So even though the Act provides the national framework for inclusive ECD education in Zimbabwe, the plight of disabled, orphaned and vulnerable children is not very visible in the Act. Nziramasanga (1999) laments the fact that education for the disabled has been considered a charity issue and not a right.

While their acknowledgement of the existence of a Disabled Persons Act Chapter 17.01 (Manatsa, 2015), this legislation is silent on education and training for children with disabilities. Although it is a major law that exclusively addresses matters that embrace all disabilities in Zimbabwe, it "falls short of adequately addressing the human rights of persons with disabilities" (Ngwena et al., 2013:79). Ngwena et al.

(2013) furthermore report that in Zimbabwe, for every three children, there is a possibility of a child with disabilities not attending school, and a sizeable number of underprivileged children struggle to or do not finalise their primary education. Consequently, children with multiple or severe handicaps are generally kept at home and have little or no exposure to ECD services; only a few are in special institutions (Nziramasanga, 1999). The following discussion focuses on how ECD education has been provided for in the period after the inquiry on education in 1999.

2.5.2 Provision of early childhood education 1999 to 2017

ECD has always been recognised as a crucial area for development in Zimbabwe, and various government departments have rolled out programmes focusing on the specific needs of young children in the past decade (Mangwaya et al., 2016; Moyo et al., 2012; Mugweni & Dakwa, 2013). ECD activities have increased after the 1999 inquiry into education, which found that there was limited access to ECD programmes by the majority of children below the age of five across the country. The commission proposed a shift from an examination-orientated academic education to a more skills-related approach, where learners acquire essential practical-orientated entrepreneurial skills through experiential learning (Nziramasanga, 1999). Incidentally, ECD for children with disabilities has never been given full priority compared to skills-based subjects. Consequently, ECD has always been heavily tilted against other curriculum programmes (Nziramasanga, 1999).

On the strength of the first EFA goal, the Government of Zimbabwe, in tandem with other nations, through the Ministry of Education, Sport, Arts and Culture (MoESAC), used the amended Education Act of 1987 to substantiate the base to originate the *Statutory Instrument 106* of 2005 and the *Secretary's Circular No. 14* of 2004 and *No. 12* of 2005 as regulatory instruments for the inception of ECD classes in the education sector (Mugweni & Dakwa, 2013). In an observation, Zvobgo (2004) points out that in a bid by the Government of Zimbabwe to ensure equal opportunities to ECD for deserving children, several policies came to fruition. By instituting *Circular No. 14* of 2004, Mawere (2011) upholds and describes the efforts of the government to bring about an ECD effort that was multiracial and multi-ethnic in nature. For that reason, from 2004, the government, through the institution of the ECD policy, has sought to establish two ECD classes (ECD A and ECD B) in the primary schools, catering for children aged three to five years. Thus, to that extent, though it may be prudent to say that Zimbabwe recognises the importance of ECD as part of its national education policy (Meyers, 2006), young children with disabilities are still mainly not provided for in the mainstream ECD programmes, despite the fact that this is the critical age for early intervention. For instance, Mugweni and Dakwa (2013) point out that due to a lack of proficient ECD personnel with special skills to handle children with disabilities, an insignificant number of these needy children are enrolled at only two schools in Zimbabwe, namely St Francis in Bulawayo and Jairos Jiri Waterfalls in Harare. This is an indication of the desperate levels of welfare of children with disabilities in Zimbabwe.

ECD programmes have not embraced vulnerable and disadvantaged children, especially those with disabilities. UNICEF (2011) statistics predict that the future of Zimbabwe’s 600 000 disabled children depends on efforts by the government and civil society to mobilise resources. Therefore, the lack of government schools that cater for disabled young children is a drawback as most parents cannot afford privately-run schools with facilities for the disabled. Mpofu and Molosiwa (2017) add that there are no clear-cut policies on the services available to these challenged children, even after they have been identified as having a disability by a clinic or a hospital. Parents and caregivers are probably ignorant and unaware of the services available for the benefit of their young children with disabilities; hence, they fumble without direction.

It is true that intelligence, personalities, social abilities and behaviour, and aptitudes to learn and groom oneself to an adult are set and solidified at early childhood. However, Mugweni and Dakwa (2013) note with concern that children with disabilities still cannot access high-quality ECD services and elementary educational amenities in conventional classrooms. On the same note, Armstrong, Armstrong and Spandagou (2010) highlight that from a social perspective, disability is not one’s limitations, but rather the various societal settings that disadvantage and disregard people with challenges. Thus, children with disabilities in poor communities are even more disadvantaged.

This study on the exploration of ECD services for underprivileged children in Zimbabwe embraces a review of instruments and policies legalising and safeguarding education for young citizens. Henceforth, the section below dwells on the policies guiding the provision of education in post-independent Zimbabwe, which were meant to address the access thereto and equity thereof, especially for children with disabilities. The acts that played a major role in the transformation of the Zimbabwean education system are subsequently discussed.

2.5.2.1 *Secretary's Circular No. 14* of 2004

This policy was instituted to administer *Statutory Instrument 72* of 1999. At the time, there were no simultaneous management tools to regulate the policy, and it is still the standing policy from the Secretary. The policy emerged to substantiate one of the CIET recommendations. CIET (1999) revealed that there was limited access to the ECD programme since its provision depended on community initiatives and private operators. Also, teachers manning the centres had no standard qualification, and the existing policies on ECD were not comprehensive to make the programme accessible to all children in the country. The recommendations of the Commission spelt out the critical importance of ECD as the first rung of the educational sector and the magnitude of producing competent and confident children.

The *Secretary's Circular No. 14* of 2004 also stipulates that its institution is in pursuant of the Commission's recommendation; thus, it demonstrates that there was an agreement on the justification behind the policy, which involves solving the problems of access and equity in ECD for children below the age of six years across the country. The policy urges all schools to have ECD classes before children commence with grade one. The policy addresses issues beneficial to children as it delivers opportunities for the stimulation of social interaction and monitoring of children's health and nutritional status at ECD centres. Identification of children with developmental problems or disabilities could be necessitated and thus helps with the implementation of necessary interventions that could be adopted to assist children with disabilities. In his study, Chinhara (2016:14) laments that although this was a good move, "it was not clear whether ECD teachers would be equipped with skills to operate in inclusive education settings, as well as understanding health, and nutrition needs of the learners". Thus, the policy is very silent about providing for disabled young children.

2.5.2.2 *Statutory Instrument 106* of 2005

The *Statutory Instrument 106* of 2005 outlines, among other issues, the registration of centres, establishments, accommodation and other facilities. The major focus of the policy was still to solve the problems of low access to and equity of the ECD programme. The *Statutory Instrument 106* of 2005 provides for the regulation for operations of the pre-academic classes. The Instrument is not very clear on the provision for disabled young children (Zimbabwe Government, 2005) as only a small part relates to disabled children in Section 13 (1) (c), which states that there should be one additional teacher to every seven children with identified disabilities at a centre. The plight of disabled young children is not well addressed in this policy.

2.5.2.3 *Director's Circular No. 12* of 2005

The policy provides guidelines on the provision of ECD education in primary schools, that is, the attachment of pre-academic classes A (three- to four-year-olds) and B (four- to five-year-olds) to the primary school system (Kuyayama-Tumbare & Takaendesa, 2016). Further on, the *Director's Circular No. 12* of 2005 recommends that the pre-academic classes are expected to operate on a teacher-learner ratio of 1:20. This is in line with the recommendations of the *Statutory Instrument 106* of 2005. It has been noted that the circular, however, is silent on the provisions for children with disabilities. Almond (2007) laments that schools in rural areas are located far away from some settlements. This has a negative impact on these children as young children aged three to five years cannot travel the long distances to the primary schools. The situation is even worse for disabled young children. In some instances, children enrol in preschools only in the third term in preparation for grade one due to these challenges (Shumba & Chireshe, 2013). The learner-teacher ratio in preschools is high, meaning that preschool teachers have a challenge to cater for individual differences in large numbers of children. Shumba and Chireshe (2013) add that such scenarios become a challenge for disabled children as assessment is not possible or very difficult under such conditions, if indeed they are enrolled in such schools. Sadly, Svosve (2015) points out that the government does not show any commitment in catering for children with disabilities as *Circular 12* of 2005 does not spell out and warrant any grant provisioning to ECD, let alone children with disabilities.

2.5.2.4 *Director's Circular No. 48* of 2007

The main purpose of this circular was to provide and describe how ECD programmes should be implemented by both primary schools and privately-owned centres. According to the circular, all ECD centres are to be attached to schools near them for easy assistance in professional administration. Also, national syllabuses are to be used, and a planned feeding scheme should be made available. The circular also specifies the role of the community in feeding programmes and states the equipment needed for children at ECD level. However, a UNICEF (2013) study expresses concern that regardless of the integration of ECD programmes in Zimbabwean primary schools, stipulations in the national ECD policy are not fully implemented as disadvantaged children seem not to benefit from these at all.

2.5.2.5 *Principal Director's Circular No. 49* of 2010

The policy apprises the Ministry of Education personnel and other stakeholders on the provision of ECD A classes in primary schools. This policy regulates the attachment of ECD A classes in schools. It also informs all concerned stakeholders on the implementation of the second phase of attaching ECD classes in schools. This circular aims at addressing issues raised by the *Director's Circular No. 48* of 2007 with particular emphasis on the establishment of ECD A classes in primary schools. The circular addresses issues of the curriculum for ECD A classes in primary schools, regulations binding the operations of ECD A classes, phases of establishment of the ECD Programme in Zimbabwe, placement, manpower and operational teacher-learner ratio, among others. However, this policy too appears to be silent on the provision of services for children with disabilities.

2.5.2.6 *Principal Director's Circular No. 20* of 2011

This circular aimed at emphasising the strategies that should be taken up to control the burgeoning of unregistered ECD centres. Many ECD programmes are taken by some unscrupulous business people as money-spinning ventures. These materialistic business people prey upon the vulnerability of the children to make money. This has the effect of compromising the quality of the programmes they offer. Like its forerunner, the *Principal Circular No. 49* of 2010, this circular begins by highlighting the factors that culminate in the attachment of ECD classes at primary schools. It cites the recommendations of the CIET (1999), which emphasised the need to democratise preschool education in Zimbabwe. Observations were made that some unregistered ECD centres posed health hazards to children. At times more than 50 children are packed into small, unventilated rooms (Kuyayama, 2013). A study by Gunhu et al. (2011) on the provision of the Water, Sanitation and Hygiene Programme in ECD revealed that the programme has been compromised and under-resourced, which might result in outbreaks of diseases. The situation is even more aggravating for young children with disabilities.

2.5.2.7 The Constitution of Zimbabwe Amendment (No 20) Act of 2013

The amended Constitution of Zimbabwe states under Section 75 that every child has a legitimate right to learning. By the same token, Section 20 of the Constitution declares that the state will practically be involved in promoting obligatory and free education for its citizens from lower primary to university level, as well as affording the girl child equal opportunities to the boy child in attaining education through all levels. Under Section 83, the Constitution obliges the government to ensure that appropriate measures are taken to necessitate that debilitated persons achieve their potential; thus, they should be provided with special premises or facilities for their education, have their education funded by the state where necessary and be protected from any form of abuse or exploitation (Government of Zimbabwe, 2013). Ngwena et al. (2013), however, point out a weakness in that the Constitution does not emphasise that the state has an obligation to safeguard and enlighten the rights of children with disabilities. Hence, there is a need to address this aspect.

2.5.2.8 *Director's Circular No 12* of 2003 as amended in 2007

The *Director's Circular No 12* of 2003 as amended in 2007 addresses the establishment of ECD classes for learners with disabilities in special schools and refers to the CIET (1999) on this recommendation to increase access to ECD for all children. This is the first circular addressing learners with disabilities directly; it gives guidelines for the establishment of ECD classes for learners with disabilities in special schools that are meant to cater for children with severe and profound disabilities. On the other hand, Chireshe (2013) observes that parents have raised complaints that teachers in the ECD centres lack the necessary skills and experience to handle children who need especial care, such as those with disabilities. In agreement, Mugweni and Dakwa (2013) add that generally there is a shortage of skilled human personnel to service such classes as ECD graduates from teacher training colleges do not have the expertise to handle children with acute and profound disabilities. Furthermore, the lack of appropriate material resources, inappropriate infrastructure and adverse attitudes regarding disability and inclusion, in general, weigh heavily on the execution of these virtuous policies (Mugweni & Dakwa, 2013).

In cognisance of the above observations, the focal point of the current study thus is to explore the circumstances of young children with disabilities in Zimbabwe who live in diverse environments. Although Zimbabwe has developed such noble policies, Svosve (2015) bemoans the fact that ECD still is practically detached from most of the above-mentioned interventions to promote the holistic development of children with disabilities. Nyikahadzoi et al. (2013) opine that these children tend to be most vulnerable, given the negative societal attitudes, beliefs, labels and stigma that militate against their social development.

2.6 CONCLUDING REMARKS

The early years are significant in defining the ultimate outcome of a child’s later life; thus, education and quality care are assurances that children grow and develop essential abilities and competencies that will help them to manage the expectancies of childhood and life as adults. Development in early childhood is conceptualised from two major theoretical perspectives, that is, typical and atypical growth. Though conceding to Piaget’s perspectives that children pass through all the phases according to their ages, in reality, variances of normal and atypical development define the actual stage of operation.

Children in the age range of four to five years exhibit key features such as ingenious thinking, egotistic actions, coherence, logical development, management and many other characteristics. If teachers and caregivers were aware of these discrete traits, their creating supportive environments would assist in the developmental process. On the same note, the detection of any irregularities in growth would mean early intervention and facilitation of the development of cognition. Development is not as smooth as it is conceived theoretically. Children’s experiences in the early years configure the foundation of all later learning. Exposure to quality learning, health services and accepting physical and social environments in the developing phase determines later childhood and adult life; however, on the ground, the provision of access to quality ECD services has many limitations for children with disabilities. Challenges to education for children with disabilities still remain widely unaddressed, while they are being deprived of access to basic services that may change their lives.

In the next chapter, a detailed analysis of accessibility of ECD services to children with disabilities is discussed through the lens of Bronfenbrenner’s ecosystemic theory (1979). These discussions dwell on the various ecosystems, namely the microsystem, mesosystem, exosystem and macrosystem, which make up the ecological environment. Attention is devoted to the relevance of the various ecosystems of Bronfenbrenner’s theory to the research study in terms of providing a window through which the factors that influence the accessibility of ECD services for children with disabilities, falling within the cohort of four to five years of age, are examined.

CHAPTER THREE

THEORETICAL FRAMEWORK

Everybody's got something different about them, and some things are just more different than others. However, we're all different in different ways

Stella Young

3.1 INTRODUCTION

The previous chapter established that the current provision of ECD services for children with disabilities in Zimbabwe is fragmented – made up of isolated efforts by different institutions and organisations targeting individual children. This approach to the provision of ECD services is based on the traditional understanding that the development of such children is hinged on the individual child (Trawick-Smith, 2014); thus, all attention should be directed at the individual child.

In this chapter, it is argued that the development of young children with disabilities should not be perceived in relation to the individuals themselves, but to the ecosystemic relations that exist within the context of the child's social environment (Bronfenbrenner, 1979). This study is underpinned by the belief that development in children cannot be expounded by exclusively considering the specific child without exploring his or her complex surroundings; in other words, the child cannot be separated from his or her environment. The chapter challenges the theories that emphasise the individual child as responsible for his or her individual development (Brewer, 2007) and places child development within the ambit of the ecosystemic factors in which the child develops. In this context, the implication is that child development is more sophisticated than is at present conceded by service providers today. Therefore, the discussion places child development on a broader pedestal, incorporating the distinct and various situations in which the child lives.

Crowley (2014) points out that child development should be explored beyond the child's immediate settings; thus, this chapter maps out and examines alternative child development theories that have been proffered on the psychosocial plain, such as the cognitive, sociocultural, behaviourism, social learning, maturational and social exclusion theories. As the study is anchored in Bronfenbrenner's (1979) ecosystemic theory, the last part of the chapter discusses the key tenets of Bronfenbrenner's (1979) ecosystemic theory in relation to issues that impede young children with disabilities from accessing ECD services. The ensuing section presents the theoretical perspectives on child development.

3.2 THEORETICAL PERSPECTIVES ON CHILD DEVELOPMENT

As mentioned above, in this section, the discussion focuses on child development theories and how these theoretical interpretations affect the nature, scope and direction of this study. Trawick-Smith (2003:37) alludes to the fact that "child development theory is an integrated collection of beliefs about why children behave, think and feel as they do". Therefore, this section presents the cognitive development, sociocultural, social learning and maturational theories as they relate to child development. Bronfenbrenner's ecosystems theory provides the primary theoretical lens from which the literature is reviewed, while its relation to this research study is discussed in finer detail. The discussion focuses on the way in which the research frameworks relate to the factors impeding access to ECD services by disabled young children aged four to five years.

3.2.1 Cognitive development theory

One major theory that guides ECD is the cognitive development theory, which has been propounded by Jean Piaget, a Swiss psychologist who was interested in how children think (Huitt & Hummel, 2003). He noticed that children respond to questions differently from older people, not because they are less intelligent, but because they reason differently. A significant precept of the cognitive development theory is that "mental growth is the most important element in childhood development", and for that reason, "almost all aspects of human life… are directly influenced by thinking" and language use (Trawick-Smith, 2003:48). Sharing the same notion, Santrock (2007) analyses cognitive development as mentally developing the capability to rationalise, remember, think, elucidate, classify information, acquire, indulge, understand, explore and solve problems. By the same token, Berk (2008) posits that cognitive development is the acquisition of new information, transmitting the existing knowledge in the mind against the demands of the new situation. From a constructivist perspective, Keenan and Evans (2009) point out that children develop reasoning capacities through the environments and experiences around them. In the context of this study, cognition denotes how the mind functions, with a special focus on the early years of life of young disabled children.

In his cognitive theory, Piaget assumed that children's cognitive development followed the same route and that they all went through the same stages before subsequently advancing into the ensuing phases of intellectual growth (Morrison, 2007); these phases cannot be avoided, as development in cognition always follows a logical order. Therefore, Piaget's cognitive development theory is age-specific, as noted in his theory by age range at every stage, showing that children exhibit specific behaviour of their intellectual development. Piaget (as cited in Morrison, 2007) substantiates that the stages are assumed to reflect qualitative differences in children's cognitive abilities and are, therefore, not arbitrary. Thus, consistent with Piaget's views, learners can be taught key cognitive skills only when they have reached a particular stage of development. This seems to suggest that Piaget supposed the process of learning to be the inevitable evolution of an inherent draught – unique, spatial and provisionally stable (Stivaros, 2007). Furthermore, Trawick-Smith (2014) states that in his proposal, Piaget seems to suggest that cognitive development lasts a particular period and culminates around age 13 when children enter institutions of higher learning. On that note, Piaget admits that although children progress in phases, the progression varies due to divergent echelons of aptitude, but maintains the same sequence universally (Stivaros, 2007). In this regard, Gesell (as cited in McLeod, 2010) also proposes that children develop sequentially and cannot skip any stage; thus, for example, a child cannot walk before crawling first.

Piaget's phases of cognitive development begin with the sensorimotor phase. During this phase, infants discover relationships between their bodies and the environment surrounding them (Crain, 2009; Santrock, 2007). Compatible with Piaget, Cherry (2016) postulates that according to the psychosexual theorist Sigmund Freud, early childhood experiences are instrumental in shaping adult personality. Freud lays much emphasis on the first five years of life, saying that this is the period when personality is formed (Cherry, 2016). It is also at this stage when knowledge develops through sensory and motor aptitudes. Crain (2009) describes the growing infant as passing through and countering primary, secondary and tertiary circular responses. In addition, Siegler et al. (2011) observe that at this stage, the actions of infants are based on their own bodies, which is known as the primary circular reaction. They are further extended to their external environment as they grow, which is known as the secondary circular reaction, and then, at the tertiary circular reaction, children develop the ability to manipulate their actions (Siegler et al., 2011). There is a limitation in understanding at this stage as all learning is grounded on physical contacts and involvements (Siegler et al., 2011). As children at this stage are unable to project responses, they constantly rely on experimenting and learning through trial and error. Feldman (2009) notes that children in this stage understand the world using their eyes, ears, hands and other sensory organs. Echoing the same sentiments, Morrison (2007) asserts that during this stage, infants grasp and suck anything they can get hold of.

At the preoperational stage, knowledge is characterised by language, thought, imagery and symbolic thought (Trawick-Smith, 2014). At this stage, at about two to seven years (which is the focus of this study), children develop egocentrism (where they view the world in their own way), symbolic representation (where they use one object to represent another) and centration (where they tend to focus on one aspect of an object rather than transformations) (Trawick-Smith, 2007). Mailwane (2016) associates this perception with the importance of the child’s immediate and cultural environment as it influences mental growth. To explain how children code and retain new knowledge, Piaget’s focus in cognitive development centres on the procedures of receiving and adapting new knowledge and the accommodation and assimilation processes (Daniels & Shumow, 2003). According to Trawick-Smith (2014), Piaget demonstrates accommodation as the process of taking in new information in an unfamiliar environment and fixing it into established mental representations. On the other hand, when humans are confronted with new or unknown evidence, they refer to information learnt earlier to generate logic of it, and then assimilation ensues. To complement this, Daniels and Shumow (2003) extrapolate that in accommodation, as compared to assimilation, the process uses learnt experiences in taking in new information, hence modifying the pre-existing plans to fit the new evidence.

As Piaget (as cited in McLeod, 2015) predicts that children normally pass through the developmental stages at generally projected ages, he believes that the amount of time each child spends in each stage of development will vary, depending on the individual. It is proposed here that when seeking factors that impede young children with disabilities from accessing ECD services, it is important to consider their developmental stages. For children to perform certain tasks, they should have reached the requisite cognitive development levels (McLeod, 2015). Thus, the study examines the relationship between the age of young children with disabilities and the demands required from them to access ECD services. For instance, at the age of four, the tasks to be given require symbolic thinking and the use of proper syntax and grammar to express full concepts (McLeod, 2015). In addition, these activities, if planned appropriately, should encourage imagination and perception because these are robust during this phase. Complex abstract thought is still difficult at this age. Consequently, the tasks given to young children with disabilities have to be examined in relation to the level of the child’s developmental stage.

Possible insights of this theory in this study would be to examine the linkages between new knowledge and the knowledge already possessed by the child so that the child can accommodate the new knowledge. Lerner and Johns (2009) postulate that accessibility of ECD services will be of great significance for children, especially those with disabilities, as early intervention would inversely benefit them more than later plans to try to correct the anomalies. The theory would assist in elucidating issues relating to organising the new learning experiences such as they relate to the child’s experiences (Trawick-Smith, 2014). Piaget’s theory focuses on the development of cognition in children; it seems to exclude the sociocultural factors as reflected in the sociocultural theory. The next section deliberates on Lev Vygotsky’s sociocultural theory and its relevance to this study.

3.2.2 Sociocultural theory

Lev Vygotsky (1896-1934) was a prominent psychologist in the 20th century. His major research interests involved associating thinking and the development of language learning in young children (Crain, 2009). According to Shaw (2006), the sociocultural strategy to understanding cognitive growths in the early years was the brainchild of Vygotsky. He viewed disability as constructed by sociocultural facets occurring as a result of socialisation and cultural insights (Lloyd & Fernyhough, 1999). Notably, from a social perspective, Vygotsky argued that the major challenges of incapacitation rested on the social implications more than on the condition or impairments (Turuk, 2008). In addition, Vygotsky reasoned that it is the social and physical environment that determines the relationship of the child with disabilities to the world around him or her (Lloyd & Fernyhough, 1999). In light of that observation, in their study, Allahyar and Nazari (2012) highlight that it is, therefore, imperative that the ECD specialist teacher does not deal so much with biological factors by themselves but in the context of their social magnitudes. To illustrate: in the case of a blind child, it is not only the blindness that should be addressed but the social implications of that blindness as well.

Although Crain (2009) highlights that impairments may prevent the young child from proficiently acquiring some or most social skills, Santrock (2007) claims that it is the social environment, as opposed to biological deficiencies, that transforms the course of development and leads to defective development. In other words, while it is the natural processes that are impaired, for instance, auditory, motor, cognitive or visual processes, the entities for rehabilitation services are culturally inspired processes of rationalising, voluntary attention, abstract reasoning and so forth (Santrock, 2007). Vygotsky (as cited in Crain, 2009) argues along these socially defined limitations; hence, the social aspect is fundamental in the rearing of children with disabilities.

Disability is viewed as a “social aberration” by Vygotsky (1993:66), and according to him, this social eccentricity emanates as a result of children’s changes in environmental and social relationships, thus triggering conflict to their social conduct (Rodina, 2005). To this end, it is vital to consider positive aptitudes in children with disabilities, such as identifying the strong points of a child with disabilities, instead of the ailment. A hallmark for Vygotsky is seeing the child before the disability (Wang, 2009). He stresses the importance of collective and social encounters for children with disabilities. Vygotsky (1993) highlights that children with disabilities have personalities that are not defined by their challenges but rather by their physical and social environments. On that note and seemingly in agreement with Bronfenbrenner's ecosystemic perspectives, Vygotsky (1993) accentuates that positive collaboration with peers and communal nurturing are vital sociocultural situations for development and socialisation among children with disabilities. He envisages learning as shared procedures that thrive in responsive social contexts and that all children, regardless of their motor, visual or mental makeup, are capable of far more competent performances when they are afforded proper assistance by capable adults.

Young children with disabilities may have some limitations in certain areas, but certainly, they have compensatory robust points in other areas. In summarising Vygotsky's concept of a zone of proximal development, Wang (2009) draws attention to the learning of children with disabilities, highlighting that developing cognitively is a result of social interactions. In contrast, cognitive abilities may be negatively affected by social interactions ensuing in unfavourable settings. In the same strength, Keenan and Evans (2009) opine that Vygotsky believed that where children and members of society interacted on a social level, expert adults could be very influential in children's acquirement of knowledge. The authors further suggest that accessing ECD services would greatly benefit young children with disabilities, especially in settings where they could find expert and skilled practitioners and officers. In agreeing with the preceding authors, Wang (2009) says that regular support and professional supervision stimulate the intellect and reasoning capacities of the developmental zone of children with disabilities to expand.

Keenan and Evans (2009) posit that Vygotsky's idea of the zone of proximal development is not only to find out the level of operation and learning of the children but, correspondingly, to devote attention to their level of development through knowledgeable adults as a result of their exposure to ECD services. In expediting the accessibility of ECD services for children with disabilities, the underscoring point should be placed on the capabilities of the child in contrast to the child’s incapacities (Mailwane, 2016). The theoretical insinuations are that the study should seek out the social factors that impinge on children with disabilities, resulting in their failure to access ECD services. This is consistent with Bronfenbrenner’s (1979) conjecture that when studying ecosystemic factors, there is a need to focus on not only the microsystemic factors but also the outer layers, such as the mesosystemic factors. In this case, the study takes aboard the frequency of interaction with those who provide scaffolding (cf. Wang, 2009), such as ECD teachers and caregivers. Vygotsky (1993) stresses that children with disabilities are likely to have an exceptional need for deviations; hence the need for specialised educational settings. The study does not only look at classroom issues but also at other systems outside the immediate physical location of the child. Pertinent to the study is the belief that attention should be unswervingly channelled to visible traits of human behaviour. The next section focuses on the impact of learning in the social environment and the relevance thereof in the current study.

3.2.3 Social learning theory

Albert Bandura proposed the social learning theory – a theory that infers how behaviour and cognition are acquired through modelling, imitation and observation (Suleymanov, 2014). According to Daniels and Shumow (2003), Bandura argues that human learning is not necessarily a result of a stimulus response and reinforcement procedure, as claimed by behaviourists, but could be a result of the interaction of observed social activities, which Cherry (2016) proposes, could be the basis of his social learning theory. Furthermore, Bandura (as cited in Mailwane, 2016) argues that learning is not a stipulation for behaviour change; that is, just because something has been learnt, does not mean that it will result in a change in behaviour.

In relation to the study, Bandura’s theory attempts to assist educators and others who deal with children regarding the influence of the social and physical environment on young children, especially those with disabilities (Heckman, 2006). Such knowledge can be useful when developing basic independence life skills in young children with disabilities, such as learning to eat, getting dressed or tying shoelaces appropriately. In agreement, a study by Barnett and Ackerman (2006) found that what children experience and encounter along their developing routes determines the indisputable consequences thereof in their prospective lives. Pertinently, the future is influenced largely by the expertise, understanding and assertiveness that children attain in the present.

Furthermore, the social learning theory emphasises the learners observing and learning from others. According to Braungart and Braungart (2007), a significant aspect of Bandura's observations was that in early learning, individuals do not need direct experiences, but a substantial focus and emulation of other people's behaviour. Thus, inferring that ECD educators, parents or caregivers and significant others who deal with children with disabilities are compelled to provide exemplary role models on how to think, feel and act. Braungart and Braungart (2007) notably admit that learning is, ever so often, a social process rather than an individual cause. Consequently, the focus of this study was on young children's observational experiences and associational preferences (Bandura, 2000).

Significantly, in this study, this theory does not solely realise the learning of the individual as child-centred; rather, it perceives learning as being observed and influenced by the settings around the child with disabilities. Miller (2011:233) adds that "social learning focuses on socialisation, the process by which the society attempts to teach children to behave like the ideal adults of that society". Furthermore, for the study to be consistent with the social learning theory, Braungart and Braungart (2007) advocate that it would mean that there is a deliberate focus on examining the mental coding, retention and subsequent application of behaviour observed and modelled from others. The subsequent discussions rest on the influences of maturation on children with disabilities.

3.2.4 Maturational theory

Arnold Gesell is the most influential proponent of the maturational theory; he proposed that child development begins at conception and that after birth, it follows certain predetermined principles (Danielson, 2007). Consequently, maturation is determined by a developmental sequence that occurs, regardless of practice or training (Allen & Cowdery, 2012); it involves aspects such as growth in height, size and mental facets. Psychologists such as Erikson and Piaget have contributed significantly to this perspective through research findings on what characterises child development (Alridge & Goldman, 2014).

Development of the brain and the head precedes the development of other parts, such as the arms and the legs. This order, according to Gesell (as cited in Crain, 2009), is directed by the genetic blueprint and cannot be violated. According to Gesell (as cited in Mailwane, 2016), children attain developmental milestones due to maturation, thereby implying that the environment does not play a significant role in this. The theory insinuates that children mature by following a genetically prescribed route, a well-defined pattern, with or without the environment. For example, children sit before they crawl, and crawl before they stand, and so forth. In addition, Trawick-Smith (2003:37) points out that “most of what children become is inherited at birth… and abilities simply unfold as children mature”, qualifying the negligible role played by the environment in influencing the basic abilities of a child with disabilities. Crain (2009), concurring with Gesell’s observation, points out that children acquire milestones due to readiness and not training, which is a contradicting observation from the social learning tenets.

An intriguing observation is that Gesell’s maturational theory seems to conform with Piaget’s cognitive development theory, in that growth and development in young children do not omit any stage, and no form of aid can assist the child to speed up development (Bruce, Meggitt & Grenier, 2010). For instance, no amount of devices, including a walker, can assist the child to walk faster, unless full development of the body has been reached. In relation to this study, it is important to assess whether ECD services are consistent with the maturation levels of children with disabilities, as their maturity levels may not be chronologically applicable. Questions should be raised on the relevance of the tasks offered to children with disabilities. If children with disabilities are to access ECD services, Trawick-Smith (2003) suggests that the demands of the tasks given must be of necessity and consistent with the maturation of the children. It is imperative, therefore, that the study examines the maturation levels and patterns of the children and their expected performance. The following section discusses Bronfenbrenner’s ecosystemic theory – the key theoretical framework of this study pertaining to access to ECD services by young children with disabilities.

3.3 BRONFENBRENNER'S ECOSYSTEMIC THEORY

In examining child development, Bronfenbrenner (2004) places the child at the centre of multiple layers that influence what occurs within his or her settings, such as the family, the peers, service institutions and the bigger community. The theory examines child development within the context of systems that are related to shaping the child's environment (Freeman, 2011), explicitly the micro-, meso-, exo-, macro- and chronosystems. According to Leonard (2011:991), "Bronfenbrenner's theory is an attractive one because it is expansive, yet focused; one eye is trained on the complex layers of the family and community relationships, and the other eye is sharply focused on the individual". On this strength, the study employed Bronfenbrenner's theory to explore ecosystemic factors that influenced the accessibility of ECD services to young children with disabilities. Bronfenbrenner (1979:22) perceives the environment as a "nested arrangement of concentric structures, each contained within the next", with each structure representing a level or context in which development takes place. According to Bronfenbrenner, any given variable is linked to a whole chain of associated influences, which makes the ecosystemic theory appropriate to serve as a lens to examine the factors that affect the accessibility of centres to children with disabilities.

Allen (2010:3) concedes that Bronfenbrenner's ecosystemic theory is grounded on the assertion that "all individuals are part of interrelated systems that locate the individual at the centre and move out from the centre to include all systems that affect the individual". It is in the light of this that the nature, purpose and content of the different environmental systems presented in Bronfenbrenner's (1989) model of the ecosystems of the development of human nature are reviewed in detail in this section. It should be noted that the applicability of each of Bronfenbrenner's ecosystemic levels to the study is discussed at each of the levels, namely the microsystem, the mesosystem, the exosystem and the macrosystem.

The microsystem is the smallest, innermost layer closest to the child. Paquette and Ryan (2001) describe Bronfenbrenner's (1979) microsystem as the setting where activities and associations between the child and the closest environment exist. Bronfenbrenner (1989:227) defines the layer as "a microsystem is a pattern of activities, roles, and interpersonal relations experienced by developing person in a given face-to-face setting with particular physical and material features, and containing other persons with distinctive characteristics of temperament, personality, and systems of belief". The closest environment contains the family, the school, the neighbourhood and any institutions that offer immediate services, such as caregivers. The bidirectional interactions may have an impact on both parties, positively or negatively. Berk (2000) describes the second layer of Bronfenbrenner's theory, the mesosystem, as the connection of the different components of the microsystem functioning compliantly to the advantage of the developing child, for instance, the ECD centre and the family working together for the development of the child with disabilities. This means if the association is positive, the child will benefit; however, if it is unsupportive, development is deterred. The third layer conceived by Bronfenbrenner (1979), and larger than the micro- and mesosystems, is the exosystem. This layer refers to social settings that include both the mesosystem and the microsystem. The outermost and largest layer is the macrosystem, viewed by Bronfenbrenner as comprising a range of influences on the developing child, such as customs, norms and values, bylaws, resources and cultural beliefs (Boyd & Bee, 2006). Bronfenbrenner (as cited in Paquette & Ryan, 2001) explains that the child is not directly linked to the last two outer settings, but is inevitably affected by the decisions made in those settings.

Krishnan (2010) observes that the most compelling assumption regarding this theory is that child development cannot be studied or illuminated by a distinct conception, but relatively, by a more diverse and intricate system, which in this case, is the ecosystemic system. Therefore, consistent with this school of thought, Bronfenbrenner (as cited in Krishnan, 2010) postulates that child development is predisposed to different environmental structures with which the child interacts, and is also susceptible to the associations in the systems. There is mutual reciprocity between the child and the environment, with the environment influencing the child and the child influencing the environment. Bronfenbrenner (1979) further posits that human beings do not grow in seclusion, but develop, surrounded by relations in a broader society within a context of settings. Succinctly, Bronfenbrenner (1979) concludes that human development is influenced by several environments. The conceptual configuration of the ecosystemic settings, as perceived by Bronfenbrenner (1979, 1986, 1989) through the four interconnecting systems, is captured in detail below in Figure 3.1 and discussed thereafter.

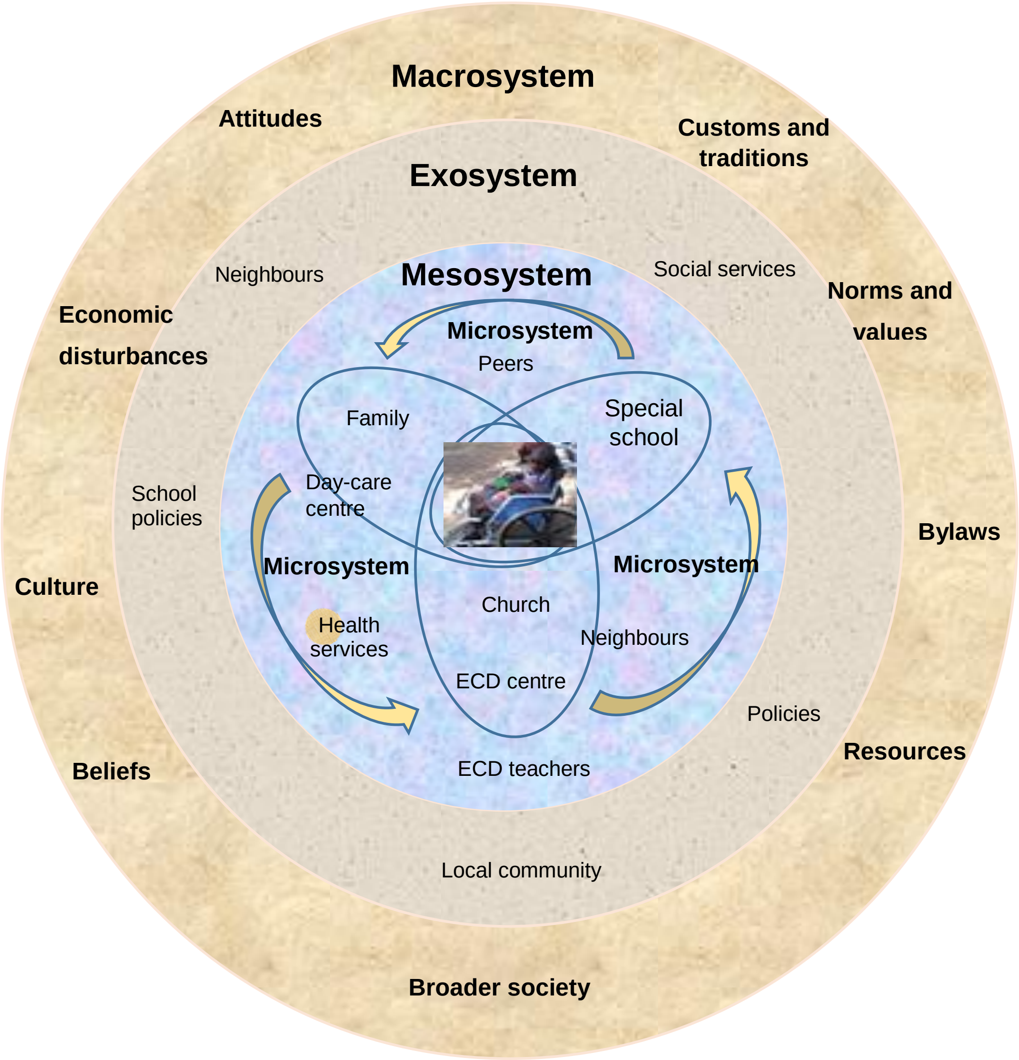

Figure 3.1: Bronfenbrenner's ecosystemic representation 4 (adapted from Santrock, 2007)

3.3.1 The microsystem

The microsystem is “a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics” (Bronfenbrenner, 1989:227). On the other hand, Paquette and Ryan (2001) explain the microsystem as the first and closest layer to the child, which is made up of structures that directly influence the child. According to Hannaway (2012), the microsystem includes contexts such as the child’s household, school, ECD centre, associates and neighbourhood. In the microsystem context, the child closely associates with parents, siblings, early childhood caregivers, baby minders, church members and class and playmates within the neighbourhood. Bronfenbrenner (1979) points out that in this layer, relationships have a bidirectional impact, where the child and the environment influence each other. Paquette and Ryan (2001) as well as Santrock (2007) explain that this is the setting where the process of child development begins; therefore, behaviours in this setting significantly shape the child’s developmental outcomes. Chidindi (2010) adds that this interaction between the child and his or her immediate environment influences both participants either negatively or positively, depending on the prevailing circumstances. In this study, at the micro-ecosystemic level the interrelationships between the child with a disability and his or her caregivers, parents, home and siblings are explored.

3.3.1.1 Application of the microsystem in this study

Bronfenbrenner (as cited in Santrock, 2007) suggests that the child exists in the microsystem, the most immediate environment. This is the context that includes relations and interactions between the child and important social agents, such as family, peers, ECD caregivers and the immediate environment (such as the ECD centre and neighbourhood) in which the child with disabilities lives. There is a lot of influence and interaction for the young child at this level (Bronfenbrenner, 1979). Direct exchanges and connections with agents of socialisation transpire in this system; simultaneously, the growing child is not perceived as an impassive beneficiary of practices, but is viewed as someone who aids in the construction of the settings (Santrock, 2014).

From a microsystemic perspective, the individual child interacts with caregivers or parents, the home and the members of the family, as well as the school environment, the ECD teachers and the peers (Paquette & Ryan, 2001). Hook (2009) points out that the nature of the influence is reciprocal; for instance, the child with disabilities can experience positive social relationships and support from a loving and caring family or negative social relationships when living with parents or caregivers who are not supportive. Similarly, the child also influences the environments. At school, the child can either have supportive or non-supportive experiences, depending on the interaction that is determined largely by the nature of the child (Krishnan, 2010). For instance, male and female children differ as they mature and develop survival capacities and mental faculties. All these factors contribute to discrepancies regarding the social interactions and healthy actions of the individual child. These predictable variations, including sex, age, personality, incapacity and ailment, have some effects on the developing child.

The variables can also have an impact on processes in the child's proximity, immediately or ultimately. For instance, ECD facilities differ in the services offered, depending on the child's disposition, which in turn, has an impact on development and growth (Krishnan, 2010). In addition, Thies and Travers (2001) put across an argument that children with disabilities, as they bring along their own biological make-up such as gender, disposition and a different level of activity, in turn, have a bearing on how other people will perceive them, which may thus influence their behaviour. In this study, the discussion on the microsystem comprises the child with a disability or disabilities, family experiences and the interaction of the child, parents or caregivers and the other immediate institutions.

i. The child with a disability or disabilities

At the core of the microsystem is the child with a disability, who is being influenced by the environment and who interacts with his or her surroundings. This child is not an impassive receiver of experiences but the individual who also participates in constructing settings with his or her parents, siblings and other family members (Santrock, 2007).

There are multiple definitions of disabilities consistent with multiple, diverse disabilities bearing individual specific characteristics. The meaning of the term "disability" is viewed from different perspectives and, therefore, varies according to use, culture, societal norms, organisations, medical bodies and governmental entities (Peek & Stough, 2010). However, a seemingly accepted definition is that disability is the impairment of motor and muscle usage, a restriction or inadequacy in a definite movement or activity or a limitation in participating socially. The CRPD (2006), in its definition, views persons with disability as persons who are permanently deficient – physically, mentally, intellectually or having sensory challenges – which in combination with other barricades, may deter operational and full involvement in the society. On the other hand, a disabled person is defined by the Disability Act of Zimbabwe (1996:51) as –

> …a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him/her from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society.

The International Classification of Functioning, Disability and Health: Children and Youth Version (2007) adds that disability is neither purely biological nor social, but rather a result of the interaction between health conditions, environmental and personal factors. It classifies disability on different levels, such as a deficiency in physical functioning or form, for instance, visual challenges, restraint in activities such as reading or moving around, or limitations in the participation in social activities, such as exclusion from school.

Notably, despite the apparent disability, Paquette and Ryan (2001) and Hook (2009), highlight that these children are not dormant individuals, but active persons who are being influenced by the environment and capable of influencing the environment as well. Krishnan (2010) argues that the domination of the household, caregivers and associates is, in fact, chiefly regulated by the disabled child him- or herself as he or she brings in temperament, moods, illness and fatigue, among many other dispositions. These disabled children can develop and sustain what Hook (2009) describes as complex relations between themselves and important persons such as caregivers, parents, siblings, friends, classmates and teachers. Each of these children has characteristics that define who they are, and they have their own unique abilities that are peculiar to them (Mailwane, 2016). It is these children who form the pivot of the microsystemic ecology for this study.

Children with disabilities are predominantly vulnerable to risks such as poverty, violence, abuse and discrimination, and the probability of abuse is greatly influenced by the types of impairment (Durkin, 2002). In their study, Simeonsson et al. (2002) highlight that the distribution of children with disabilities is ascribable to the child and home influences and personalities of social, physical and cultural factors, which are particularly relevant in an African context, such as Zimbabwe.

ii. Family experiences

The major ingredient in the development of a child is his or her household and the subsequent relationship between the child and family members, specifically the parents or caregivers. In the context of this study, family experiences have been explored in terms of cultural determinants and socio-economic status, with the emphasis on poverty. In support of this approach, the Cooperative for Assistance and Relief Everywhere – United States of America (CARE USA, 2006) aptly observes that the wellbeing of a family or caregiver contributes significantly to the wellbeing of a child. On the same note, Engler (2007) put forward a similar perspective that the relationships in the microsystem settings are mutual as well as bidirectional in nature, meaning that the parties involved affect one another's behaviour. This is particularly pertinent to children with disabilities. Concurring, Harkonen (2007) argues that the child's parents determine the child's beliefs and behaviour, while the child can also affect the parents' beliefs and behaviour. The ACPF (2014) adds that a parental negative attitude towards children with disabilities affects them tremendously as they expect to get protection and support from the family.

In some cultures, the disability of children is often blamed on their mothers, thereby making mothers the sole caregiver to their disabled children as the father would have left them. Situations such as these have been seen to expose children to prejudicial attitudes at home (Chidindi, 2010; Kotze, 2012). Furthermore, reports by the ACPF

(2014) highlight that in some cultures, disabled children are raised mainly by single mothers because of societal beliefs that it is a curse for a woman to bear a disabled child, and if the father assumes full responsibility of a child with a disability, he faces societal discrimination. This normally leads to the neglect of children with disabilities. Terre des Hommes Nederland (2007) adds that children living with disabilities are often disclaimed by their own parents and are not permitted to become heirs to any land. In addition to these difficulties, there are traditional values and beliefs ascribing disgrace and humiliation to the child's stressful situation and the knowledge of incarceration due to adverse attitudes within the society (ACPF, 2014). This challenge is further demonstrated by Pal, Chaudhury, Das and Sengupta (2002) in a research study on the challenges faced by Indian parents to adjust and adapt when raising an epileptic child. The study found that parents exhibited constrained relations with their extended family members; as a result, they were overprotective of their children with disabilities. In cognisance of the fact that prescribed structures of sustenance are inadequate or underprovided for in many undeveloped states, in this study, the perceptions and experiences of parents are also examined to ascertain if parenting poses as an inhibiting factor for children with disabilities in accessing ECD services.

In Lesotho, disability has long been regarded as a taboo, Kotze (2012) observes. As a result, the birth of children with disabilities is a source of embarrassment to their families. Such children are often locked indoors, away from the rest of the community. In Malawi, children with disabilities, especially those from rural settlements, have very few opportunities to attend school (Kotze, 2012). Thus, most young children with disabilities end up abandoned or neglected, and extremely vulnerable. Chitereka (2010) adds that in some instances, people with incapacities reside as outcasts in their own communities and neighbourhood. This is a result of the degrading of people with disabilities as they are regarded as being unable to perform anything; hence, they should be handled inappropriately. The World Report on Disability (WHO, 2011) highlights that in some African cultures, disabled persons are deprived of their rights and freedom to live with families or take part in certain activities, and they are reported to face prejudice and discrimination. Similarly, Tirussew, Alemayehu, Belay, Fantahun, Moges, Sewalem, et al (2013) reveal that children living with disability in some parts of Africa are professed as being incapable of self-reliance, fragile, desperate and charity-dependent subjects. In this study, it was, therefore, imperative that I explored the experiences of families of children with disabilities to understand the challenges they encounter in the provision of ECD services to their young children with disabilities.

Another key factor in the microsystemic ecology of the child is the family's economic status. Children with disabilities may have an interest in accessing the ECD services provided, but may be barred from accessing them because of the family's inability to purchase, for example, a wheelchair. This is particularly common in families with children with disabilities (Bradley & Corwyn, 2005; McLoyd, Aikens & Burton, 2006; Walsh, 2006). Poverty has, to a large extent, contributed to disability, as noted by Barron and Ncube (2011). The ACPF (2011) observes that people living in poverty experience poor health and poor nutrition, lack access to healthcare facilities and antenatal services and invariably attain lower levels of education. All these poverty indices are said to critically affect the development of the foetus in a pregnant woman, and thus contribute significantly to delays and retardation in the development of the child. The ACPF (2011) stipulates that many disabilities result in scarcity, reduced nourishment and constrained permission to elementary services. In their study, Alper, Schloss, Etsheidt and Macfarlane (1995) reveal that inadequate prenatal and neonatal services may cause disabilities such as asphyxia during child delivery, leaving children with cerebral palsy, which largely contributes to learning difficulties.

According to the WHO (2011) and the World Bank (2011), households with children with disabilities have a high probability of experiencing higher levels of socio-economic shortcomings, compared to those without disabilities. A study by the World Bank in 2005 established an association of disability and the vicious cycle of poverty on the basis that children with disabilities are unlikely to contribute to human resources that will empower them to occupy high-earning jobs. Disability leads to poverty as such families spend most of their time looking after the child with a disability. Poverty, in turn, results in vulnerability and openness to risky behaviour and poverty-related diseases, such as diarrhoea, kwashiorkor and malnutrition, to mention only a few. Some children are even deprived of their privilege to go to school because of a lack of finances, and they might be tasked to take care of their siblings with disabilities.

Several studies seem to infer that many families of children with disabilities reside in deprived settings (Bradley & Corwyn, 2005; Burton, 2006; Walsh, 2006); hence it may be prudent to consider the diverse factors that militate against the provision of ECD services. An analysis of the provision of ECD services to children living in poverty should consider family health and nutrition factors (UNESCO, 2010). Families that live in poverty often exhibit helplessness in fending for their children because poverty has disabled their capacity to realise this obligation.

iii. The interaction of the child, parents or caregivers and other immediate institutions

Factors that may create barriers to the learning of young children with disabilities are best addressed as early in life as possible. In their study, Meintjies and Van Belkum (2013) emphasise the important role of parents and other caregivers, especially in observing the developmental process of their children. In the microsystem settings, caregivers are better placed to observe and monitor children develop as they spend more time with them. The microsystem also refers to the connections between the household and the school, comprising the specialist teachers and the school support personnel. Hook, Watts and Cockcroft (2002) postulate that the disposition of teachers in terms of their attitudes, skills and behaviour towards the child with disabilities has an impact on the development of the child and influences the relations between the home and the school. Collaboration among the people who significantly contribute to the development of the child with disabilities should be underscored, as Prilleltensky (2005) proffers that children with disabilities are individuals belonging to the society and as such should not be isolated. To this end, the interaction of the teachers, parents and support staff in developing critical skills in children with disabilities is vital.

3.3.2 The mesosystem

Bronfenbrenner (1989:227) defines the mesosystem as the “system of microsystems” made up by interconnections between other individuals who actively participate in their environments. As the second layer, the mesosystem, creates the second concentric level providing the association that involves the structures of the individual’s microsystems and incorporating the interactions that occur within the microsystems (Berk, 2000). This is the system that involves the relations between two or more settings containing the developing child; these may include the relationships and experiences between home and school, school and religious sects, as well as family and the neighbourhood (Crowley, 2014; Paquette & Ryan, 2001).

3.3.2.1 Application of the mesosystem in this study

In the context of this study, this layer comprises relationships between the family and ECD service providers, relations concerning the household and the child’s teacher or the household’s church and the neighbourhood, the family and support networks, and the family and the school (Krishnan, 2010). The child’s individual microsystems do not operate freely, but are interconnected and exert an influence upon one another (Bempechat & Shernoff, 2012). Nevertheless, these connections have an unforeseen bearing on the development and attainment of the individual’s aptitudes (Chinhara, 2016). Thus, at this stage, this study explores the links between the parents of the young child with disabilities and the ECD teachers, as well as the roles they play in the accessibility of ECD services to the child with disabilities. There are numerous action combinations that could be deduced at this mesosystem level, including the association between the home and the ECD centre, or the home and the school (Weiss, Lopez, Kreider & Chatman-Nelson, 2014). However, core in all these combinations is the involvement of the parent and the teachers in the development of the child with a disability. Krishnan (2010) maintains if there is a healthy, mutual link between the parents and the teachers, the involved child with disabilities has a better chance of developing positively. Dissemination of critical information and the provision of psychosocial support services to children with disabilities by school specialists and authorities are vital in the mesosystem level (Mailwane, 2016).

ECD is defined by UNICEF (2007) as the progress and practices that foster children to grow and prosper in social, emotional, physical and intellectual aspects. Therefore, ECD is not only confined to ECD centres but also encompasses the interaction between the home and community-based care programmes. Philpot (2013) stresses that ECD incorporates health, hygiene and nutrition in a safe environment that supports the child's intellectual and socio-emotional welfare. The foundations of growth are manifested in the initial years of a child's life; hence, the first years of life of children with disabilities are crucial, and children living with disabilities need to have access to such institutions and participate fully.

i. Accessibility of ECD services to young children with disabilities

CARE USA (2006) mentions that all over the world, there have been establishments of day-care centres, crèches and ECD centres to care for children before they reach primary school age. According to UNICEF (2007:6), an ECD centre refers to a –

> …building or premises maintained or used, whether or not for gain, for admission, protection and temporary or partial care of more than six children away from their parents. The term can also refer to a crèche, day care centre for young children, play group, pre-school and after school care.

Accessibility of ECD facilities to young disabled children in this study refers to children with disabilities being afforded an opportunity to attend ECD centres without any discrimination due to their disabilities. A study by Eriksson and Granlund (2004) in Sweden, with the aim to explore the relationship between participation in school activities of children with disabilities and their school environment, established that the physical environment was not adequately adjusted to accommodate these disabled children fully. Furthermore, it was also found that activities were organised and carried out in ways that created barriers for children with disabilities. Omilola and Kaniki (2014) assert that the bulk of disabled African children are not included in schools and employment opportunities, effectively warranting that they ever remain underprivileged. In South Africa, the Department of Basic Education (2014), whose mandate it is to identify and assess all learners who need extra support in learning institutions, specifies the vital role played by ECD caregivers in identifying children with special needs as this is crucial in the education of these children. Another challenge is raised in a study by Pang and Richey (2005), who found that early detection of children with frailties is restricted in areas such as hearing, mental, physical and visual impairment. UNESCO (2012) indicates that support of ECD for children facing challenges was very low or non-existent, particularly in some of the developing countries. It was also exposed that predominantly services were mainly in the inner cities and focused only on explicit physically or sensory-impaired children, implying that young children with more complex impairments were not accessing ECD services. Chinhara (2016) also adds if children's socio-economic and cultural support is inadequate, there is a high possibility that the child's chances of development and growth will be minimised

ECD centres, such as childcare centres, are considered as the initiatives of intervention in a community and thus enable excellent meeting points for community gatherings, classes and healthcare services, such as vaccinations and growth monitoring (CARE USA, 2006). Furthermore, Biersteker (2012) stresses that it is imperative that young children access ECD centres, particularly for their holistic development and in preparation for readiness for formal school learning. Hence educational programmes offered outside home settings are necessary (Mailwane, 2016), and more so, where the parents or caregiver may lack adequate training or exposure on matters of child development.

The government of Zimbabwe legislated that all ECD centres should be appended to primary schools under the auspices of experienced primary school principals (Government of Zimbabwe, *Secretary's Circular No. 14* of 2004). However, these government ECD centres only provide ECD services to children with no overt disabilities, despite the fact that Zimbabwean laws require that all schools should enrol children without segregationist practices (Mpofu & Shumba, 2012). Thus, ECD services for children with explicit disabilities are provided in special private schools, which tend to charge exorbitant tuition fees that are exclusive of young children with disabilities who come from poor economic backgrounds.

As Tirussew, Alemayehu, Belay, Fantahun, Moges, Sewalem, et al (2013 rightly observe, schools are best positioned to detect any inconsistencies in children at very early stages. As a result of this, in places or situations where schools are unreachable, many families may establish the child’s debility very late, and this may impede early intervention possibilities. However, Bronfenbrenner’s ecosystemic theory emphasises that the child has to access support to realise holistic development, irrespective of whether the child is in the home, school or an ECD centre (Chinhara, 2016). Deprivation of early intervention may result in accumulative inconsistencies in learning, lower self-worth, reduction in enthusiasm for success, lowered potential for success and cumulative disentanglement from and circumvention of education (Philpot, 2013). As an example, constant rehabilitation services for children with Down’s syndrome may yield better results than in situations where there is no intervention. In their submission, Nelson and Prilleltensky (2005) mention that ideally in the ecological settings, the child is not an isolated individual, but is always in the context. Therefore, access to ECD services is critical for children with disabilities, and the teacher and the caregiver should be qualified enough to develop the necessary skills in an environment that will benefit the child in need.

ii. Interrelationships between caregivers and ECD practitioners

The microsystem in this study refers to the significance of the household, parents or caregivers in the development of the child with disabilities. There is, however, a third leg in the developmental process that needs to be considered, namely the role of practitioners who are special educators and ECD teachers. Sharma, Lalinde and Brosco (2006) add that in some instances, parents may not feel entirely prepared, and they may be overwhelmed by the responsibility and needs of caring for a disabled child; hence, the specialist teacher provides the requisite professional support from which the parent may tap. The specialist input can assist caregivers and parents to ensure their children’s access to ECD services. Thus, research on the militating factors has to include the triad collaboration between the child, family and specialist for improving the development of a child with disabilities. Friend and Cook (2010:6) explain interactive association as “a style for direct interaction between at least two coequal parties voluntarily engaged in shared decision making as they work toward a common goal”. Similarly, collaboration is viewed by Turnbull and Turnbull (2001:13) as “the dynamic process of families and professionals equally sharing their resources in order to make decisions jointly”. Thousand, Villa, Paolucci-Whitcomb and Nevin (1996) perceive collaboration as an act of instituting affiliations that are indispensable in successfully developing connections among the stakeholders, such as schools, parents and empowering institutions, to address various learners' essentials through mutual proficiency. When exploring the ecology of the child with disabilities, it is important to examine the interdependency between the parent or caregiver, the specialist teacher and the support team closely.

iii. Practices by early childhood development teachers and professionals

ECD teachers have the responsibility of enhancing the development of young children with disabilities as they are the direct providers of physiological and cognitive practices (Samuelsson & Kaga, 2008). Their duties include ensuring the wellbeing of the child, the health aspects of the child and the life skills training of the child with disabilities. However, Fanelli and Mushunje (2007) observed that in many cases, children with disabilities face exclusion from school activities due to challenges of inaccessibility or pure reluctance of teachers or caregivers to allow participation of such children. These services of specialist teachers are to be provided on a day-to-day basis, but children with disabilities do not appear to be beneficiaries of such services (Chinhara, 2016). The teachers make daily observations and keep records for each of the children under their care. In fact, these teachers are the repositories of all the information about these children with special needs. It becomes imperative, therefore, when studies such as this one are carried out, their role is projected to prominence. While the importance of the professional in assisting both the child with a disability and the caregiver or parent cannot be overemphasised for the teacher to be able to play the professional's role effectively, he or she needs to have the requisite skills and the capacity and a clear understanding of disability. In essence, "[s]ettings are primary engines of human development", as Bronfenbrenner (1998:997) declares.

The network comprising the individual child with disabilities, namely the caregiver and the specialist teachers and professionals, such as psychologists, is a central aspect of the ecological system in the study of children with disabilities, specifically, in relation to their access to ECD services, as is the case in this study. In essence, they form the part of the bi-dimensional tenet of the mesosystem in this study. The study, therefore, focuses on parent-teacher relationships, teacher qualifications and teacher perceptions of the learning of children with disabilities.

3.3.3 The exosystem

Bronfenbrenner (1989:227) explains the third layer – the exosystem – as a setting that embraces “connections and practices” that happen, involving more than one of the structures, where one of them does not implicate the child directly, but is invariably affected by the events that influence the closer settings. Krishnan (2010), in describing the exosystem, asserts that because the system contains micro- and mesosystems, it has an impact on the development of the child with disabilities and those who directly associate with the child. Harkonen (2007) contends that the strategies and judgements that are finalised at this second higher level ultimately impinge on the child. For instance, adjustments of programmes at the parents’ place of work can influence the closest practices that ensue, such as taking the child to school or a centre, and subsequently have an impact on the developing child. The effects may also be felt when the parents become unable to acquire medical or ECD services for the child.

3.3.3.1 Application of the exosystem in this study

In this study, the third dimension – the exosystem – comprises the child with a disability, the parents, the community and the government policies. Children and their parents or caregivers are part of the community, serving and being served by the community. The community on its own can also serve as an immediate intervention for ensuring improved child development or can militate against children’s access to ECD services. The input and responsibilities of local authorities and community leaders are critical in the expansion, direction and sustenance of ECD interventions as the community is responsible for laying down a foundation for the wellbeing of children by providing a social setting for their growth and development (CARE USA, 2006). The involvement of the community members in community activities brings better opportunities for addressing issues around early childhood care and needs. On the other hand, consonant with UNESCO (2012), it has been argued that the greatest barriers to accessing ECD services by children with disabilities are society-instigated, as opposed to medicinal deficiencies. In a community, societal dishonour and undesirable exclusive laws and attitudes towards infirmity, which may result from creed and traditional orientation, may pose obstacles to easy access to ECD programmes by children with disabilities.

The World Bank (2013) argues that obtainability or inaccessibility of public policies by administrators or NGOs may impede on how children with disabilities should access services. Similarly, exosystemic settings that do not make provision for assistive devices to children who require them, are excluding them from benefitting from early childhood education services. On the same note, this study examines the role and impact of the community on the provision of ECD facilities in selected schools. Aspects such as the school policies and facilities provided, affect the nature of the services provided in that community. It is important, therefore, that they should be examined to have a comprehensive, holistic picture of the system and its impact on the child with disabilities. Developing children with disabilities can be affected by the parents' loss of employment. This may affect the child's continued access to ECD services. This is particularly true to the situation in Zimbabwe, where the ECD services are costly and exclusivist in nature. Some seemingly divorced factors, such as community facilities and school policies, may inadvertently influence the child's access to ECD services.

Another typical example within the exosystem is the school policy of inclusion, which is of immediate relevance to the child with a disability. A school that follows the policy of inclusion allows for diversity by educating all children together (Johnson & Wilman, 2001). It is a less costly alternative to segregated special schools and can reduce social welfare costs and future dependence on donor support. UNESCO (2012) reports that schools following an inclusive policy have higher achievement for children than in the settings of segregated schools.

3.3.4 The macrosystem

Bronfenbrenner (1989) describes the macrosystem as the setting that predominantly contains the society's material resources, customs, traditional belief practices, knowledge frameworks, lifestyles, opportunity edifices and patterns of social change that are implanted in the preceding systems. Relating to the study, the macrosystem is represented by the societal, cultural beliefs, norms, values and customs regarding children with disabilities. The macrosystem can be viewed as an all-encompassing system that buttresses all the contents of the smaller systems prevailing at the levels of the subcultures or the culture in its entirety (Mailwane, 2016). Harkonen (2007) presents it as the layer that embodies the basic community values and beliefs held in a given community or society. It thus acts as the societal sociocultural backbone on which is hinged the customs, laws, ideologies, economic and political systems of the community. In the same vein, Bronfenbrenner (1979) perceives the macrosystem as the whole cultural essence underpinning the cohesion of the cultural values of the community as reflected in the educational principles and ideals, political backdrop as well as the socio-economic and religious practices obtained within that community. Following the same thought continuum, Stivaros (2007) aptly sums up the macrosystem as representing the framework of the society that consists of its principal cultural, religious, political, educational, legal and economic values.

3.3.4.1 Application of the macrosystem in this study

Despite the fact that the macrosystem does not affect the child directly, it should be acknowledged that as Krishnan (2010) points out, embodying other layers directly having an impact on the child cannot be underestimated. In fact, it is a given that the political conditions in a child's country affect the development of the child. Krishnan (2010), for example, cites cases of wars resulting in children moving into refugee camps and their development being affected by the unstable, chaotic political landscape. In the case of Zimbabwe, the decline in the economy has led to parents becoming unemployed. This has resulted in a decline in the children's standard of living. Children with disabilities, being part of the community, become subject to the unfavourable economic designs.

Children, particularly those with disabilities, have been noted to be affected by the culture in a particular community. According to the *Innocenti Digest* (UNICEF, 2007), in some cultures, guilt and the fear of bearing disabled children lead to disabled children being hidden and excluded from activities that are important for their growth. This results in disabled persons having poor nutrition and education, which may result in low esteem and restricted collaboration with others. Levy et al. (2014)

contend that children with disabilities are largely exposed to sexual, psychological and physical violence and manipulation. According to the World Report on Disability (2011), in some African cultures, disabled persons are deprived of their rights and freedom to live with families or take part in certain activities, and face prejudice and discrimination.

Thus, a culture that holds childcare in high esteem is bound to have a positive impact on the development of the child with disabilities, as culture will demand that the child be well provided for (Mailwane, 2016). In the case of Zimbabwe, the Ndebele culture views the child as belonging to the whole community. In that case, the whole community is seen to be responsible for the development of the child. In such cases, the child's wellbeing is directly affected by the cultural orientation of the community. Harkonen (2007) also cites a similar example of a cultural belief that perceives the upbringing of children as the sole responsibility of the parents. In such cases, the community has little direct involvement in the welfare and general development of the child. In such communities, the culture restricts possible assistance that could be offered to children, particularly those with disabilities. Therefore, the macrosystem, although not overtly affecting the child's development, if it reflects positive cultural values, a stable political landscape and a viable, healthy economy, can have a positive and supportive environment for the healthy development of the child.

As pointed out in the above discussion, the macrosystem can provide either a supportive or non-supportive developmental bedrock for a child with disabilities. A study by the WHO (2012) reports that children with disabilities are susceptible to different types of abuse, such as sexual or psychological abuse, as well as exploitation because they are defenceless and, therefore, make easy targets as they fail to report abuse. For example, in a case study in Ethiopia, reported by Tirussew, Alemayehu, Belay, Fantahun, Moges, Sewalem, et al (2013 a young lady who had visual problems was kept indoors, grinding grain with swollen, numb hands; she had to do it because her caregivers never thought she could do anything meaningful except for that. On a similar note, Kolucki and Lemish (2011) cite children with disabilities being institutionalised in residential care institutes for disabled persons under inhumane conditions. Such environments can be detrimental to children with disabilities due to privation from reliable caregiving effort, inadequate nutrition and being deprived of their right to be part of a family for them to develop to their full capacities (*Innocenti Digest*, 2007). The global movement to mitigate on children living in institutions (UNICEF, 2012) propounded that institutionalised children are highly exposed to neglect, social isolation and abuse, with the disabled child being the most affected.

National policies, which are part of the macrosystem, play a significant role in the delivery of ECD services and interventions. Health, education and children's rights cannot be effectively implemented without the involvement of the national laws and policies as there is a need for greater acknowledgement as well as financial support (CARE USA, 2006). CARE USA (2006) further shows that ECD curriculums can be expedited by appropriate policies in the nations. It is imperative, therefore, that this study explores the impact of the macrosystemic factors in which the child with disabilities accesses ECD services.

3.4 CONCLUDING REMARKS

The chapter provided the theoretical framework for the research study. It discussed the theoretical roadmap to guide it. The framework functioned as a guideline for carrying out the study. The running theme has been the earlier behaviourist theories propagated by child developmental challenges through the individual's observable reactions to stimuli. On the other hand, cognitivists, such as Piaget, sought to identify developmental challenges through cognitive studies. All these theories focused on the individual child. While these theories provided insights into the challenges facing the development of children, they did not provide a wide enough lens to include the whole social, ecological perspective of the child. It was in that light that the study had been embedded in the ecosystemic theory proposed by Bronfenbrenner (1979), which provided a broader lens for examining the ecosystemic factors that impinged on the success of children with disabilities in accessing ECD services. Using this theoretical framework as a circumscriptive directive lens for the study, the next chapter discusses the methods used to carry out the study.

CHAPTER FOUR

RESEARCH METHODOLOGY

By and large, the impact of any study is certainly not appreciated entirely till one comprehends the research processes and techniques utilised in the research enquiry. This reality is predominantly significant when doing qualitative research where the research processes and procedures for data collection and coding are every so often exclusive to the participating group or case under study.

Watson

4.1 INTRODUCTION

The purpose of my study was to explore the accessibility of ECD services to young children with special needs in Zimbabwe. In Chapters 2 and 3, I explored this phenomenon through an extensive literature review. Chapter 2 focused on the accessibility of ECD services to children with disabilities and analysed the educational policies and legislative framework that guarantee the legitimacy of the children's challenges. Chapter 3 examined the different child development theories that informed the research. The ecosystems theory of Bronfenbrenner (1979) was used as a lens to investigate the ecosystemic factors that influence the accessibility of ECD centres to the child with disabilities.

This chapter expounds the methodological context and strategies adopted to conduct the empirical study in determining the ecosystemic factors that influence the accessibility of ECD services. The use of a qualitative research approach, interpretivist paradigm and design is justified (cf. Cohen et al., 2011). The selection of participants, the research site and the role that I, as the researcher, have undertaken, are also deliberated. Data collection, recording strategies (field notes and narrative interviews), photographs and the data analysis method are explained. The data analysis consisted of deducing meaning from photographs (photovoice) and transcriptions of interviews to prepare for thematic analysis. The chapter also discusses the ethical considerations that needed to be pondered, such as informed consent, confidentiality, voluntary participation and protecting the participants from harm or mistaken belief in the researcher. Presented in Table 4.1 is an outline of the research methodology and process the study utilised.

Table 4.1: Outline of the research methodology followed in this study

Research methodology	• **Research design** • **Research methods**	
Research design	• Interpretive paradigm • Qualitative approach • A case study design	
Research methods	• Face-to-face interviews • Focus group interviews • Photovoice	
Selection of the research sites and participants	Purposive sampling	Special schools School administrators ECD teachers Parents/caregivers Support team (health officers)
Data collection techniques	Narrative interviews Taking photographs Focus group interviews	Field notes – verbatim transcriptions of audio-recordings Photographs depicting envisaged situations

Data analysis	Thematic analysis
Trustworthiness	• Credibility: Triangulation through employment of different data collection methods, researcher reflexivity; peer review and debriefing; member checking and crystallisation • Transferability: use of rich, thick descriptions of contextually and purposively selected research participants and sites • Dependability: Member checking, audit trail and crystallisation • Confirmability: Triangulation. crystallisation and reflexivity
Ethical considerations	• Informed and voluntary participation • Confidentiality and anonymity • Assurance of protection (participants) from harm • Role of the researcher • Reflexivity • Trust

4.2 THE RESEARCH QUESTIONS

The purpose of this chapter is to answer the following research questions:

4.2.1 Primary question

The primary research question that guided the study was: Which ecosystemic factors influence the accessibility of ECD services to young children with disabilities in Zimbabwe?

In answering the primary research question, the following secondary questions will be addressed in this chapter:

4.2.2 Secondary research questions

- What are the experiences of parents and teachers of children with disabilities with regard to the accessibility of ECD services in Zimbabwe?
- What are the perceptions of the community with regard to children with disabilities in Zimbabwe?
- What strategies and guidelines can be followed for the provision of and optimum accessibility to ECD services to children with disabilities in Zimbabwe?

The above questions are qualitative in nature and cannot simply solicit for answers on quantity, frequency, probability or significance (Suter, 2015). These are questions that respond to the aspects of the how and the what of the problem under study. They are intended to bring to the surface the various ecosystemic factors that determine the accessibility of ECD services to young children with disabilities in Zimbabwe from an emic perspective. This, therefore implies that the research questions in this study can only be elucidated in words, as opposed to numbers. On a similar note, Suter (2015) posits that such questions need an appropriate research design that elicits answers from people who have lived through disability and ECD. Merriam (1998) concurs that the choice of a research design is determined by the philosophical dimension on which the research is predicated. Thus, it is imperative at this juncture, that the study outlines the guiding philosophical worldview that has informed the research design in this study.

4.3 RESEARCH DESIGN

A research design is described by Trochim (2006) as the structure of research that holds all the elements in a research project together, whereas Burns and Groove (2003) regard a research design as a blueprint for guiding a research process with supreme expertise over aspects that may obstruct the legitimacy of the verdicts. In addition, Parahoo (1997:142) defines a research design as “a plan that describes how, when and where data are to be collected and analysed". The basis or foundation of any research is shaped by the research design, which can either be qualitative or quantitative. With reference to Yin (2003), a research design is an action plan used to execute research questions to reach a conclusion. Yin (2003), in agreement with Mouton (2003), believes that research designs serve as execution plans and structures in which the research maximises the validity of findings.

As already have been alluded to in the previous section, the nature of the research design is determined by the goals of the research and the research questions to which answers are being sought and from which these are sought. As Creswell (2014) correctly observes, the selection of a research design is based on the nature of the problem or issue being addressed, the researcher's personal experiences and the audience of the study. It is, therefore, important to view a research design as the researcher's overall guide in answering the research questions or testing the research hypothesis. A good research design must, therefore, show the key tenets and milestones which embrace the research paradigm, research approach and type of research (Mailwane, 2016).

This study was situated in the interpretive paradigm, followed a qualitative approach and used a case study design. The paradigm will now be discussed.

4.3.1 Research paradigm

A paradigm is described by Neuman (2011) as a structure of ideas and potentials that stipulate a course of action to understand the appearance of the world when relating its scientific features to its postulations. Mackenzie and Knipe (2006) expound that selecting a paradigm positions the expectations, intentions and motivations for the research; thus it sets the tone for the study. Concurring with this definition, MacNaughton et al. (2001) contend that the three elements that make up a paradigm are the approach, the belief about the nature of knowledge and the criteria for validity. Accordingly, it is the ontological and epistemological suppositions that help scientists gain reasonable insights regarding the nature of the world and what defines reality in relation to how knowledge is distinguishable from non-knowledge. Scholars such as O'Donoghue (2006) and Mason and Boscolo (2004) posit that to arrive at prolific conclusions, educational researchers, as social scientists, are guided by three main research referral traditions, namely positivist or empiricist, hermeneutic or interpretive, and critical theory epistemological traditions. Denzin and Lincoln (2003) perceive critical theory epistemological traditions as a determinant of what the individual defines as his or reality (ontology) and the nature of knowledge that the individual constructs (epistemology).

This study was located within the interpretive paradigm. The interpretivist position on ontology (which specifies the nature of reality as viewed by the researcher) is that it is socially constructed by social characters (Gray, 2009; Wahyuni, 2012). In this research, the social characters were ECD teachers, school administrators, health workers and parents of children (aged four to five years) with disabilities. These characters provided an emic experience of dynamics that compelled or constrained the accessibility of ECD services to children with disabilities.

The interpretive paradigm furthermore focuses on understanding and interpreting the lived experiences of the study participants (Cohen et al., 2011; Gray, 2009; Wahyuni, 2012). The key features of the interpretivist paradigm are shown in Table 4.2.

Table 4.2: Characteristics of interpretivist paradigm and how these applied to the study (adapted from Neuman, 2011)

Characteristic	Descriptors	Application to my study
Location	Situated in a constructivist tradition where knowledge is a social construct.	Real schools in Bulawayo, Zimbabwe.
Epistemology	Understanding of phenomena from an emic perspective.	Perspectives of the teachers, parents and the learners themselves.
Ontology	Perceived from a realist ontology. Regards the world as having	Vivid descriptions of the real school experiences.

Characteristic	Descriptors	Application to my study
	many realities. Life and social meanings can only be understood from within. Social reality is an interpretation of the real world.	
Approach	Qualitative approaches that include phenomenology, case study, grounded theory and ethnography.	Interviews and photographs of actual lived experiences taken by the people involved.
Informing experiences and consequences	Interpretations and knowledge formulated informed by lived experiences. Consequences a result from interactions between individuals and their environment.	
Aims	To understand a phenomenon better from an emic perspective.	
Truth	Truths as subjective and mental creations.	Authenticated narrations from the participants.

Applying these characteristics to my study, which was situated within the interprevist paradigm, encouraged a close collaboration between the participants and myself, while allowing them to articulate their narratives (Barnett, 2002). The interpretivist paradigm allowed me to seek answers from those who have experience of the phenomenon, such as the parents, ECD teachers, health service providers and caregivers who interact daily with young children with disabilities (Khan, 2014). Their personal experiences authenticated the research findings and provided a detailed understanding of ecosystemic factors that influenced the accessibility of ECD services to young disabled children. It is their worldview that moulded the responses and thus comprised the answers to the research questions as seen from their emic perspective. The interpretivist worldview is embedded in the constructivist philosophy where ontology and epistemology are human constructs in a state of fluidity and open to change. Thus, the interprevist worldview countenances for idiosyncratic values in which individuals implicitly form their own world in diverse environments through interaction with others (Neuman, 2011).

4.3.2 Research approach

As the study focused on ecosystemic factors that influence the accessibility of ECD services to young disabled children in Zimbabwe, a qualitative research approach was followed, as Slavin (1994) advises that this research approach strives to explore phenomena in specific situations and natural contexts. The adoption of the qualitative approach rested on its strength of a universal, humanistic and person-centred standpoint in understanding human-subsisted practices devoid of the specific insights (Field & Morse, 1996). Applied to this study, it means that I wanted to appreciate the experiences of parents and teachers of children with disabilities and gain their lived experiences with regard to children with disabilities in Zimbabwe. This is in line with Creswell’s (2012) view that qualitative research is educational research in which the researcher depends on the viewpoints of the members participating (emic view) and an investigative procedure of appreciating societal and human complications grounded on distinct methodological traditions.

Holloway and Wheeler (2002) highlight that the qualitative research approach allows researchers to intensely explore life experiences, diverse perspectives and the comportments to learn about the intricacies of the condition contextually. This type of research encompasses listening to the participants’ voices. The data collected from participants are represented textually or pictorially. The data are subjected to analytic induction, for example, finding common themes. Qualitative research predominantly strives to search for an understanding and interpretation of the meaning of situations or events as viewed and understood by the people involved. This approach was, therefore, suitable as my population group was located in a specific area of Zimbabwe, where the focus group consisted of households of children with challenges who resided in a deprived area where not much resources are available.

In the same vein, Burns and Grove (2003:19) perceive this technique as "a systematic subjective approach used to describe life experiences and situations to give them meaning". Parahoo (1997) concurs that the focus of the qualitative approach is on the lived-through events of people involved in the study, over and above underscoring the distinctiveness of the specific people. Thus, in this study, I presented and made meaning from each participant's views, as each person's situation is unique. All views are accorded equality, and as Nieuwenhuis (2010b) puts it, all views are equal. In support, Holloway and Wheeler (2002) bring up the fact that the strength of qualitative research is on the construction of social enquiries that are centred on the interpretations and meanings people attach to their experiences and the world around them. This is the view that has been adopted in the study.

Qualitative studies seek to understand the phenomenon in its natural settings (Bogdan & Biklen, 2007; Nyawaranda, 2004). Therefore, the participants have been interviewed at their places of work for convenience and comfort, while discussions with the photovoice participants have been conducted at the sites as they spent time waiting and tending to the children. Qualitative studies further seek to understand the why and how, and not just what, where and when of a phenomenon. Thus, researchers utilise the qualitative approach in the exploration of how people behave, perceive, experience and feel in relation to their various environments.

4.3.3 Type of research: Multiple case study

A case study, in Hesse-Biber's (2016) understanding, is a comprehensive probe from a manifold of viewpoints on the intricacy and exceptionality of a specific institution, policy, programme, system or project, from the milieu of a "real life". Simmons (2009:21), alternatively perceives the case study as an "all-encompassing inquiry" based on different research methods with leading evidence. The prime purpose of a case study is to elicit exhaustive perceptions on a particular programme, policy, topic, institution or structure to garner as much information as possible in a bid to inform civil, community, professional practice and policy development on appropriate action to follow. The aim of this research has been to obtain an in-depth understanding of factors that influence the accessibility of ECD services to young children with disabilities.

Although Yin (2009), in agreement with the preceding scholars, states that a case study is an empirical inquiry that seeks to investigate an existing occurrence within real-life situations or circumstances, Stake (2008) holds a different opinion on the form of research. He describes it as rather being bound by an individual's interests and case, and not by techniques used in the inquiry. Thus, the central principles of a case study – the ontology, epistemology and methodology – have been used in this study to ensure that the object of the study is specific, unique and has a bounded system. Presented in Table 4.3 below is the justification for using the case study design in this study.

Table 4.3: Major principles of a case study and how they have been applied to my study (adapted from Neuman, 2011)

Principles of a case study	Applicability to this study
Ontology refers to a system of belief that reflects an interpretation of an individual about what constitutes a fact (Diversi, 2007).	The researcher believed that the ECD practice in Zimbabwe is well intentioned but very poorly executed. As a result, there is much talk and very little capacity of the government to carry out this plan.
Epistemology deals with how people come to know what they know (Bourgeois, 2011). It is justifiable to hypothesise that the validity of knowledge claims is based on how research results have been arrived at. In other words, knowledge claims should be based on observable	As the researcher, I noticed the relative absence of children with disabilities in preschools, although they are found in higher classes. It can be hypothesised that parents, for some reason (economic, social or fear), do not send children with disabilities to preschool, but prefer to keep them at home until

outcomes that are not only demonstrably measurable but also accurately obtainable from systematic and methodological blueprints.	they are old enough to go to formal school. This may explain why most children with disabilities are older than the average grade age.
In theory, the legitimacy of knowledge claims is based on how the research results have been arrived at, which, in this instance, is the methodology used in the study.	The research study has been based on the traditions of qualitative methods for gathering data; thus, narrative and focus group interviews and photovoice techniques were adopted.

In a case study, participants provide their "individual interpretation of the world around them, it has to come from the inside, not the outside" (Cohen et al., 2011:20). Perreira and Ornelas (2012), on the other hand, postulate that it allows for an intensive investigation and a deeper understanding that lead to rich interpretations, whereas Yin (2009) suggests that "how" and "why" questions are answered. The researcher chose to use a case study strategy because of its usefulness in addressing a single issue from different perspectives in great detail, giving a holistic perspective. The single issue addressed the concerns of children with disabilities, and therefore, the design was deemed to be a suitable tool for exploring the factors influencing these children's access to ECD.

The case study design allowed me to provide a holistic perspective, thereby offering the possibility of investigating causal complexity where there are many relevant factors, but few observations (Rose, Spinks & Canhoto, 2015). Similarly, Feagin, Orum and Sjoberg (1991) state that a case study design is ideal when a holistic, in-depth investigation is desired. Since this study required an in-depth understanding of the ecosystemic factors surrounding the accessibility of ECD services to children with disabilities, it was felt that the case study would be the most appropriate design to use. Furthermore, given the complex interconnected ecosystemic factors that influence the access of children with disabilities to ECD, the case study methodology provided a systematic, holistic way to collect data, analyse information and report the results.

4.4 RESEARCH METHODS

Research methods relate to the person who carries out the research, the selection of the settings where the research is done, the participants who provide information, the way in which data are collected, the instruments that are used for data collection and how the collected data are analysed (Thomas, 2010). Factors such as the settings, the participants and the data collection procedures and analysis are core in the selection of research methods to be adopted in any study. Creswell (2013) adds that choosing techniques in research is influenced by the disposition of the research problem under study, as well as its context. Concurring with this view, Maxwell (2013) observes that decisions regarding where the study will occur and who should be included in the study are central issues when discussing research methods. Thus, in this section, the research methods focus on issues of sampling to select the research sites and participants, data collection procedures and data analysis. Also included in this section are matters that deal with trustworthiness and rigorously putting the research study to test, namely credibility, transferability, dependability and confirmability (Shenton, 2004).

4.4.1 Selection of participants

Sampling is described by Brink (2006:124) as "the process of selecting a representative group, organ or event from a population in order to obtain information regarding a phenomenon in a way that represents the population interest". Bless, Higson-Smith and Kagee (2006) add that a sample serves as a subset of the whole population that is investigated by the researcher and whose characteristics will be generalised to the entire population. This research has used the purposive sampling strategy. Patton (2002:230) posits that "purposive sampling focuses on selecting information-rich (participants) whose study will illuminate the questions under scrutiny". In fact, the study has aimed at understanding a phenomenon, in this case, the ecosystemic factors militating against the accessibility of ECD services to children with disabilities. These factors may or may not be location-specific and may not necessarily lead to generalisations. Thus, the purpose was not to generalise, but to get an in-depth understanding of a phenomenon. Alston and Bowles (2003) point out that in qualitative studies, there is no claim that the selected participants symbolise the whole population. This is even more apparent in the use of a nonprobability sampling procedure where representation is not the key issue. In fact, it is for that reason that this study has used purposive sampling, and not random sampling, in the selection of both participants and the sites.

Sites and individual participants for the study were further selected for the reason that they could purposively enlighten on the insights of ecosystemic factors that influence the accessibility of ECD services to young children with disabilities. The purposive sampling technique used in selecting members allowed for the selection of those participants who, while significant, were accessible and had the requisite, relevant information for the study. This is consistent with Pollit and Beck (2010), who point out that besides considering the experiences of the participants, it is also important for the researcher to consider issues of convenience and economic viability. The key participants in this study are presented in Table 4.4 below.

Table 4.4: Selected participants

Participant	Institution	Number	Justification
Principals	Special schools	3	Had insights into the administration of institutions that accommodated children with disabilities.
ECD centre manager	ECD centre	1	Had an overall administrative knowledge of an ECD centre.
ECD teachers	Special schools	6	Had experience in teaching children with disabilities. Interacted with children with disabilities on a daily basis and had insights into the ecosystemic challenges facing the learners. Assisted in the teaching of children with disabilities.
Caregivers/	Home	8	Were very conversant with the challenges facing children with

Participant	Institution	Number	Justification
parents			disabilities aged between four and five years.
SBST: Physiotherapist Speech and hearing therapist Occupational therapist Clinical psychologist Social worker Rehabilitation technician	Ministry of Health and Child Welfare	6	Provided support to parents and caregivers for children with disabilities. Provided body and muscle treatment and exercises to children with disabilities. Assisted in the rehabilitation and therapy of children with hearing and speech problems. Provided counselling services to parents, caregivers and guardians of children with disabilities. Assisted in the rehabilitation activities of children with disabilities.
SPS – Special Needs Education	Ministry of Primary and Secondary Education	2	Provided psychological services for children with special needs. Assessed and placed children with diverse needs into appropriate institutions.

The selected participants comprised the three principals of the special schools who were selected because they had an overarching view of the activities in their schools. The school principals were interviewed in their schools and, therefore, provided rich information regarding the ecosystemic factors affecting access to ECD services by young children with disabilities.

Six ECD teachers were purposively selected and interviewed because of their daily interaction with children with disabilities in special schools. Furthermore, the teachers are the ones that cater for the children’s daily needs and, therefore, have an in-depth understanding of the challenges facing children with disabilities. In addition, selective or purposive sampling was applied to select ten parents, guardians or caregivers of disabled children in the age range of four to five years who were attending the different special schools. These participants were purposively sampled as knowledgeable people who have in-depth knowledge of their children’s disabilities and the challenges they face (Cohen et al., 2011).

The support team included in the sample comprised the speech therapist, occupational therapist, psychologist, rehabilitation technician, social worker and physiotherapist. These health workers provided support services to caregivers who brought their children for rehabilitation sessions at the identified school centres. The selected health workers were engaged in the rehabilitation of children with disabilities at the identified institutions.

The SPS is a department under the Ministry of Primary and Secondary Education (MoPSE) that offers psychological services to schools. Initially, this was not a targeted group; however, during the fieldwork, it surfaced that members of this department would be rich informants. This was snowballed by some of the participants and is consistent with what Maxwell (2013) correctly observes, namely that a qualitative research design cannot be developed as a logical plan that can be followed verbatim as unexpected changes are likely to occur. Two psychologists from the SPS were included in the sample to provide insights on the psychological perspective of the ecosystemic factors that inhibit children with disabilities from accessing ECD provisions.

4.4.2 Selection of research sites

The study adopted a nonprobability, typical selection technique to hand-pick the research sites. Patton (1990) is convinced that the typical site-sampling strategy is used when selecting sites that have distinctive features in terms of the kind of population pertinent to the intent of the research study. Nonprobability selection is the deliberate selection of participants, as opposed to probability sampling, which is random, giving each selected member a comparable opportunity to be chosen. The nonprobability sampling method selected in this study was purposive.

Purposive sampling is also known as the selective, judgmental or selective technique because it relies on what the researcher deems suitable for a study (Gray, Williamson, Karp & Dalphin, 2007). In agreement, Gray et al. (2007) say purposive sampling takes place when a researcher purposefully selects certain groups or individuals based on their relevance to the phenomenon being studied. Cohen et al. (2011) admit that purposive sampling allows researchers to select the instances that could be incorporated in the sample, basing their decree on the uniqueness of the instances or on the particular traits they possess pertaining to the phenomena under study. Parahoo (1997) asserts that by this method, the researcher intentionally selects who and what to involve in the study based on their or its capacity to offer indispensable data. Using the same thinking, the sites for the study were selected for their relevance and representativeness, as tabulated in Table 4.5.

Table 4.5: Selection of research sites

Site	Relevance of site	Selection Criteria
ECD centre	This is the only centre that caters for young children with disabilities.	This was the only registered ECD centre in the Bulawayo Metropolitan Province for children with disabilities.
Special schools A, B and C	School A is an exclusive establishment located in the low-density suburbs and offers boarding and rehabilitation services to deaf and physically challenged children aged between three and 20 years.	All the sites provided ECD services for children with disabilities and, therefore, had lived experiences regarding the ecosystemic factors

Site	Relevance of site	Selection Criteria
	School B is located in a low-density suburb and enrols children aged three to 15 years who have various forms of disabilities.	affecting the accessibility of services.
	School C caters for children with mental challenges between the ages of three and about 18 years (in some extreme cases, up to 22 years). Many of these children have other infirmities, for instance, cerebral palsy, autism, epilepsy or Down's syndrome.	
Children's Rehabilitation Unit (CRU)	Have professionals such as physiotherapists and speech and language therapists.	Professional guidance in caring for children with challenges.

A primary consideration in selecting the study sites was the typicality of the site. Typicality is attained when the selected site reflects the same characteristics as the other sites that form the population of the study. Patton (1990) points out that the typical site-sampling strategy is used to select a site that has typical features in terms of the population relevant to the purpose of the research study. In this study, ECD centres were perceived as having the representative characteristics that were essential for answering the research questions.

4.4.2.1 Special schools

Established special schools are defined by the Zimbabwean *Secretary's Circular No. P36* of 2010 as those schools intended for learners who are severely challenged or have numerous debilities or may have a lesser degree of severity but live in circumstances that compel a boarding residence within the country. There is also a provision of Resource Units in what is termed "ordinary schools for children with disabilities". These, according to the same instrument (Zimbabwe *Secretary's*

Circular No. P36 of 2010) are envisioned for learners who have varying extents of physical or hearing disabilities or visual challenges as well as children with temperate to profound psychological handicaps, who cannot handle some of the requirements of conventional instruction. Three special schools were purposefully selected because of the ECD services they offer, thereby meeting the requirements of the study, focusing on the influence of ecosystemic factors on the accessibility of ECD to children with disabilities. Additionally, these special schools are strategically positioned in Bulawayo where the research was conducted. The schools are centrally located, and relevant information was collected with ease.

These schools were in the following categories: School A is a special institution that offers boarding and rehabilitation services to children who are physically restricted or hard of hearing from the ages of three to 20 years and is located in a low-density suburb. School B is located in a low-density suburb and enrols children aged three to 15 years who have various forms of disabilities, such as cerebral palsy, hyperactivity disorder, autism, traumatic brain injury, Down’s syndrome or speech and language impairments. School C is a special school that has been established in 1975. The school caters for children with mental challenges between the ages of three and 18 years, but may accommodate children aged up to 22 years in special circumstances. Many of these children have other ailments, such as cerebral palsy, autism, Down’s syndrome and epilepsy. The school provides relevant quality education to learners with mental challenges through enhancing their intellectual, social and physical development in functional language, number and life skills, as well as participation in co-curricular activities to improve their general living standards. It has an enrolment of 79 children mainly from the high-density suburbs of Bulawayo (families in the high-density suburbs are generally in the bracket of low-income earners). The school was chosen as a research site because of its geographical location to participants taking part in the study.

4.4.2.2 Early childhood development centre

In Zimbabwe, all primary schools are required by law to have ECD classes. ECD classes are part of the education structure and are administered by the parent primary school. However, it was discovered that the government-sponsored ECD centres do not cater for children with special needs and were, therefore, omitted from the sample. The only ECD centre that catered for children with disabilities was operated by an NGO and administered by a centre manager. The centre was the only site that offered ECD services to children with disabilities in Bulawayo where I was a resident. It provided a lot of relevant detailed information as the manager and assistants had extensive experience in dealing with and handling children with disabilities.

4.4.2.3 Children’s Rehabilitation Unit

The Ministry of Health and Child Welfare runs some large hospitals in the Bulawayo Metropolitan Province that are responsible for all health matters in the province. Under its auspices are the hospitals, clinics and all government health institutions. The Ministry of Health and Child Welfare also runs a rehabilitation unit within one of the major hospitals of Bulawayo, specifically for children with disabilities. This is the only government rehabilitation centre in the Bulawayo Metropolitan Province. The unit has skilled and experienced staff that includes some paediatric physicians, advanced nurse practitioners, physical therapists, speech therapists, occupational therapists and psychologists. All of these are people who interact with children with disabilities on a daily basis as they assist them in rehabilitation and stimulation sessions. The Children’s Rehabilitation Unit (CRU) provides rehabilitation services to foster social participation of children. The goal of the unit is to alleviate the effects of impairment, to foster the capacity of development of the children and their participation in various activities. The SBST has been drawn from this unit. This was an ideal site for data collection as it provided people who were professionals in dealing with children with disabilities, as rehabilitation centres require rehabilitation services from diverse, heterogeneous groups of professionals.

4.4.3 Data collection techniques

This is a key aspect of any type of research as it has an impact on the outcomes of the study (Cohen et al., 2011). In this study, data collection encompasses the data collection procedures that were used, as well as the tools used to collect the data with the aim of answering research questions and examine the study problem. In qualitative research, the collection of data would be an ongoing systematic process until a theoretical saturation is achieved (Ghauri et al., 2008). The data collection tools include face-to-face interviews, focus group interviews and photovoice. Before discussing the various instruments used to collect the data, the role of the researcher first needs to be established.

4.4.3.1 Role of researcher

The researcher is the data-gathering device in qualitative research (Maree, 2007). On that strength, I took up the position of being a research instrument in this particular study. This entailed listening to the voices and experiences of the participants, who, being the rich informants, were assumed to be more exposed to the phenomenon under study. The interpretation of their experiences in various contexts took the emic perspective (Orb, Eisenhauer & Wynaden, 2001), thus respecting the participants' viewpoints and guarding against any distortion and damaging information in relation to the phenomenon under study. According to Watt (2007), since the researcher is the key device in the collection and analysis of qualitative data, reflexivity is deemed to be essential. Gerrish and Lacey (2006), as well as Lambert, Jomeen and McSherry (2010), explain reflexivity as the process during which researchers reflect on the way in which they act, value and perceive things as these behaviours may impress upon the research environment and thus, may influence the collection and analysis of results. I consistently reflected in an endeavour to negotiate meanings with the participants (cf. Taylor & Medina, 2013). In line with Pierre (2005), I considered field notes as an instrument. As part of the data collection, I wrote field notes and reflections alongside other forms of data-gathering tools. The gathering of data was intertwined with sorting, coding and identifying themes.

4.4.3.2 Process of gaining access to research sites and participants

Negotiating access is concerned with building rapport and relationships with the participants involved in the study. Neuman (2000:21) refers to those with formal or informal authority to control access to a site as "gatekeepers" and affirms the importance of negotiating for a successful interview with each of them. Terre Blanche, Durrheim and Kelly (2006) suggest that researchers should be selective as to with whom they should negotiate; thus, when negotiating for entry, a researcher may have to deal with a gatekeeper who may either directly decide or soundly manipulate the decision to allow entrance into the site. For instance, in the current study, the principals of schools were the important gatekeepers in determining my admission to their respective institutions. Mason (2002) insists that researchers should always negotiate entry with relevant gatekeepers and never assume that because permission has been granted or refused by one, the decision is universal.

When negotiating entry, I sought authorisation of the Provincial Education Director to carry out research within special schools from the Ministry of Primary and Secondary Education (see Appendix A). Having been granted permission, I sought permission from the school authorities of the three special schools that offered ECD services to young disabled children (four to five years old), as well as the ECD centre in Bulawayo (see Appendix B and C), which had been identified and sampled. Permission was sought to carry out research at the SPS Department (see Appendix H). I also requested the consent of all the participants in a bid to build rapport (see Appendices D, E, F, G and I) and understanding prior to the actual fieldwork. In all instances, I expounded the purpose of the study to the participating group.

4.4.3.3 Face-to-face interviews

A qualitative research interview is defined by Cohen et al. (2007:349) as a “flexible tool for data collection, enabling multi-sensory channels to be used: verbal, non-verbal, spoken and heard”, where the motive behind interviewing is to understand what the interviewee is saying. There are various types of interviews that are used, including face-to-face, telephone and internet interviews (Opdenakker, 2006). This study used face-to-face interviews with the school principals, the ECD centre manager, ECD teachers and parents or caregivers of children (aged four to five years) with disabilities, because of their exposure to and possible interaction with young disabled children. Cohen et al. (2011) argue that although conditions where interviews are used as data-gathering instruments vary from context to context, the most common understanding is that there is a considerable rate of information exchange between the researcher and the respondents. In the context of this study, the main purpose of interviewing the ECD educators, administrators and parents has been to establish the participants’ experiences with children with disabilities with regard to the accessibility of ECD centres in Zimbabwe. Face-to-face interaction with ECD stakeholders has been facilitated, as Wragg (2002) confirms that in this type of interaction more concrete information is likely to be collected, particularly when semi-structured and unstructured questions are applied.

Furthermore, the face-to-face interview tool in data collection has been used because of its social cues and signals, as voice, intonation and body language of the participants can give a lot of extra information that can be added to the verbal answer of the respondents to a question (Opdenakker, 2006). A study by Burns and Grove (2003) reflects that a face-to-face questioning technique is an adaptable procedure that gives allowance to the researcher to reconnoitre deeper in search of meanings that may be difficult to obtain when using other techniques. This, therefore, enabled me to collect as much as possible information until theoretical saturation was reached. Another advantage of using this interview technique was that I could help the participants to understand the questions, as I explored and probed the participants' responses on their experiences and feelings about the accessibility of ECD services to children with disabilities. Gay et al. (2011) opine that through interviews, one can examine attitudes, interests, feelings, concerns and values that may not be obvious through observations. In the context of this study, I employed different techniques, such as open-ended questions and probing, to gather as much information as possible as it allowed the informants the freedom to express their views in their own terms while providing reliable and comparable qualitative data.

i. School principals and ECD centre manager

The school principals and the manager of the ECD centre were interviewed individually and separately in their offices where there was an element of quietness and privacy. This allowed both the participant and the interviewee to relax and record the proceedings, using a voice recorder.

ii. ECD teachers

ECD teachers have an important role, providing assistance and developing skills in growing children, inclusive of those with disabilities. They were thus purposively selected because they were regarded as rich informants. This could be assumed as they had most likely witnessed the phenomenon under study by virtue of being at the research sites that were regarded to be potentially influential in the accessibility of ECD services for these young children with disabilities, either by way of facilitating or encumbering the process.

iii. SPS officers

The SPS is a department in the MoPSE, with a mandate to continually advocate early identification and intervention for children with disabilities, so that they have early access to appropriate services. The SPS officers were included in the study, taking into cognisance their interaction with stakeholders involved in dealing with children with disabilities.

Before the interview, I assured the participants of confidentiality and explained the procedure that would be followed during the interview. In some instances, consistent with the participants' culture, I engaged in an informal conversation, using the language that was familiar to the participants. This helped to build rapport between the interviewer and the interviewee. The initial part of the interview was dominated by non-controversial questions, with the more complex questions following later. During the interviews, I acted more as a listener rather than a talker as I avoided dominating the interview. Questions were asked in the language that the participants understood to make it easy for them to express themselves. Thus, depending on the participants' language background, English, Shona or Ndebele were used during the interview. I deliberately avoided leading questions or contradictions that may appear to cross-examine the participants.

4.4.3.4 Focus group interviews

A focus group is defined by Marczak and Sewell (2006:1) as a "group of interacting individuals with a common interest or characteristic brought together by a moderator who uses group and its interaction as a way of gaining information about specific or focused issue". This concurs with findings documented by Elmusharaf (2012), who suggests that a focus group interview in collecting information helps in obtaining in-depth information on the concepts, perceptions and ideas of a group. As a method of more in-depth qualitative inquiry, focus group discussions provided opportunities to gain greater insights into the settings and contexts of accessibility of ECD services to young children with disabilities. In this regard, Rule and Vaughn (2011) are convinced that open discussions are reliable ways of listening to research subjects regarding their achievements, challenges and possible prescriptive measures to peculiar undesirable local conditions. In fact, such active participation in focused discussions enables participants to draw on their own detailed knowledge of local and contextual factors affecting effective teaching and learning circumstances. In connection with this study, such discussions aimed, among other things, to unearth the underlying causes of limited effort to cater for young children with disabilities in modern Zimbabwean communities.

Since focus group interviews promote self-disclosure among participants, Bagnoli and Clark (2010) are convinced that the information gathered through such discussions help participants, among other things, to (a) determine the needs of a programme in the short or long space of time, (b) shape the structure and future composition of the group, (c) design policies and organisational rules of the group, and finally, (d) meaningfully participate in the entire evaluation process of the project. For instance, in this study, the physiotherapist, clinical psychologist, speech and hearing therapist, rehabilitation technician, occupational therapist and social worker who were engaged in the rehabilitation of children with disabilities at the identified site formed the research focus group. The participants were chosen because it was envisioned that they interacted with caregivers and their young children with disabilities as they provided rehabilitation services to these children. I concur with Bloor, Frankland and Robson (2001) that participants (in this case, the SBST) draw on their own, detailed knowledge of local and contextual factors (in this case, factors affecting the accessibility of ECD services to young children with disabilities). Focus group interviews are useful in generating a rich understanding of participants' experiences and beliefs (Cohen et al., 2011). As the interviewer, and in line with

Krueger and Casey (2000), I created a nurturing and accommodating environment to encourage the participants to bring in different perceptions and points of view about the factors affecting the accessibility of ECD services to young children with disabilities.

4.4.3.5 Photovoice

Photovoice is a data collection tool that gives participants an optimum opportunity for participation in a research study (Olivier, Wood & De Lange, 2009). This is a qualitative research instrument where respondents or participants take pictures to demonstrate their situations. This method has initially been enunciated by Wang and Burris (1997) as a data collection tool that provides a process in which people identify, represent and enhance their community through photographs. Research scholars Kofkin-Rudkin and Davis view photovoice as a participatory research strategy that is commonly implemented in health research as a mechanism for personal development and community change. Researchers also recognise photovoice as a vital tool for community participatory research because of its accuracy in gathering information (Graziano, 2004). Palibroda, Krieg, Murdock and Havelock (2009:123) postulate that the “heart of photo-voice is the intermingling of images and words”. According to Close (2007), the photovoice method enables researchers to visualise participants’ perceptions about their routine realities. Wang and Burris (1997) add that photovoice allows sharing of personal information and experiences about certain matters that may not be easy to articulate verbally; photovoice, in this study, has been used to enable participants to reflect on their present and envisaged situations. In addition, Kamper and Steyn (2011:286) indicate a similarity to photovoice where graphical ethnography has been utilised by Paulo Freire (“coded situations”, depicted through draughts and snapshots) to motivate societies in analysing their situations prudently, without fear.

In this study, the participants (parents or caregivers of disabled young children aged four to five years) have been supplied with disposable cameras and were requested to capture photographs that depict their perceptions and experiences of accessibility of ECD services to their children with disabilities. According to Banks (as cited in Kamper & Steyn, 2011:286), “photographs set off a chain reaction which causes people to remember, reflect and to gain new perspectives". Not only does photovoice establish a partnership among the key stakeholders but it also equitably involves them in all facets of the research progress (Streng, Rhodes & Phipps, 2004). Thus, the pictures would clearly enunciate the child's position better than any words would since a picture is worth a thousand words. I used photovoice because it creates opportunities for marginalised groups by allowing them to participate actively in the study, thereby giving them a chance to tell their stories and be heard (cf. Palibroda et al., 2009). This tool was utilised to create an opportunity for dialogue and empowerment, especially of the marginalised groups. Although the photographs present an exclusive mode for participating members to communicate about their circumstances, in itself, the photovoice technique was an advantage to the participants as it gave them a probability to vocalise their situations and concerns to the community through their participation and visual presentations (cf. Nykiforuk et al., 2015). This tool was beneficial in the data collection as it supported interactive qualitative discussion, while endorsing meditative thinking, thereby yielding useful information.

> Photovoice facilitates greater involvement of the participants compared to many conventional research methods. Not only do participants provide data, but through their selection of photographs and the group discussions of themes and issues, participants are also involved in data analysis. (Julien, Given & Opryshko, 2011)

In agreement, Kamper and Steyn (2011) state that the opportunities presented through a "photovoice" necessitate optimal participation, devotion and commitment of the participating members and reinforce their contribution to the research study. These opportunities function as an effective means of capturing the implications ascribed to the photographs.

To facilitate the collection of data using the photovoice strategy, I employed a three-phased guide (cf. Olivier et al., 2009). The sessions or phases were as follows:

Phase 1: Positioning, **training and picture-taking** – A sample of parents or caregivers of disabled children was purposively selected and requested to take part in the study. I met the participants at their different sites as they waited to collect their children. The participants were grouped according to their sites. Each site had two participants; this was a strategy I employed to reduce the cost of transporting the participants to one venue. The criteria for the participants are tabulated in Table 4.6.

Table 4.6: Photovoice participants

Name	Site	Age	Gender	Child's disability	Relationship to the child
Musa Moyo	School B	47	Male	Autism spectrum disorder	Father
Prudence Dube	ECDC	39	Female	Cerebral palsy	Caregiver
Nomusa Ncube	School A	49	Female	Physically challenged, has no upper limbs	Mother
Noelene Munsaka	School C	40	Female	Mental health conditions – anxiety disorders	Mother
Lizwi Sibanda	School C	39	Male	Cerebral palsy	Mother
Moline Moyo	ECDC	45	Female	Clobber foot	Mother
Noman Materero	School B	59	Male	Down's syndrome/ physically challenged	Father
Sizakele Tshuma	School A	65	Female	Child A – blind Child B – cerebral palsy	Grandmother/caregiver

Ten participants were initially identified, and pseudonyms were used to guarantee their anonymity, but only eight participated, as two participants were too overwhelmed to take part in the research. I explicated that the study was grounded on their daily encounters with the children who faced challenges. The photovoice strategy was presented to the participating groups, and I stressed the strengths of graphical exploration as a dominant means of expressing envisaged situations. Each participant was then issued with a prompt for capturing the pictures: “Take photographs that depict your perception and experience of accessibility of ECD services to children with disabilities.” Participants were requested to capture as many snapshots in a week as they could, depicting any situations connected to the subject. The captured photographs were saved internally in the cameras.

Phase 2: Selection of photographs and telling stories – In the second session, I made arrangements to meet the participants at the centres where they collected their children, and they presented their photographs individually. Two participants from the initial group reported that they had been too overwhelmed by their situation; hence, they could not capture any photographs. They were allowed to exit. Focus group interviews were conducted with the eight remaining participants as they reflected on their motives for capturing the photographs to convey their insights and encounters with children with disabilities. The discussions elicited the reasons why the participants had taken the photographs. The participants were requested to select and display a picture that best portrayed their conceptions and experiences. They were then requested to narrate about the chosen picture. I recorded the narrations.

Phase 3: Wrapping up – I scheduled a follow-up meeting with the participants. In this final meeting, the participants were given a chance to listen to their recordings as a member-checking mechanism. It gave them the opportunity to add or explain their narratives further. It is on this strength that McMillan and Schumacher (2014:389) proclaim that in a focus group, participants are urged to share their insights and thoughts with one another, which, in turn, “increases the quality and richness of data through a more efficient strategy than one-on-one interviewing”.

4.4.4 Data analysis

Qualitative data analysis is a broad range of processes and procedures whereby the researcher interacts with the collected data in some form of interpretation of the phenomenon under study (Marshal & Rossman, 2011). Brink (2006), on the other hand, defines the analysis of data as the ordering, categorising, summarising and manipulating of the data and explaining the data in significant expressions. Data analysis is viewed as a strategy for data reduction and organisation in an endeavour to select findings that require elucidation by the researcher, according to Burns and Grove (2003). In the same vein, Denscombe (2014) advises that research should contribute something that is not already known. This, therefore, means that when one is analysing data, the data should point to the contribution in terms of originality. The emphasis on the “why” gives greater depth and contributes to the generation of knowledge (Briggs & Coleman, 2007). Data analysis can be a process with different stages or elements, as is depicted in Figure 4.1.

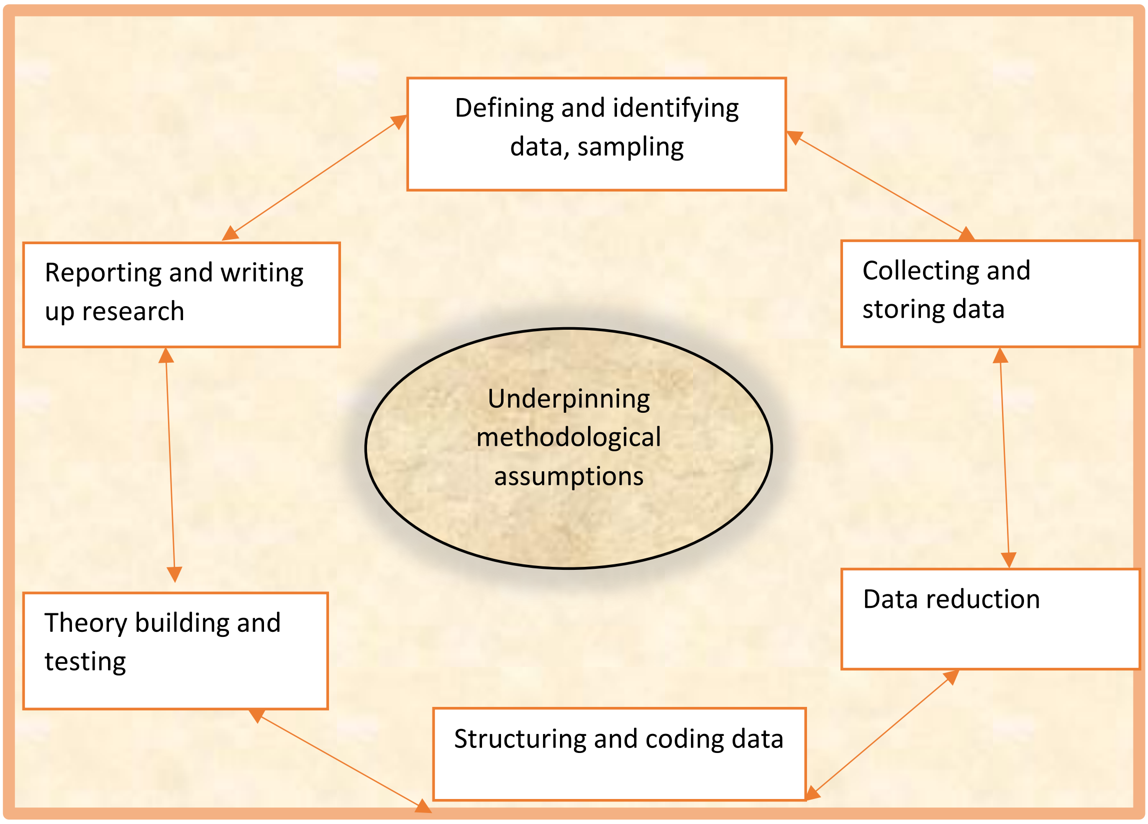

Figure 4.1: Elements of qualitative data analysis (adapted from Briggs & Coleman, 2007)

As shown in Figure 4.1, the idea is to appraise the meaning and figurative elements embedded in the collected information. Thus, among other things, the progression of analysing data in qualitative research involves segmenting, coding, writing and identifying themes. These aspects ran concurrently with the data collection.

4.4.4.1 Thematic analysis

According to Fereday and Muir-Cochrane (2006), thematic analysis involves the examination, identification and recognition of patterns or themes within data. These themes form an important description of the phenomenon related to study. Braun and Clarke (2006) add that as an analysis technique, in the thematic process, the researcher has to identify, analyse and report data. Riessman (2008:54) states that “thematic analysis focuses on the content of narratives (what is said rather than how the story unfolds) and can be applied to narratives produced in interviews and written documents”. In this study, the thematic approach was utilised to identify, evaluate and report emerging themes and followed a series of steps to arrive at a detailed conclusion of the study, as shown in Figure 4.2.

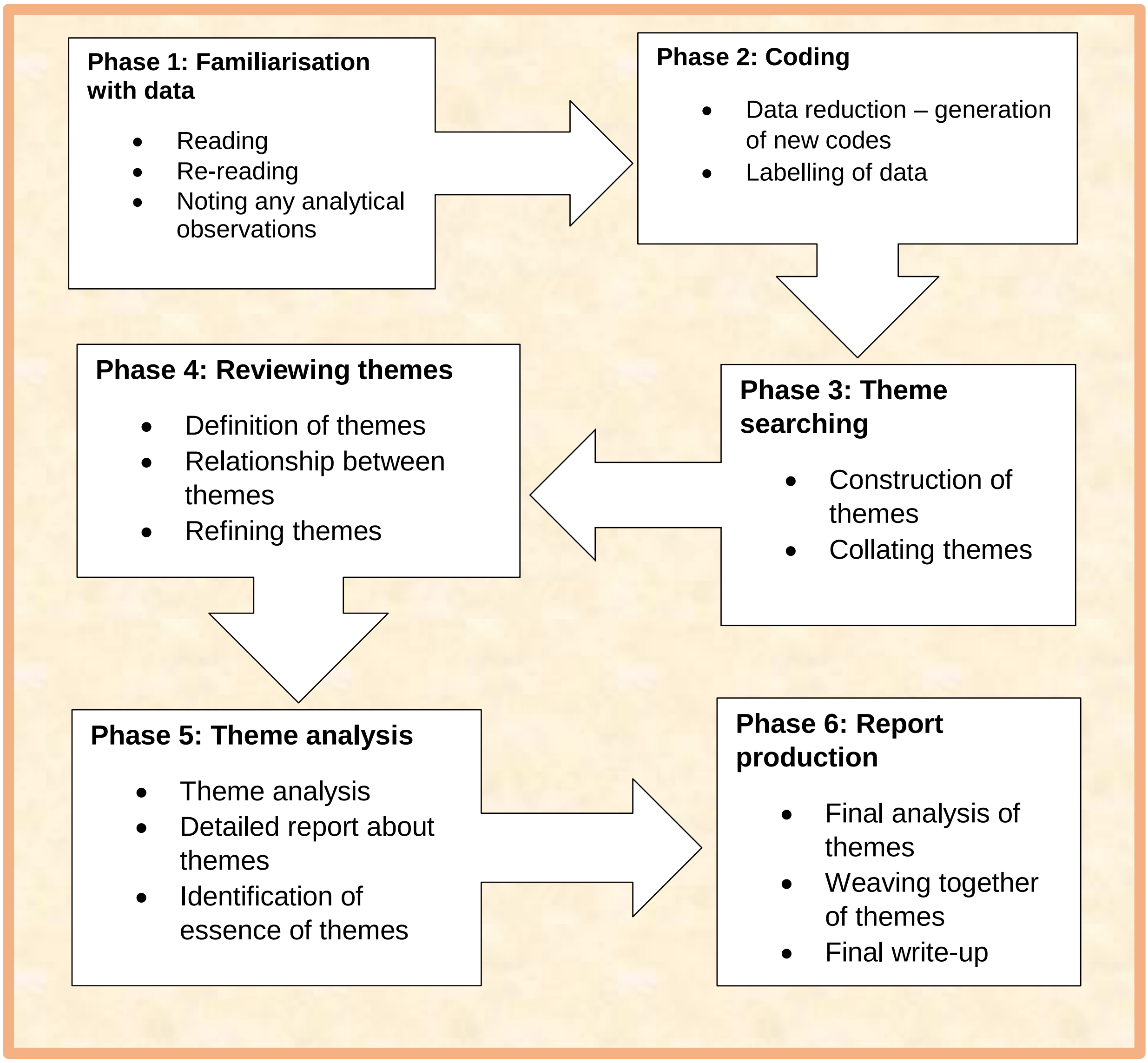

Figure 4.2: Steps followed in thematic analysis (adapted from Ryan & Bernard, 2000)

According to Ryan and Bernard (2000), data analysis in a thematic analysis commences when the researcher identifies patterns and issues of potential interest and ends by reporting the content and meaning of patterns in the data.

In data familiarisation, Braun and Clarke (2006:16) state that a researcher has to familiarise him- or herself with collected data and advise that “it is vital to immerse yourself in the data the extent that you familiarise with the depth and breadth of the content”. In this regard, I started the data analysis in my study by breaking down the sets of data (photographs, narratives and transcriptions), classifying and coding the individual sections and establishing emerging patterns by relating the codes to one another (Schwandt, 2007). I read through the data to identify patterns within the data and generate a preliminary record of information about what is contained in the data and what is of utmost important to this study.

The second phase involves the generation of new codes. According to Boyatzis (1998:63), this phase is all about the production of the “preliminary symbolic codes” from information gathered. These codes identify the most important segments of evidence that can be considered meaningfully in such a manner with regard to the phenomenon. In this stage, the data were reduced and collapsed into labels to create categories for proficient analysis; I then made inferences about what the codes meant (cf. Braun & Clarke, 2006). Having coded and organised the data, the stage that followed was the search for themes, which encompassed the categorisation and collation of different codes to different themes. This phase was convenient in the amalgamation of codes into overarching themes that precisely illustrated the data.

The fourth stage of thematic analysis was the review of the themes. Braun and Clarke (2006) state that this stage commences when the researcher has candidate themes that are to be refined or removed, for instance, if there are scant data to support them or diverse data pertaining to it. The themes were then reviewed for coherent patterns, and further reduction of the data followed by refining the themes. At this level, consideration was on the cogency of individual themes in relation to the available data, as well as ensuring strong distinctions between the themes.

The fifth phase was the identification and naming of themes. Braun and Clarke (2006) opine that at this level, one has to define and refine themes. This entails the identification of the essence of what themes are all about and determining every aspect captured by the theme. Meticulous analysis per theme was done while identifying the meaning of the theme correspondingly to the research questions and topic. The generated themes were formulated such that they did not overlap. After writing a narrative detail about the themes, they were given concise names that would give a reader an immediate understanding of what the themes are all about.

Producing a report is the last stage of thematically analysing data. Braun and Clarke (2006) affirm that this stage involves final analysis of the themes and writing a report, which in the context of this study, involved the interpretation of the data. Braun and Clarke (2013:65) state that report writing entails "weaving together the analytic narrative data to inform a reader a coherent, concise and persuasive story about the data whilst contextualising it in relation to existing literature".

In the preceding sections of this chapter, the focus is on the trustworthiness of this study. Attention is given to the ethical principles that were taken into consideration.

4.5 TRUSTWORTHINESS

Creswell (2014) is convinced that the validity of research findings entails accuracy, not only in the eyes of the researcher but also in participants and the audience at large. Trustworthiness is defined by Babbie and Mouton (2001:276) as "the extent to which a research study is worth paying attention to, worth taking note of, and the extent to which others are convinced that the findings are to be trusted". Holloway (1997) is of the opinion that the accurate assessment of any study is trustworthiness. Krefting (1991) adds that a research project that reflects the reality and the ideas of the participants is deemed trustworthy; this depends on the degree to which the researcher probes into respondents' experiences separate from their notional awareness. On the other hand, trustworthiness is referred to as the establishment of the validity and reliability of qualitative research (Streubert et al., 2003). Research results can be affected by the ignorance of participants, misunderstanding, reticence or bias. Engaging several approaches to gather data in this study led to trustworthiness (cf. Maree, 2007). As part of trustworthiness, the following concepts feature in my study: credibility, dependability, conformability and transferability.

4.5.1 Credibility

According to Merriam (1998:47), credibility in research seeks to address the question "How congruent are the findings with reality?" To fulfil the credibility criterion, the application of the majority of qualitative data collection instruments, such as observation, in-depth interviews and focus group discussions (Krueger & Casey, 2000), enhances the chance to gather reliable information that is reasonably acceptable in educational research. Deliberately, the triangulation of different data collection instruments, the use of different informants and the specification of different performance sites reduces researcher bias and, to the extent possible, minimises the impact of each of their weaknesses summed up together. Polit and Beck (2010) mention that credibility is the confidence of the data. Durrheim and Wassenaar (as cited in Maree, 2007) assert that the declaration that the researcher's deductions stem from the collected data affirms the credibility of the study.

Shenton (2004) propounds that to ensure confidence in data, triangulation can be used. Triangulation involves different data collection strategies. Photovoice, focus group interviews and face-to-face interviews were used to collect the data, as Creswell (2012) affirms that a qualitative interview is the art of asking several participating members wide-ranging, flexible questions and recording their answers. Brewer and Hunter (1989) postulate that manipulating diverse techniques in data collection compensates for their individual disadvantages, while exploiting their corresponding benefits. Shenton (2004) adds that in triangulation, one uses a number of informants. This helped me to verify the participants' viewpoints, thereby giving a richer picture on the factors influencing the accessibility of ECD services to children with disabilities in Zimbabwe. To enhance the credibility of the findings, site triangulation of participants was done as the participants included six ECD educators, three school principals and an ECD centre manager; also, six support team officials from the Health Department were identified from more than one research site for each group of participants. Eight parents/caregivers and two officials from the SPS participated in the study as well. Involving participants from different research sites for each of the set of participants yielded data that were divergent but very informative.

The other method of ensuring credibility in this research was the use of tactics to ensure honesty from informants. Shenton (2004) propounds that respondents should be given the opportunity to agree or refuse to be part of the research so that the collected data encompasses those who are keen to give information freely. The informants were encouraged to be frank. I informed them that there was no correct or wrong answer in the study, but rather all the information given was of great importance. In the letters of informed consent, I assured the participating members that they were at liberty to pull out from the study at any time devoid of any penalties (see Appendix A to E). To augment the credibility of this study, Shenton’s (2004) highlight of the development of early familiarity with participating schools was taken into account in the study. I acquainted myself with the participants to get rapport and support. I also carried out preliminary visits to ensure familiarity with and trust in the participating institutions.

4.5.2 Transferability

Transferability means that the “findings of the research project can be applicable to similar situations or participants” (Holloway & Wheeler, 2002:255). Merriam (1998) adds that vigour in external substantiation concerns the magnitude to which the conclusions of one research can be functional in other locations. Durrheim and Wassenaar (2002) maintain that transferability is the degree to which generalisations can be made from the results and setting of the study to the wider world. However, it should be noted that the purpose of the construct of transferability is not generalisability, but to cause an in-depth interpretation of the phenomenon under scrutiny (Krefting, 1991). In this regard, Shenton (2004) further consolidates that the first researcher has no responsibility of ensuring the transferability of results, but the one intending to apply the newly established knowledge in another situation has to shoulder that responsibility. Nevertheless, such a transfer of knowledge invites considerable adjustments in relation to the context and the level of understanding of performers. In agreement, Krefting (1991) adds that if data are interpreted to allow comparison, the problem of transferability is assuredly solved.

To establish the magnitude to which the findings gathered on the accessibility of ECD services to disabled children between the age of four and five years in Zimbabwe can be representative of reliable viewpoints, other studies of a comparable nature in other related contextual environments were identified. For instance, in 2016, a similar study was conducted in the Limpopo Province of South Africa by Mailwane. The interpretive nature of the study also lends itself to the use of rich, thick descriptions of contextually and purposively selected research procedures, sites and background data of participants (Maree, 2007); hence, the problem of transferability should in no way limit the credibility of the study.

4.5.3 Dependability

Dependability, which is equivalent to reliability in quantitative studies, denotes the measure in which other people reading the study can be persuaded that the discoveries undeniably occurred as purported by the researcher (Merriam, 2002). In this study, I persistently remained focused on the fact that human behaviour is not fixed but may constantly change and adapt to new circumstances. Thus, emphasis was put on whether the results were consistent with the collected data, rather than on replication of other research studies. Lincoln and Guba (1985) state that a consistent study should be dependable and unswerving, while Shenton (2004) accentuates the uniqueness, rather than repetition in qualitative studies. McMillan and Schumacher (2014) highlight that it is imperative to observe that the key to qualitative research is learning from participants, as opposed to controlling them.

In pursuit of addressing the matter of dependability, in this study, the researcher reported in detail methods and processes used that would enable future researchers to repeat the work (Shenton, 2004). Replicating a process does not essentially entail that similar outcomes would be realised; instead, diverse discoveries should be seen as suggestive of numerous truths that could also infer the presence of a variety of solutions, provided that proper techniques are applied to interrogate ecosystemic factors influencing the accessibility of ECD services to young disabled children (Cohen et al., 2011).

The data gathered were audio-taped, and the use of verbatim transcriptions added to the depth and thoroughness of this study. The audit trail enabled me to write a reliable research report and provide a trustworthy reflection of the research process that was followed (cf. Lincoln & Guba, 2003). Triangulation of all data gathered helped in searching for common themes to provide reliable findings (cf. Maree, 2007).

4.5.4 Confirmability

According to Burns and Grove (2003), confirmability centres on the attributes of data enduring consistency and refers to the impartiality or objectivity of the data. Thus, the findings are a result of the research, and not the researcher's expectations and prejudices. As mentioned earlier, the triangulation of the data gathered using different data collection instruments (focus group interviews, face-to-face interviews and photovoice) reduces the impact of researcher bias and, in a way, leads to the confirmation of research findings.

Appropriately, to endorse confirmability that the research findings are according to the experiences and ideas of the informants, triangulation was adopted, that is, different data collection instruments were used (photovoice, face-to-face interviews and focus group interviews). This was meant to reduce the influence of researcher bias and increased the confirmability of the research findings. Shenton (2004) confirms that triangulation reduces investigator bias. According to Miles and Huberman (1994), the benchmark for confirmability is the extent to which the researcher admits his or her own predilections and, hence, acknowledge all the methods adopted in the study and the reasons for favouring them (Shenton, 2004). Table 4.7 is a presentation of an outline of the criteria of evaluating the trustworthiness of the research findings in this study.

Table 4.7: Application of the trustworthiness criteria in this research study (adapted from Anney, 2014)

Criteria	Strategy	Applicability
Credibility	Triangulation	I employed various triangulation strategies: • Several methods for gathering data: face-to-face interviews, focus group interviews and photovoice. • Participants as sources of

Criteria	Strategy	Applicability
		information were varied. - Different but purposively selected research sites also enhanced credibility.
	Prolonged engagement	I engaged and familiarised myself with the participants before collecting the data.
Transferability	Dense descriptions	Broad and meticulous descriptions of the environment of the study and the data collection strategies are provided, including information on the participants and research sites.
Dependability	Audit trail	Detailed descriptions of the research process are provided.
	Triangulation	Data collection approaches, analysis and literature reviewed were used to substantiate evidence and verify research findings identified throughout the research process**.**
Confirmability	Audit trail Reflexivity	- Comprehensive review of descriptions of the data collected. - As the researcher, I constantly reflected on the possible effects of the personal background, culture and experiences on the interpretation and presentation of data.

4.6 ETHICAL CONSIDERATIONS

The principles and ethical procedures for the safeguarding of research participants, as outlined by the Belmont Report (1979), suggest that the consent document should be provided to all participants without fail. The document is, thus, expected to spell out clearly that participation in the study is strictly voluntary (McMillan & Schumacher, 2014). In this study, I included information specifying as follows:

- Participants have received adequate information about the study and its expected value to the learner and the community.
- Participants have been provided with all options illustrating the benefits and possible challenges that they might encounter in the due process (cf. Creswell, 2014).
- Participants were guided to understand the information provided.
- Participants took part on a voluntary basis and were at liberty to pull out from the research process at any stage (cf. McMillan & Schumacher, 2014).
- I regularly provided relevant information regarding the development of the project, as well as access to the end product.

In this study, I undertook to abide by the ethical practices as stipulated by the University of Pretoria, applying for permission from the Ethics Committee (Ref No EC16/02/02). With the granted permission, I undertook to adhere to ethical standards throughout the research process. Acquiescence to conduct the study was requested from the MoPSE in Zimbabwe (see Appendix A), as well as the specified schools (see Appendix B), the ECD centre (see Appendix C) and the SPS Department (see Appendix H), where some participants had been drawn from. Both verbal and written consent was obtained from all the participants. The letters of informed consent explained the crucial aspects of this research, including the purpose of the research, their roles as participants in the study, the procedures to be undertaken (such as interviews and photographing sessions), time periods, the risks involved, as well as the advantages that could result from such participation.

The school principals, teachers, SBST members and parents or caregivers were assured of their confidentiality as informants of data collection. Thus, seeking consent guarantees the availability of participants without their being victimised

(Creswell, 2014; Stringer, 2014). I ensured anonymity of the participants in that their identities would be protected. Hence, all information would be treated confidentially and no identifying data would be disclosed; accordingly, pseudonyms were used to conceal their real names. Ethical contemplations in this research study focused on safeguarding the interests of the participants throughout the research process (Holloway & Jefferson, 2000). The participants were reminded that their participating in the study was entirely on a voluntary basis and if they wished to withdraw their participation at any stage during the research process, they were at liberty to do so, with no threat of any punishment. The participants were further reminded that interviews were to be captured on a voice recorder, and to ensure that they voluntarily consented to participate in the recorded interviews, I requested them to complete reply slips and add their signatures.

4.7 CONCLUDING REMARKS

This chapter discussed the methodology that shaped this study. The study was situated within the interpretivist paradigm, while a qualitative approach design was found to be appropriate because of its ability to explore the ecosystemic factors that militate against children with disabilities accessing ECD facilities. In line with the research design, purposive nonprobability sampling was used as it allowed for ease of site and participant selection. The sites selected were the ECD centre, the CRU and three special schools in the Bulawayo Metropolitan Province. The chapter also discussed the negotiation of entry and how rapport with the participants had been developed. In line with the qualitative nature of the research design, three data collection instruments – face-to-face interviews, focus group interviews and photovoice – were used for data collection. The data were coded and analysed through themes. In this chapter, the aspects of credibility, dependability, conformability and transferability were discussed. Having discussed the way in which data had been collected, Chapter 5 focuses on the presentation, analysis and interpretation of the data collected.

CHAPTER FIVE

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Through the blur, I wondered if I was alone or if other parents felt the same way I did — that everything involving our children was painful in some way. The emotions, whether they were of sorrow, love or pride, were so deep and sharp that in the end they left you raw, exposed and yes, in pain!

Debra Ginsberg

5.1 INTRODUCTION

In chapter 4, I explored and justified the selected research design and methods I followed to answer the research questions proffered in this research (see sections 4.2.1 and 4.2.2). The research methods comprised the critical components of data collection, data analysis as well as pertinent issues relating to the trustworthiness of the findings and ethical considerations addressed during this research process.

In this chapter, I present the analysis and interpretation of the data that I have collected from the various participants. I start off by presenting the codes and biographical information from the different sets of participants.

5.2 DATA ANALYSIS ACCORDING TO PARTICIPANT CATEGORIES

Based on the ecosystemic theory (Bronfenbrenner, 1979), which explains how the child’s environment can influence the way he or she grows and develops, the data were collected from different categories of participants to garner a holistic perspective of the various factors that have an impact on the accessibility of educational services to children with disabilities in Zimbabwe. As an outline for collecting data, the study utilised the different levels of Bronfenbrenner’s ecosystemic theory, with participants representing the various levels of systems of the ecological environment as depicted in Figure 5.1.

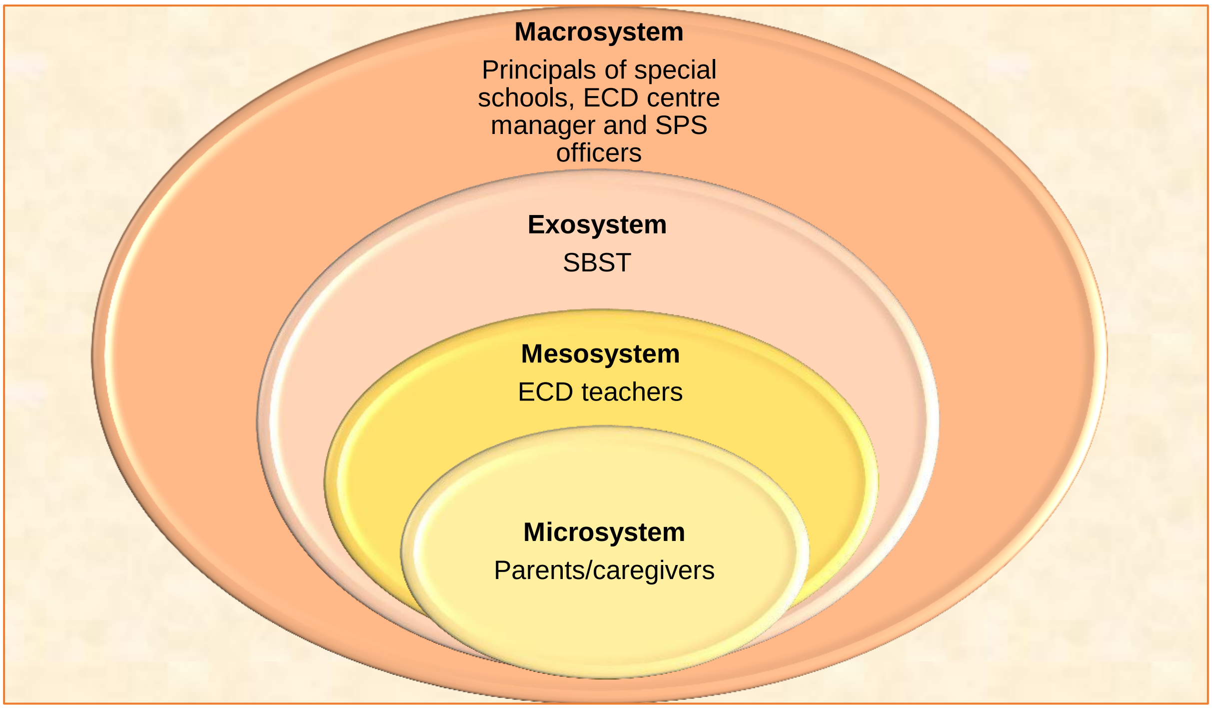

Figure 5.1: Representation of the different participant categories according to Bronfenbrenner's ecosystemic theory

The participants included professionals from the MoHCW, principals of special schools, ECD teachers and parents or caregivers (see section 4.4.1). With reference to the ecosystemic theory, the microsystem was represented by eight parents of young children with disabilities and caregivers who were tasked to take care of such children. This is the innermost system and the nearest to the child that provides in the immediate needs of the child (microsystem). The second system (mesosystem), was epitomised by ECD teachers from the sites who participated in the study. The institutions were key as they accommodated the challenged young children. Participants from the MoHCW and MoPSLSW, in the form of the SBST, represented the exosystem of the framework. The macrosystem was represented by participants who are custodians of government policies; these were the principals of the special schools, the ECD centre manager from the MoPSE and the two officers drawn from the SPS Department.

In collecting the data, I conducted individual interviews as well as focus group discussions. The participants for the interview sessions comprised three school principals and an ECD centre manager and an ECD centre, respectively. Six ECD teachers and two officers from SPS were also interviewed. Focus group interviews were carried out with a group of participants of the SBST based at school A. Eight parents or caregivers from the different sites participated in the photovoice exercise, and group discussions were conducted at their sites. Table 5.1 presents information on the methods used to collect data from specific participants.

Table 5.1: Data collection methods

Participant	Data collection method
Principals of special schools and ECD centre manager	Interviews
ECD teachers	Interviews
SPS officers	Interviews
SBST	Focus group interviews
Parents/caregivers	Photovoice

In compliance with the ethical standards, codes were assigned to the participants in a bid to conceal their identities. I used these codes when tabulating the demographic data and presenting interview summaries for the respective participants.

According to McMillan and Schumacher (2014), an assigned code may refer to a statement, one word or group of words, phrases or a sentence, representing a precise characteristic in relation to the phenomenon under scrutiny. A code may be in the place of a person’s name or place; it can be a phrase used to provide meaning to a particular fragment and may be an activity, quotation, relationship, context or a participant’s perspective, events, processes, actions or ideas. In this study, codes were used to protect the participants’ identities in adherence to ethical considerations. I also used in vivo codes; these are formed from the words used by the participants. McMillan and Schumacher (2014) add that the process of coding is determined by the data used. In this study, each participant has been allocated a code for ease of identification. The following section presents the biographical data of the various groups of participants.

5.2.1 Biographical information and codes of school principals

Table 5.2: Biographical information and codes of school principals and ECD manager

Participant	Code	Professional qualification	Experience in number of years in profession	Gender	Age range
School principal	SSPA	Diploma in Education, Diploma in Special Needs Education, Bachelor of Education in Special Needs Education	23 years	F	49-52
School principal	SSPB	Diploma in Education, Bachelor of Education	25 years	F	50-55
School principal	SSPC	Diploma in Education, Diploma in Special Needs Education, Bachelor of Education	15 years	M	45-50
ECD centre manager	ECDCM	Bachelor of Arts, Post-Graduate Diploma in Education Master of Education in Psychology	5 years	M	43

Portrayed in Table 5.2 is the biographical information of the principals of the special schools and the ECD centre manager who participated in the face-to-face interviews. The participants were drawn from three special schools and an ECD centre. The last letter of their codes represents the research site (schools A, B or C). These participants were included based on their experience regarding information on the learning of children with disabilities. The administrative experiences of the school principals ranges from 15 to 23 years; the ECD center manager has five years' experience. Undoubtedly, the participants had the relevant administrative experiences to enhance the capability of teachers in their exertions to work with young children with exceptional learning necessities. Based on the amount of years of their experience, they have had opportunities and experiences to deal with issues pertinent to the education of children with disabilities.

5.2.2 Biographical information and codes of early childhood development teachers

Presented in Table 5.3 are the codes and the biographical information of ECD teachers, categorised by participant codes that appear in the first column of the table

Table 5.3: Biographical information and codes for ECD teachers

Partici-pant	Code	Educational background	Gender	Experience in teaching children with disabilities	Age range	Number of children with disabilities in class
ECD teacher	ECDTA	ECD Diploma in Education	Female	10 years	37	13
ECD teacher	ECDTB	ECD Diploma in Education, Bachelor in Education in	Female	4 years	35-40	7

Partici-pant	Code	Educational background	Gender	Experience in teaching children with disabilities	Age range	Number of children with disabilities in class
		ECD				
ECD teacher	ECDTC	ECD Diploma in Education	Female	6 years	34	19
ECD teacher	ECDTD	ECD Diploma in Education, Bachelor in Education in ECD	Female	3 years	35	5
ECD teacher	ECDTE	ECD Diploma in Education	Female	25 years	32	9
ECD teacher	ECDTF	Para-professional Certificate in ECD	Female	12 years	45-50	7

The data presented in Table 5.3 depict the general background of the ECD teachers who took part in the study, their ages ranging from 32 to 50. It was critical to the study to understand the ages and teaching experience of the personnel working with young children with disabilities. Thus, it showed that the information I received was coming from informed participants that have a wealth of knowledge and professional experience in working with children with disabilities. Generally, it is believed that mature and experienced personnel are better placed to handle children with challenges (Gootman & Gebeloff, 2009). Significantly, educators of young children with disabilities are people who are highly energetic and mature and have the capacity to deal with disabled children with exceptional educational needs. Gaining information on the biographical data of the ECD teachers was critical to the study, as I was then able to determine the capacity levels of the ECD instructors in attending to the essentials of young children with challenges.

5.2.3 Biographical information and codes of Schools' Psychological Services officers

Presented in the table below is the biographical data for the SPS officers who participated in the study.

Table 5.4: Biographical information and codes of SPS officers

Participant code	Profession	Educational background	Experience in number of years in the profession	Gender	Age range
SPSA	Educational psychologist	Diploma in Education, Bachelor of Education, Master of Education in Psychology	11	Female	41
SPSB	Educational psychologist	Diploma in Education, Bachelor of Education, Master of Education in Psychology	8	Male	38

In Table 5.4, I present the data of two officers of the SPS Department, involved in proffering psychosocial support to children with disabilities. Based on the professional qualifications and expertise of the participants, there is an indication that they had a lot of experience and understanding of children with exceptional needs; thus their inclusion in the study was to solicit for reliable, credible and trustworthy data on the accessibility of ECD services to young children with disabilities.

5.2.4 Biographical information and codes members of the school-based support team

Provided in the table below are the assigned codes and biographical information for the SBST members who took part in the focus groups interviews in the study.

Table 5.5: Biographical information and codes of members from the SBST

Participant code	Profession	Experience in number of years in the profession	Gender	Age range
OT	Occupational therapist	5	Female	35-40
PT	Physiotherapist	10	Male	38
SW	Social worker	15	Male	49
SHT	Speech and hearing therapist	2	Female	29
CP	Clinical psychologist	15	Female	42
RT	Rehabilitation technician	8	Male	35

The focus group participants from the MoHCW and MoPSLSW involved an occupational therapist, a physiotherapist, a speech and hearing therapist, a clinical psychologist, a social worker and a rehabilitation technician. These professionals who offer rehabilitation sessions to children with distinctive needs were based in site

A. The participants represented the key institutions involved in the provision of intricate services for the challenged children. The data presented clearly indicates that the participants had work experience ranging from two to 15 years in their institutes and were offering several support systems to young children with disabilities. Furthermore, all the participants were professionally qualified to engage with young children with exceptional needs, as shown by their professional qualifications.

5.2.5 Biographical information and codes of parents and caregivers

The biographical information of parents and caregivers who participated in the study is presented in Table 5.6; pseudonym codes appear in the second column of the table.

Table 5.6: Biographical information and codes of parents and caregivers

Participant	Code	Age	Gender	Child's type of disability	Employment history	Educational background
Parent	PAA	47	Male	Cerebral palsy	Self-employed	Ordinary level
Caregiver	CA	39	Female	Cerebral palsy	Employed as a house helper to take care of the child	Junior Certificate
Parent	PAB	49	Female	Physically challenged, has no upper limbs	Has never been employed	Ordinary level

Participant	Code	Age	Gender	Child's type of disability	Employment history	Educational background
Parent	PAC	40	Female	Down's syndrome/ physically challenged	Not employed	Form three
Parent	PAD	39	Female	Cerebral palsy	Self-employed	Form four
Parent	PAE	45	Female	Clobber foot	Not employed	Junior certificate
Parent	PAF	59	Male	Mental health conditions – anxiety disorders	Pastor at a local church	O level
grandmother parent / caregiver	PAG	65	Female	Child A – blind Child B – cerebral palsy	Left employment to take care of own child and grandchild	O level

Presented in Table 5.6 is the coding and biographical data of six parents and two caregivers from the different sites who participated in the photovoice exercise and group discussions that were conducted at their sites. There were more female parents involved in looking after the disabled children than male (two) parents. Female persons have a natural disposition towards caring for disabled children

(Schreiner & Sjoberg, 2010). Furthermore, the table highlights that academically, the majority of the parents had attained high school education (Ordinary level). Knowledge of the parents' level of education was a critical element in this study as this substantiated the information provided by the participants as well as the understanding of the phenomenon under study.

5.3 DATA ANALYSIS

Though data is portrayed as being chaotic, vague and laborious, data analysis involves organising and bringing order and meaning to masses of gathered data (McMillan & Schumacher, 2010). Schwandt (2007) succinctly states that while data analysis does not progress in an incessant fashion, it is the process of making meaning of, drawing theories from and making interpretations of the gathered data that denotes an exploration of general descriptions emerging from categories of collected data. Thus, one can make an inference that data to be analysed require an application of orderliness and logic. Best and Khan (2006) thus postulate that the interpretation and analysis of data denote the application of inductive and deductive logic indulgence in research.

"Qualitative data analysis tries to establish how participants make meaning of a specific phenomenon by analysing their perceptions and experiences in an attempt to approximate their construction of the phenomenon" (Niewenhuis, 2007:99). Yin (2003) captures the essence of encapsulating data well when he adds that data analysis entails classifying, arranging, examining or merging the confirmations to focus on the initial intentions of the study. Creswell (2012:238) argues that "there is no exclusively acceptable approach to analysing qualitative data, for that reason, data is not gathered indiscriminately, but the researcher solicits for responses that answer some questions on the phenomena under study". I chose the thematic method to prepare, organise and guide the analysis of data (see Section 4.4.4) in this study in an attempt to find patterns, constructs and themes that could be used to describe and explain the ecosystemic factors that influence the accessibility of ECD services to young children with disabilities.

When I employed the qualitative data analysis, my focus was not only on highlighting the recurrent elements but also the different stages, processes and techniques that were at my disposal as researcher. I began by transcribing the recorded interviews, and as a way to maintain the participants' anonymity and mask their identities, coding with pseudonyms was adopted. Transcribing the interviews and translating from the language used in the interview to English superseded. Once the transcription was done, I organised the data from all the different participants into themes and categories. The use of themes and categories was adopted from Morrison (2014), who believe that categories help to pull together and provide significance to a chain of otherwise unnoticeable observations, statements or events in the data. Following the identified themes, imperative descriptions pertaining to the characteristics of the participants' experiences as expressed in their statements were provided. These are described by Johnson and Christensen (2004) as core experiences that provide provisional categories. I had a lot of data at my disposal; thus, categorising it was the most appropriate option available in an endeavour to make meaning of it. The following data were coded: transcribed audio data collected during focus groups and interviews, photographs taken and discussed during the focus groups and notes compiled during the data collection process. After reading through all the transcriptions numerous times, I commenced arranging the data orderly to get an overall picture thereof.

5.3.1 Data analysis: Special schools' principals and early childhood development centre manager

In Zimbabwe, the SPS Department is administered by the government through the MoPSE, MoHCW and MoPSLSW (Zvobgo, 2004). It provides sustenance services for children with disabilities in the form of health services, safety needs and in supporting with their placement in special schools. Educational obligations provided for young children with disabilities include inclusive education, convenient and purposeful integration as well as specialised learning environments for children who are profoundly disabled (Chidindi, 2010). Notwithstanding the prevailing arrangement, the few special schools in the country charge exorbitant fees that render the services out of reach for many parents.

The ensuing section presents data from the interviews I conducted with the selected school principals of the three special schools and an ECD centre manager whose institutions cater for children with various disabilities in Bulawayo, Zimbabwe. I conducted the interviews at their places of employment, respectively. The following analysis was done by using the interview questions (see Appendix J) that were posed to these participants.

In synopsis, questions 1, 2, 3 and 5 dealt with access, question 4 with issues of culture, question 6 focused on teachers, while questions 7 to 9 dealt with policy. The question printed in white refers to a follow-up question for more clarity.

1. In your view, what could be the reasons for failure to access ECD services by children with disabilities?
2. What resources are there to cater for the needs of ECD learners who have disabilities?
   i) Seeing that we have moved into the digital era, what technological resources are available for children with disabilities?
3. What measures exist for ensuring that their needs are met in terms of accessible buildings, toilets and books?
4. What mechanisms does your Ministry have in place to make certain children with challenges gain access to education?

A shortage of ECD centres that cater for children with disabilities appears to be the biggest challenge faced by families of children with disabilities according to the principals of the special schools. Participant SSPA attributed failure by children with disabilities to access ECD services to a general shortage of centres and schools that specifically cater for children with disabilities. Participant SSPA said, *“there is a shortage of special schools, our school cannot enrol all children with disabilities”.* Participant ECDCM also bemoaned the scarcity of appropriate centres. He said that the “*shortage of ECD centres that cater for children with disabilities is a big problem”.* On the other hand, financing ECD education for children with disabilities is very expensive as there are only a few private institutions that offer these services, and at high costs. Though the government, through the Department of Social Welfare, funds orphans and vulnerable children, funding for ECD programmes is a stumbling block as many parents cannot afford the high costs to fund ECD services for their children. In this regard, one of the principals opined that *“ECD is costly in private institutions and parents may not afford to fund. The government funds our OVCs [orphans and vulnerable children] and pays fees through Basic Education Assistant Module (BEAM) but not at ECD level”* (Participant SSPB). Another hindering factor is the assessment procedures before the placement of children in appropriate schools, as noted by Participant SSPC, who pointed out that the bureaucracy system is very slow, and it takes a very long time for children to be placed. He attributed this to a lack of awareness and knowledge of the ECD services available and provided for young children with disabilities – “*We do not have many ECD centres and some are too far apart, such that many cannot access. The bureaucratic system is also slow”*.

Disclosed in the interviews was also the fact that accessing the ECD centre services was a challenge to parents because of prohibiting transport costs. Transporting disabled children is a dilemma for parents as many of these children have to be either pushed to school or strapped to the caregiver’s back because most of the local minibus service providers are not willing to take the time loading up a child in a wheelchair. The other added burden is the double fares for the accompanying adult and extra charges for carrying the wheelchair. In concurrence, Participant SSPA added:

> *High transport costs is a challenge for many parents as most of these children have to be accompanied by an adult, and in cases where the child uses a wheelchair, transporters charge a double fare. Hence, many parents resort to keeping the children at home.*

For longer distances, fares tend to increase proportionally with the distance. Due to economic challenges in the country, the education of children with disabilities is not prioritised at all as they are seen to be a financial burden. Participant ECDCM shared the viewpoint that *“[d]istance increases the transport cost and most of these children who need these ECD services stay far away from the service providers”*. Participant SSPC indicated, *“There should be schools in their local communities because it is where they live and have their daily lives.”* In total, what is apparent from the above-stated reactions relates to the need to provide appropriate and affordable services to young children with disabilities.

In relation to accessing resources, the response from one of the participants portrayed the importance of a clear message to the government regarding the reasons for providing appropriate resources to young children with disabilities, when he responded, "*It revolves around lack of resources. The Ministry does not have enough resources, but again children with disabilities are not priorities due to the economic crisis."* Furthermore, the ECD centre manager lamented the centre being the only one offering these services, which means that it is overloaded as it provides services to the broader Bulawayo community and its surrounding areas. Participant ECDCM indicated that the donor community rescued their demanding situations in the form of donations of learning materials, toys and kitchen utensils. However these are not enough as they *"also have able-bodied children, so the curriculum has to be balanced for all children".* Although the ECD centre has been built specifically for children with disabilities, it caters for children who are able-bodied too. The material sourced from donors is thus not adequate –

> *I feel the government is neglecting these children… there is a very big gap in terms of access to technological devices. We do not have modern-day equipment for these children. But I understand that there are a lot of modern-day equipment that can be used, like computers, but we are not there yet. This is a problem because children with disabilities will always lag behind.* (Participant ECDCM)

The participants claimed that predominantly, learning environments were not very accommodative to children with disabilities, especially where there were no ramps and rails. Most outdoor play equipment was not learner-friendly as these children cannot use swings, climbers or roll tyres. This acts as a constant reminder to the young children of their disabilities when they are being denied the chance of participating fully in certain activities. However, indications are that in the special schools, the situation is evidently different in terms of the provision of wheelchairs, toilets that suit their conditions and other learning materials. Participant SSPA acknowledged that they have resources tailored for children with disabilities – "*computers and laptops are used as writing tools and all our classes are learner-friendly*". The government, through donors, has gone a long way in sourcing and supplying material for these children. “*This is all thanks to the donors who donate through the government*” (Participant SSPB).

5. What cultural beliefs are common in the community regarding children with disabilities?

Responding to the above question, Participant ECDCM observed that children with disabilities are regarded as a misfortune, to the extent of being confined indoors, never to be seen. In agreement, Participant SSPB felt that cultural beliefs relating to disabilities prevented parents from seeking educational opportunities for their challenged children. Parents believe they may have done something wrong or that it might be a curse, and so they keep their children hidden indoors, never to be seen, because they do not want the children’s condition to reflect on them – *“Parents do not want the child’s condition to reflect on them… it is a bad omen, a curse, a misfortune”* (Participant SSPB).

Inherently, the tendency is to accredit disability to cultural theories linking the birth of children with disabilities to evil spirits, curses, bad omens or bad luck. In many instances, parents essentially regard this responsibility as tedious and burdensome. The acceptance of their disabled child is measured on his or her usefulness against other children’s capabilities, which eventually raises the issues of discrimination and isolation. In agreement with the other two participants’ views, Participant SSPA furthermore pointed out that *“there is also discrimination of these children due to misconceptions that disability is a result of witchcraft or that the mother is being punished for something wrong she did”.* Such predispositions do not only position the young disabled child at risk of being denied early childhood learning but also could also explain why some parents tend to be resilient in such situations. Hence, they may prefer to confine the child within their home as a way of protecting them from social stigma.

Participant SSPC, however, had a different opinion when he indicated that although “*there were people who still believe that disability is a curse, cultural beliefs were not* *significantly impeding*". To this end, the general feeling from the participants was that if professional services and knowledge on disabilities could be shared, and parents made aware of services available for such children, attendance and enrolment of children with disabilities could be increased. Idyllically, learning institutions that provide specialised services are meant to provide that continuity to the child's right to education.

6. In your opinion, are the ECD teachers for the ECD programme and support staff effectively armed with abilities to manage children with disabilities at your school?

The Zimbabwean government is applauded for the inception of the Department of Special Needs Services set up in the MoPSE. However, provision for ECD programmes has not been taken on board. The government, through the MoPSE, mandated all primary schools to have ECD classes, and they have gone out to train ECD teachers. However, these teachers do not receive training in handling children with disabilities. There is a dire need for competent ECD practitioners as they play a critical role in the daily functioning of the child in the ECD phase. Advocacy, awareness campaigns and several workshops are rolled out to educate the community on the importance of ECD. Participant SSPB commented that "*it is working because many schools have embraced it, mainstream schools have special classes for disabled children, but I do not think it helps because I feel these children should be included"*. Assenting with Participant SSPB, Participant SSPC made indications of government support –

> *…the government has put measures in place to enable children with disabilities to go school. They are first accessed, then placed. We also work with the Ministry of Health and Child Welfare officers in the CRU (Community Rehabilitation Unit) Department. They identify the children and advise on placement.*

However, to the contrary, the ECD centre manager felt that although on paper there were noble ideas and policies regarding the welfare of children with disabilities, the actual implementation remains a challenge as disability is seen to come with multiple expenses. Indications were that awareness campaigns and advocacy to sensitise communities on the legitimacy of children with disabilities could assist so that they would be attending school. The fact that there are still some children being locked up in their homes shows that their rights are still being infringed one way or the other. Participant ECDM said:

> *The Department of Special Needs Services makes sure that children with disabilities are assessed and properly placed. Though this department seeks to provide services to the schools, the ECD has not been taken to length. No wonder we have only one preschool in Bulawayo that caters for disabled children, if not Matabeleland as a whole.*

Quite lucidly, the answers from Participant ECDCM significantly communicate the negative experience regarding the role of the government in ensuring children with disabilities gain access to education. The significance of the responses relating to the role of the government in recognising the plight of children with disabilities was to determine the competence of the educators in handling these children. The responsibility of the government in providing guidance and support services to all stakeholders was also extrapolated by some of the reactions from the participants. This was communicated as a significant requirement.

7. Do you think the rights of children with disabilities are protected and correctly implemented in Zimbabwe?
8. Which polices are in place to guide service provision to children with disabilities at ECD level?
9. How can the government take on board the needs of children with disabilities in order to fulfil EFA goal 1?

Although the government has made some strides in ensuring that children with disabilities have their rights recognised, the applicability of those rights on the ground is something to be questioned. The participants insinuated that awareness campaigns and advocacy to sensitise communities on the rights of children with disabilities could assist so that these children could attend school. The fact that there are still some children being locked up in homes shows that their rights are still being infringed one way or the other. *“Right now we are still engaged in serious awareness campaigns to make sure that these children are taken to school”,* commented

Participant ECDM. There is a need for mechanisms to be put in place to make certain that the rights of children with disabilities are respected in the communities. Other indications are that many parents lack knowledge and appear to be ignorant on the benefits of ECD. Many do not see it as a priority and presume these children can be sent to school at a later age because of delayed milestones. Another point of concern was that parents have a tendency of overprotecting their challenged children as they are viewed as babies, and hence, have to be kept at home. They are thereby hindered from accessing early intervention where they can acquire essential life skills. Worth noting, is the fact that in some cases, the impact of a disability on some children may have caused delayed developmental milestones.

The inclusive school systems have a great impact on fulfilling the needs of children with disabilities if they are willing and able to accept them in an attempt to meet their educational needs. The participants revealed that a cultivation of good practices by all stakeholders to reflect the best interest of children with disabilities would go a long way to improve the situation. To fulfil the need and right to education of children with disabilities is, however, quite overwhelming; these institutions have budgets that are overstretched, which make this impossible. Participant ECDCM stated:

> *It all lies in erecting practical policies, implementing them and ensuring that there is a follow-up on those policies. For ECD children with disabilities, it appears there are no guiding policies. These policies also need resources and the department that is responsible for that is short-staffed and I do not think they can cover all the areas and see to the implementation.*

With reference to the response indicated above, it would appear that the particular participant inferred that the right to education of children with disabilities was not fully recognised in Zimbabwe. Themes and categories that emerged from the analysis are presented in Table 5.7.

Table 5.7: Themes, categories and sub-categories

THEME	CATEGORY	SUB-CATEGORY
Theme 1 Socio-economic barriers	Lack of resources • Finance • Human • Material	• High transport costs / too far apart • Lack of funding / ECD not funded
		• Lack of priority/support at family and community levels
		• Lack of centres for disabled children • High demand against lack of capacity
Theme 2 Traditional/cultural beliefs	Cultural beliefs	• Hidden / being locked up and kept indoors never to be seen • Misconception/disability a result of witchcraft/ stereotyping • Discrimination/stigma /isolation • Misfortune/bad omen/curse • Reflection of mother’s bad deeds

THEME	CATEGORY	SUB-CATEGORY
Theme 3 Lack of information on crucial services	Lack of • insights • knowledge • education	• Persistent ignorance by parents on disability issues • Ill-equipped ECD teachers • Attitudes of parents

All the participants concurred that there was an indispensable need for financial resources if the goals for the provision of ECD services for children with disabilities were to be achieved. They iterated that the success of many other services regarding the welfare of the challenged children was hinged on the availability of financial, human and physical means. Although some participants acknowledged the ease of use of some materials in special schools, most of these resources were not tailor-made for children with disabilities, hence, rendering the resources not very useful to the growth and development of the children. Scarceness of appropriate ECD centres that extend their facilities to young children with disabilities make life very difficult for the children and unmanageable for the parents. The participants also indicated that the few available centres were financially out of reach to many families as either the fees charged were too high or they were not reachable due to prohibitive transport costs. Thus the participants hinted a need to have more centres offering critical services as a way to mitigate the hardships faced by children with challenges.

Indications from the participants revealed that cultural beliefs regarding the existence of witchcraft still remain common among many people and if disability is viewed as supernatural, subsequently someone has to bear the blame. In many cases, such oversights lead to parents locking up and hiding their children as they suffer from stigma and humiliation in the communities. However, one participant was positive and made indications that with the advent of development, there are people who seem to have accepted that disability is inherent and cannot be a result of witchcraft. From this perspective, cultural beliefs are not always encumbering.

Although the adage that says “it takes a village to raise a child” is true in many societal settings, viewpoints in this study pointed to situations where children with disabilities were disadvantaged due to a lack of capacity against high demand – there are many children needing these services, but only a few centres to accommodate them, coupled with bureaucratic systems that are not child-friendly. General feelings were that there was a lack of priority in matters of access to ECD services by young children with disabilities, and support at family and community levels was not very positive in some instances. Similarly, inadequacy in information dissemination and persistent ignorance by parents on disability issues perpetuates exclusion and further promotes lack of access to critical ECD services. Another area of concern that was raised in the interviews was the matter of ill-equipped ECD teachers, who appear not to have the proficiency to deal with challenged children. Although qualified to teach children in the ECD phase, where the four- to five-year-old children with disabilities (focus of the study) are found, ECD teachers are not accorded skills to manage this group of children. It has been revealed that most of them, because of the passion they have for children, have acquired some on-the-job experience, but the need for proper training is still a necessity for the total benefit of children with disabilities.

5.3.2 Data analysis: Early childhood development teachers

Internationally, many education policies have adopted inclusivity; however, the demand to integrate such children has always faced many challenges (see section 2.4.3). Some barriers faced by the educational stakeholders in this regard include unpreparedness in accommodating children with disabilities under one roof. The ECD teachers who took part in the study were included because of their vast involvement in dealing with young children aged four to five years, including those with disabilities of varying degrees. These teachers hold Diplomas in Early Childhood Education. Using a set of semi-structured questions (see Appendix K), I conducted interviews at the schools where the teachers are stationed.

Questions 1, 2 and 3 solicited for reactions in relation to teachers’ training and preparedness in handling children with special challenges. Question 4 focused on cultural beliefs, questions 5, 6 and 7 addressed responses on accessibility and resources, while questions 8, 9 and 10 dealt with perspectives of parental involvement.

1. Have you been trained during your teacher training years to teach and accommodate children with disabilities?
2. What is the teacher-learner ratio in the ECD classes for young children with disabilities?
3. How does the teacher-learner ratio at ECD level influence the education of young children with disabilities?

Ideally, pre-service educators should be capacitated through training to teach all learners, including those with unique learning necessities. In embracing inclusive education approaches, the emphasis is on ECD practitioners and institutions that are acquiescent to the national and international world that calls for adjustment in school learning environments that accommodate learners with exceptional needs. In responding to the question regarding teacher training, the participants expressed the need for specialised skills in handling children with disabilities. Following are some quotes to corroborate the opinions and perceptions highlighting the need for specialised educational training:

> *I have not specially trained for that, but I did special needs education as a topic. It was a course within the ECD training... though I was enlightened theoretically, actual practices are really different. There is need for further training.* (Participant ECDTD)
>
> *Yes, there was something like that during training. It was a component; we were taught about different disabilities, but we did not delve deeper. It was just something like face value on how to handle children with disabilities, more of an introduction.* (Participant ECDTA)
>
> *…have gained experience on-the-job training through workshops.* (Participant ECDTF)

During the interviews, the participants unanimously proclaimed that dedication and experience were key in handling these children who need specialised care. Participants distinctly declared that there is a need for additional comprehensive training and capacity building in a bid to make this willingness a reality. The citations that follow serve to sustain the preceding viewpoints.

> *No, I did not. I trained as an ECD teacher. I only handle them through experience. I have been teaching them for almost 25 years.* (Participant ECDTE)

> *It was a module, a component. The things that I know, I learnt on the job.* (Participant ECDTC)

Another added burden raised by the teachers was that of having to pay individual attention to learners with challenges because of the large numbers of learners they have to contend with, especially in inclusive classes. Constitutionally, the Zimbabwean policy framework demonstrates that the government is obligated to guarantee the legality to education for young children with disabilities, but practically, many challenges still remain. Referring to this observation, Participant ECDTE said:

> *The ratio is 1:7. I have nine disabled children in my class. My challenge is that since they have different disabilities, it is difficult at times to accommodate them all. When there are many disabled children, at times it is difficult to accommodate those who are not disabled. So priority is given to those children who are teachable.*

Regarding the enrolment of children with disabilities, it was concerning to note that on the ground, systems are not favourable to the child with disabilities. In the special schools, a child can only be admitted on the recommendations of a psychoanalyst after also taking into cognisance the infrastructural, human and other requisite facilities at the school. Thus, a child can only be enrolled after visiting a psychologist; placement or misplacement may then result. Reacting to the criteria for enrolling children with disabilities, Participant ECDTA commented as follows:

> *…...we often use the psychologist report when placing these children. Priority is given to those children who are teachable. This is because our curriculum is examination aligned. It is to do with the mission of the school, here in School A we take children who have some intellectual aptitudes.*

Participant ECDTB implicated that "*they assess and then they decide on the child to be enrolled"*. Large numbers of learners with disabilities who are included in regular classes face challenges of not receiving full individualised attention as the teachers are overwhelmed. The participants also hinted on the problem of inadequate human resources. In this regard, Participant ECDTA remarked:

> *Children with disabilities need one-on-one attention, and with the huge teacher-student ratio, it becomes difficult for a teacher to focus on one child. It becomes very difficult. … also if you consider that the disabilities are different, some have speech problems and others are autistic… if the children are too many, really, it is difficult. The disabled child is negatively affected because they do not get the attention they need.*

Participant ECDTC also referred to problems with large classes, pointing out:

> *When the numbers are large it becomes very difficult because these children who are disabled, need one-to-one attention, …spending too much time with one child disadvantages the other. That's why we prefer small numbers, so that we accommodate everyone. When the ratios are high, it negatively affects the learning of children with disabilities.*

Echoing the same sentiments, Participant ECDTB reported:

> *The challenge is that if you have bigger numbers, especially those who are disabled, it is difficult to manoeuver because they use gadgets. They take a lot of space because some use wheelchairs and walkers, which makes it difficult for the teacher to move around. We need smaller numbers.*

Inferring from the reactions of the participants, it was extrapolated that many educators teaching classes of children who require special needs education are inadequately trained and lack professional expertise and aptitudes in handling these disabled children. For that reason, there is a need for additional competence enhancement courses to augment the basic skills they have.

4. What, in your opinion, is the impact of traditional beliefs on the education of children with disabilities?

Attitudes are engrained in culture. The participants revealed that the cultural remnants still make it difficult for parents to concede that they have a child with disabilities (see section 3.3.4.2). In general, children with disabilities are viewed as having little value and are not worthy; they are thus seen as being incapable of learning anything. This is noticeable even among the parents and families of children with disabilities. The subsequent responses are thus in line with the cultural challenges faced by many parents of children with disabilities.

> *Mmmmm… What I have observed is that parents do not believe in taking children who are disabled to school. For example, I have a child called X and she is in ECD. Her parents were keeping her at home and I don’t know who educated [her] then and they brought her to school at 11 years. She even feels out of place in the ECD class; it is difficult for her. I think it is because of those cultural beliefs that render a disabled child useless and worthless to be taken to school.* (Participant ECDTB)

In agreement with Participant ECDTB, Participant ECDTC expressed similar experiences:

> *…some believe it is an act of witchcraft; hence, they lock the child up and bring the child late after maybe a neighbour has recognised and encouraged the parents. This is usually the case with children who come in at ten years or later. These children are usually frustrated in class because they learn with three-year-olds; they are not in the same levels of maturity.*

Responding on the perception of cultural influences, Participant ECDTA stated:

> *Most people think disability is a punishment to the parents. And parents think bringing such a child to the school is a waste of time and an embarrassment. The child is considered a curse. It is also believed that the child came to the family because the father went places looking for money.* (Participant ECDTA)

Furthermore, Participant ECDTE expressed the denial by many parents to accept their children’s disability – *“Some of the parents do not accept their children’s disability.”*

The participants referred to the continued negative perception, stigma and embarrassment associated with disability, to the extent that some parents still try to hide their children with disabilities. Connotations on the lack of understanding in some cases lead to parents of able-bodied children insisting that their children should not be in the same class as a child with disabilities. This is because they believe that the disability may be contagious or that their children’s learning will be held back, even in situations where the child with disability does not have learning difficulties. Concurring, Participant ECDTE said, *“Some believe that if they mix their children with disabled children, they would copy what the disabled are doing”.* Participant ECDTF, on the same note, shared similar observations when she stated that the *"parents of children without disabilities tend to be sceptical as they believe that disabilities can be transmissible, hence affect their children".*

Further awareness-raising and sensitisation programmes were recommended to change attitudes. In support, Participant ECDC shared the following: *"…nowadays people have accepted that children can be born disabled. That is why some bring them to the ECD [centre] early; the society has since accepted that is why there are many other centres".*

5. What is the level of accessibility of community resources to children with disabilities?

6. Are there adequate material resources to enable children in the ECD phase to fully participate at ECD level?

7. Are there any infrastructural barriers that present hurdles to children at ECD level?

Limitations that include accessibility and resources were underscored and perceived as being beyond their control. The participants indicated that there was a lack of infrastructure that is disability-adjustable in many institutions; thus, children with disabilities were left out of or neglected in many school activities. In the broad spectrum, the lack of assistive devices and other relevant materials was highlighted as a major concern by the participants. Participant ECDTB referred as follows to the lack of resources:

> *I don't really know why ECD is ignored in terms of resources because parents pay fees. I don't really know how the funds are spent. That is why it is now very important to involve the parents and let them know so that they complain and make noise about it because, as teachers, we really do not have a say on how the money is used.*

Participant ECDTA reported on the lack of money when she pointed out:

> *…very few materials, that is, if there are at all. There is need for space and money to accommodate children with disabilities. There is no money that comes in for ECD. So the funding is not enough. The community is*

> *supposed to fund and run ECD, but the community does not know what to do, neither do they have the means.*

Further, other challenges related to the lack of money were highlighted by Participant ECDTC when she mentioned:

> *…the challenge is that materials and resources availed to these children are very few and are not really scratching where it is itching. People donate, but sometimes these things are irrelevant, so they are using disabled children as a dumpsite for things that they no longer want.*

Community-instigated stigma and discrimination negatively affects the development and growth of young children with incapacities. For instance, Participant ECDTA said:

> *…when the child is going to the shops, the infrastructure that is around the community is not appropriate for a disabled child. This is even so in many of the schools. It is really difficult to take a disabled child around. Even the play centres are not conducive. The area and space is just very small so how really do they play? Some cannot use facilities like swings because they will get hurt. The environment is really not accommodating.*

In some instances, other children also emulate the attitudes of their parents and that of the broader community, and children with disabilities may be exposed to humiliating verbal and physical abuse. Discriminative and derogatory attitudes towards disability of the society and other children in inclusive schools, in particular, make it difficult for children with disabilities to cope with their everyday living. The participants opined that positive mind-sets could help transform attitudes and curtail stereotypes.

The following set of questions focused on how teachers experienced the involvement of parents.

8. Are there programmes for parents and caregivers on curriculum accessibility for children with disabilities at ECD level?
9. How do you find the involvement of parents of children with disabilities?
10. What is the nature of collaboration between the home and the ECD centre?

Communication and collaboration between the parents and the schools are not very positive. The participants indicated that some parents were in the denial stage – they have not really accepted that their children are challenged – so priority is given to the children without challenges. Participant ECDTA made a comment of significance:

> *A good example I have, is of a parent who has a child at this school. We had our speech and prize-giving day and she came to me and asked if it was worthy to have the child coming to school. I advised the parent that through assessment, the child would be correctly placed. The parent had already decided not to bring the child to school and locked him up at home.*

Concomitantly, the above-mentioned observation evidently indicates that parents who are in denial need ongoing counselling services. Although counselling is done when they give birth, these sessions must continue because these parents will be facing challenges in accepting the situation and beginning a new life with a disabled child. The participants felt strongly about the importance of parental involvement. However, Participant ECDTB felt that –

> *…some parents have to carry their child to school every day and sometimes they do not come because of backaches and tiredness; this affects the learning process of the child. So they need support to overcome all these hurdles.*

Parental support and the involvement of other family members are critical for the benefit of the child with challenges. However, the participants indicated that in some instances, parents tend to be excessively protective, thereby denying the child opportunities to develop self-help skills. There are also cases where parents were ostensible ignorant as to ways in which they could support the child; hence, not much help with schoolwork at home was undertaken. Parents are critical role-players in their children's education; thus, their participation, concerns and viewpoints must be taken into consideration. The participants expressed hope that workshops and awareness campaigns to sensitise the communities on childhood disabilities, compounded by accessibility of appropriate resources and services, would go a long way in realising a positive dream for children with challenges. Subsequent scrutiny of the interviews conducted with ECD teachers resulted in the emergence of the following themes and categories as presented in Table 5.8.

Table 5.8: Themes and categories

THEME	CATEGORY
Theme 1 Lack of resources	• Lack of adequately qualified human resources • Inadequate funding for ECD • Scarcity of appropriate material • Lack of community-based resources
Theme 2 Traditional/cultural beliefs	• Embarrassed by children's conditions/stigma • Curse/bad spirits to be cast out / witchcraft • Misconception/disability a result of punishment
Theme 3 Lack of information on crucial services	• Deprived access to information about disability • Inadequate access to information on available ECD services • Lack of proactive parents / ECD for disabled children not a priority

Reactions from the participants reflected on the lack of resources to serve the needs of young children with diverse disabilities for them to access important ECD services. The lack of resources in the context of the current study relates to human personnel who are inadequately qualified and lack expertise in handling children with disabilities. Some participants, although they possess some qualifications on handling children in the ECD phase, still felt they needed to be equipped with the requisite skills for them to manage matters in the environments of children with disabilities. Funding of ECD programmes was also indicated as insufficient and the information gathered reflected a situation where funding for ECD was not seen as a priority to the government, despite the fact that this level was the foundation that needed to be strongly built. The victory and adeptness that can be achieved if ECD programmes and services were well managed, essentially depends on the provision and employment of appropriate materials to be used by these needy children with disabilities; however, from the interviewed participants, the general feeling was that these were scarce.

Societal norms and values grounded on cultural beliefs and customary practices can strongly influence the acceptance or rejection of children with disabilities and, hence, have an impact on their access to and taking part in educational activities. The interviewed participants expressed a general feeling that many parents of children who have some form of disability felt embarrassed by their children’s conditions. The stigma they have to contend with was partly attributed to the beliefs that the society held. Examples of such beliefs are that disability is seen as a curse, a bad omen or a form of punishment to the family of the child, resulting in some parents hiding or locking their children away from the scorning and prying eyes of the society. People with strong traditional beliefs still seem to perceive disability as a result of witchcraft, and unfortunately, the misconception is passed on from one generation to another, repudiating the young child with disabilities his or her full rights to access ECD services, among other needs.

Empowerment through access to information is a strong tool to freedom that many families with children with disabilities are deprived of. Reactions from the participants indicated that many parents have no access to relevant and adequate information on childhood disabilities and, thus, grapple with their demanding situations naively. They seem to face hostility and rejection in communities where they would have hoped to gain support and information on the survival of their challenged children and on the availability of ECD services. Another area of concern raised, was that of not prioritising ECD services for children with disabilities. The parents of these children, in many instances, are not proactive due to their ever-demanding schedules in taking care of their children; thus, they are being left out of programmes that could have bolstered them with both information and financial resources.

5.3.3 Data analysis: Schools' Psychological Services officers

The SPS serves as a department under the MoPSE. The department mainly caters for schools in the Bulawayo Metropolitan Province. The responsibilities of the SPS officers entail ensuring the welfare of the special needs learners and providing psychological support services. Initially, the SPS department was not part of the targeted research participants; it was snowball-sampled after recommendations from the ECD centre manager, who remarked that the department was immensely involved in the assessment and placement of children with disabilities.

The two SPS officers were included in the study as rich informants to provide insights on the psychological perspectives of the ecosystemic factors that inhibit children with disabilities from accessing ECD provisions. A delay in assessing young children may lead to children with disabilities being ostracised and neglected. Interviews (see Appendix L) to solicit information from the officers were carried out in their respective offices at their work stations during times that were convenient for them.

In an attempt to find out the factors that influence the accessibility of ECD services to young children with disabilities, the following questions were used in the interviews with the SPS officers. Questions 1 and 2 dealt with access, question 3 with cultural beliefs, while question 4 was about the preparedness of human resources. Question 5 solicited for information on the involvement of parents. Lastly, questions 6 and 7 focused on the policies on and rights to education of children with disabilities.

1. In your view, what could be the reasons for failure to access ECD services by children with disabilities?
2. What mechanisms does your Ministry have in place to ensure children with disabilities gain access to education?

The participants pointed to the negativity prevalent among school authorities whose attitudes may not be accommodative to children with disabilities. Although the school authorities are equipped to help children with disabilities in their communities, in many instances, they choose not to offer these services, especially pondering the fact that disabled children are very slow and may have a negative impact on the academic performance and examination results. Participant SPSA commented:

> *When they go looking for places, some heads [principals] are not very keen to offer places to children with special needs. They think they are an extra cost to the school considering the economic challenges the country is facing.*

On the same note, Participant SPSB alluded to the unpreparedness of the school in terms of infrastructure and human personnel. The participant indicated that the lack of remuneration for qualified human resources inevitably has a negative impact on the access to essential services by children with challenges. He stated that –

> *…the infrastructure in schools is not ready for children with disabilities. We also have challenges with the teachers. Those teachers who are trained, are moving out of the country.*

Added and closely related to the challenges of attitudes, are stigma and discriminative actions from parents leading to children failing to access ECD services timeously in that, for instance, some parents delay sending their children for ECD classes after receiving advice from communities they reside in. Indications are that in some cases, there is an element of ignorance towards the availability of services, despite the outreach programmes that are rolled out through the school systems to the communities –

> *Some cite reasons like the child is slow in developing or people in the community were saying they are not mature enough or I thought that since they are not normal they will not be admitted to local schools.* (Participant SPSA)

Responding to the question on mechanisms in place to ensure accessibility of education to young children with challenges, the participants revealed a committed governance, in that on paper, *"[t]hey have an excellent frame work, right from the Constitution, the Education Act, the amendments which are coming in, the Statutory Instruments, basically they are all good"* (Participant SPSA). However, the problem is in the resources for implementation. Participant SPSA continued:

> *…the other gap I am seeing, despite the fact that the framework is good, is that the inspectorate is not keen to look into issues of disability, even though they have been trained for it. They neglect issues on the child friendliness in schools maybe because they focus more on evaluating schools, using results more than anything else. They might also have personal fears; some just tend to be afraid of disability.*

Concurring, Participant SPSB postulates that there are impressive policies on paper to support inclusive education, but limitations are experienced in the payment of the fees for these challenged children as the recipient schools complain about non-receipt of the money. SPSB further said:

> *…they argue that they need to function as schools, so why should they accommodate children if the authorities who are supposed to pay for their education, are not paying. Thus, it comes to resource allocation and mobilisation.*

3. What cultural beliefs are common in the community regarding children with disabilities?

The participants strongly felt that the capacity to influence positively or negatively, in many cases, lies squarely on cultural beliefs, traditional practices or societal norms and values. In settings where disability is socially constructed, culture is very influential, determining access and participation of all individuals in the environment. Traditionally, the birth of a child with disabilities in a society that does not believe in natural phenomena usually blame the individual parent or family members. People tend to believe that they have been bewitched or the family is being punished for some bad actions or they have been cursed. Responding to these particular aspects SPSB inferred that "*many people, especially parents usually believe that they have been bewitched. Also the general community makes it is difficult for them, just like a person with HIV/AIDS. There is a lot of stigma*".

In agreement, Participant SPSA brought another dimension to the discussion by stating that often mothers bear the blame for giving birth to a child with disabilities – children with disabilities are perceived as either a gift or a retribution from God for doing something sinful during pregnancy. She said:

> *...most people who bring children to the school are single mothers because in many situations the moment a child is born with a disability, the husband leaves the family. The single mothers claim that they (the husbands) cite reasons like they have never had such a person in the family, not in our [his] genealogy, it must be genes from your [the woman's] family. The impression is that it reflects badly [on them] and they do not want to be associated with it.*

4. In your opinion, are the ECD teachers for the ECD programme and support staff effectively armed with skills to manage children with disabilities at your school?

Information solicited from the SPS officers on the preparedness of teachers in handling children in the ECD phase with disabilities indicated that there was a need to train and equip ECD teachers with requisite skills to handle children with challenges. Participant SPSA reported on the need for trained teachers and reminisced on a visit to teacher training colleges:

> *I think they are not adequately equipped or trained. I recall a time when I was with my Principal Director – she was visiting colleges exploring the possibility of having them explore the possibilities of introducing a special module or training packages for ECD teachers to specialise at that level because there is that gap.*

She reiterated that ECD was a novel idea, especially for young children with disabilities, but generally it was manned by teachers who lacked expertise. Indications were that it was even more difficult for early-grade teachers because, as she points out, "*a lot of preschools do not take children with disabilities and those which do are very expensive and most parents cannot afford so there is still a challenge*".

On the other hand, Participant SPSB appeared not very sure whether ECD teachers received any form of training on dealing with children who require special needs education. He said: *"All I know is that in the mainstream, for a teacher to teach children with disabilities they have to attain an extra qualification."*

5. What attitudinal barriers exist between parents and children at ECD Level?

Although discrimination against children with disabilities is prohibited by international policies and legal frameworks (UNCRC, 1990), there are instances where the society seems unable to separate between the child and the disability. This was revealed by Participant SPSB when she commented that *"some parents with able-bodied children do not want their children to mix and mingle with disabled children".* The negative attitudes from the society lead to discrimination against and stigmatisation of these children with challenges, resulting in their being predominantly excluded by the society. So, even in situations where children can accommodate one another, if the parents have negative attitudes against children with disabilities, it becomes a problem. The participants also implied that when the parents in the mainstream schools were not willing to have their children associate with the challenged children, it then became difficult for the schools to accommodate them. However, it also came to the fore that in some cases, the parents were also to blame for the failure to access ECD services by their children with disabilities as they undermine their children's capabilities and regard them as inept. Participant SPSA added:

> *I have observed that when some parents have told themselves that their children do not fit or qualify into mainstream schools, they choose to keep them hidden at home, away from the spying society.*

Other indications from the information gathered were that on the part of children themselves, those born with a disability do not have many challenges adjusting to their disability, compared to those who obtain the disability at a later stage. Furthermore, some children without disabilities, because of their upbringing, may simply not want to associate with children with disabilities, making life even more difficult for children with disabilities.

6. What policies are in place to support disabled children at ECD level?
7. How can the government take on board the needs of children with disabilities to achieve the EFA Goal 1?

Matters on children's rights have resulted in well-known world campaigns such as the Dakar Education for All Conference of 2000 (Penn, 2002). Debates on children's rights remain focused and define children as holders of rights, who merit support from caregivers and all stakeholders. The participants professed ignorance on policies that specifically address ECD with disabilities. Participant SPSA said:

> *I do not know of any policy specifically directed to ECD and children with special needs, save for the general ones for all children like the Constitution, the Education Act, P36, which represent children with special need for examinations.*

Furthermore, she inferred that the focus of schools is inclined to be on children who have an academic aptitude that is likely to increase their pass rate; hence, there is a predisposition of excluding children with disabilities. Although the Constitution of Zimbabwe (2013) has indications of commitment to espouse and protect every child, as embraced in international frameworks such as the United Nations Human Rights and the UNCRC (UN, 1990), it is being insinuated that the few learners with disabilities in schools only add to numbers in the *Education for All* plea, without much benefit to them.

Presented in Table 5.9 are the themes that have been drawn from the interview analysis of the SPS officers.

Table 5.9: Themes and categories

THEME	CATEGORY
Theme 1 Lack of resources	• Shortage of ECD centres • Lack of community-based resources • High transport costs • Prohibitive fees • Lack of community-based resources • Shortage of expert practitioners

THEME	CATEGORY
Theme 2 Traditional/cultural beliefs	• Misconceptions • Curse/bad spirits to be cast out / witchcraft • Fear of stigma • Lack of insight by parents and caregivers
Theme 3 Lack of information on crucial services	• Inadequate information on disability issues • Inadequate access to information on available ECD services
Theme 4 Policy issues	• Poor implementation of policies • Lack of priority • Lack of commitment

The participants' views revealed a picture of ignorance about information on disability issues, their causes and mitigation, with the families of children with disabilities being the most affected as they have to contend with denigrating labels and comments about these children or being blamed for the disability. Misconceptions are evident, especially in traditional cultural backgrounds where disability has to be blamed on someone. Or, on the other hand, disability may be viewed on the grounds of witchcraft, either by the family as a means to amass wealth or where it is said to have been instigated due to jealousy. From the preceding discussions, it could be drawn from the participants that reactions of parents of withholding their children from society, locking them up in their homes, were a result of a fear of stigma and embarrassment. Parents also appeared to have challenges about where to access ECD services, while those who had the information, may have been discouraged due to exorbitant costs in getting the child to the centre and paying for the services.

Shortages of resources in terms of ECD centres that offer facilities to disabled children were mentioned by the participants. They acknowledged the efforts by the government to mandate all Zimbabwean primary schools to have ECD classes as a way to cater for every child; however, children with challenges appear to be a neglected group as the ECD practitioners lack the requisite skills to assist these children. On the involvement of communities, participants felt the government is mandated to have awareness campaigns in the communities together with other stakeholders so as to realise the legitimacy of children with disabilities. The government has to capacitate the departments that handle the matters of children with disabilities, such as the SPS, and employ some monitoring measures to see if proper work and the implementation of designed policies are being done. In addition, the participants expressed concern over the lack of commitment and priority by relevant stakeholders; thus, they felt that if properly addressed, issues of access to ECD services by children with disabilities could be solved.

5.3.4 Data analysis: The school-based support team

Underwood (2015) points to the critical factor that ECD programmes must be supportive and instil ongoing monitoring from stakeholders. This helps to ascertain that all children, including those with frailties, take part in ECD programmes. Support to and monitoring of services in ECD programmes are offered by government departments (e.g. Social Welfare Services and Department of Health). In the Zimbabwean context, support systems come from the MoHCW and the Ministry of Public Service, Labour and Social Welfare (MoPSLSW). I solicited the services of the SBST through focus group interviews that were conducted at their places of work, to indicate the kind of support they offered to teachers, parents and children with disabilities to promote quality learning of these children with special needs.

The focus group was a group of SBST members at School A. Initially I had targeted all four sites for focus group interviews; however, when the fieldwork was underway, I discovered that the other three sites did not have resident support teams. Hence, the focus group interviews could not be conducted at those sites. The SBST was made up of an occupational therapist, a physiotherapist, a speech and hearing therapist, a social worker, a clinical psychologist and a rehabilitation technician. All of these specialists were significantly involved with children with disabilities and administered rehabilitation and stimulation sessions for these children as scheduled. Semi-structured interview questions (see Appendix M) were used to collect data.

In analysis, questions 1, 2 and 3 focused on access to education, questions 4 to 6 concentrated on parental involvement and support mechanisms, while question 7 addressed matters on children's rights to access ECD services.

1. What challenges do you think children with disabilities face in society?
2. What support is provided to ensure that there is an increase in access to education among young disabled children?
3. How is the physical and emotional wellbeing of young children with disabilities supported?

In response to the questions on the access to ECD services by young children with disabilities, the participants indicated that there were many limitations for these young children, such as neglect and rejection in their communities. One participant, PT shed light on this and explained that "*most of them face neglect from their own parents. Some parents may love the child but may be forced to lock the child indoors maybe because the neighbours are not comfortable with the disability".*

They also revealed that in many instances, a lack of knowledge of disability issues by the broader society have a negative impact on children with disabilities. Participant SW added that discrimination was a barrier that resulted from ignorance and pointed out:

> *…there are a lot of misconceptions on the matters of disabilities and this makes their conditions worse because people around them do not*

> *understand. So until people know and accept the conditions, it will never really be easy for children with disabilities to cope.*

Another challenge that surfaced from the discussions was that of a lack of resources and facilities. The general outcry from the participants was on the scarcity of ECD centres that could accommodate children with disabilities.

> *You can imagine a preschool that takes normal children is not very comfortable to take children with disabilities because they do not know how to handle the child. Not because they do not want to, but they do not have the necessary skills to teach and develop the child*. (Participant PT)

Participant RT concurred with Participant PT and reported as follows:

> *…the schools that are available are not enough to accommodate all of them, this is why some end up staying at home. Again, these schools, because of the special services they offer, tend to be very expensive and many parents are not able to pay fees. We do not have ECD centres that cater for children with disabilities, save for only one centre in Bulawayo Metropolitan Province, but that is just a drop in the ocean.*

It was felt by many that children with disabilities were also not able to access ECD services because their parents or caregivers were financially incapable of paying high transportation costs; in many cases, they even have to pay for having the wheelchairs transported as well. In view of the fact that most of them come from poor economic backgrounds and are single mothers who may be not working, this makes it very difficult for their children with disabilities to access such facilities. As result, they resort to keeping their children at home, rather than taking them to school.

The participants acknowledged the existence of noble policies that support access to education by these challenged children; however, they opined that these were on paper and the implementation thereof was still to take place. There is no allocation to fund such projects. An interesting observation was from Participant RT who remarked as follows:

> *…there is need for policy review; the policies should give a backup for all situations and fully cater for disabled children. The policies should include provision for grants and psychosocial support.*

In responding to the question on the provision of self-help support skills, the participants highlighted the different activities they perform with children and that generally, they teach these children to rediscover themselves and utilise whatever is available. However, the health professionals encountered challenges regarding shortages of resources as many of these children need assistive devices. Participant OT added: *"…let's say the child does not have hands, they [sic] can be taught to write using their legs even the mouth."* Deductions from the discussions were that children with physical disabilities were easily attended to compared to children with emotional challenges as these are not easily detectable. The health professionals were all in agreement that children who are emotionally not stable, risk being totally neglected and forgotten as not many people understand their challenges.

4. What interventions are in place that enable parental involvement in service provision for their young children with disabilities?
5. Are there any programmes in place for parents (particularly mothers) of young children with disabilities for the children's upkeep?
6. What awareness programmes can be instituted to win the support of parents, teachers and the community at large?

Responses regarding parental involvement exposed positive collaboration between the parents and the SBST as the team pointed out that during therapy sessions, they involve the parents and teach them how to handle their children. Follow-up support visits are also carried out. Participant SW further reported:

> *…parents/caregivers do attend our workshops; we also have psychosocial camp meetings where parents, caregivers and children go out visiting the resort centre where they meet and discuss issues in a different environment. This is to provide emotional support to both parents and the children.*

The team raised concerns on the poor insights and mind-sets of many parents regarding the capabilities of their children with disabilities. They mentioned that certain households give up on their young children as they do not seem to have faith in the benefits of the rehabilitation programmes and sessions being rolled out at the ECD centre. Their situations are exacerbated by the society that stigmatises their children with disabilities, leading to many parents resorting to confining their children indoors. The children also suffer from derogating labels and comments from other children in the neighbourhoods. Thus, the focus group mentioned awareness campaign programmes they conduct at health centres and other schools in trying to promote the rights of young children with disabilities. They pointed out that they offered their services to the community, through reaching out to those who could not afford the cost of high fees at the centre. Participant SHT expressed an assessment regarding the quality of capacity enhancing programmes by describing these as follows:

> *…we go out and convene in community gatherings, clinics, schools [and] have talks to empower everyone involved in community so as to phase off the stigma. This is to equip the people who are living in the community with the knowledge about the disability.*

7. What role is the government playing in meeting the rights of disabled young children in accessing ECD services?

The SBST acknowledged the efforts of the government to equip the ECD centres with qualified teachers, but expressed concern that these teachers were, however, not competent to handle children with disabilities. The few centres where children may be exposed to beneficial services charged high fees, which many parents cannot afford. In addition, some of the conditions of these children require that they use assistive devices, which are also expensive to acquire. The team indicated that NGOs sometimes assisted, but the challenge was that they do not do needs assessment and, hence, may give even what is not needed. Commenting on the position of the government in meeting the needs and rights of young children with disabilities, Participant CP said:

> *…it is really high time the government implemented the policies that they design, if they just talk and not implement then they have done nothing. Something has to be done and now.*

Referring to the circumstances at the particular centre, Participant CP added that because of the services they offered:

> *…these children do not even want to go home because there is nothing for them at home. There is a need for centres in communities to cater for children with disabilities. We teach these children, but at the end of the day*

> *there is nothing for them after they leave school. It really just goes back to the government. They need to create home environments that will enable these children to fend for themselves.*

The following table presents themes and categories that emerged after the interview scrutiny of the focus group with the SBST.

Table 5.10: Themes and categories

THEME	CATEGORY
Theme 1 Lack of resources • Finance • Transport	• Shortage of ECD centres • Lack of community-based resources • High transport costs • Unaffordable fees
Theme 2 Traditional/cultural beliefs	• Belief systems • Stereotyping • Fear of stigma
Theme 3 Lack of information on crucial services	• Inadequate information and knowledge on disability issues • Neglect/discrimination • Lack of expertise in ECD personnel • Lack of awareness campaigns • Dissemination of appropriate data

Theme 4 Policy Issues - Policy implementation	- Lack of priority in the Implementation of policies

The reactions from the focus group members indicated that inadequate information on disability issues resulted in discernment. Children with disabilities endure neglect by both the society and close family members due to a lack of knowledge and ignorance on issues of disability. They mentioned that in some circumstances, access to ECD services was difficult for the challenged children because of a lack of financial and material resources. The SBST members also expressed concern about the general shortage of institutions that offered services to children with disabilities. The scarcity of such important service providers has a negative impact on children with disabilities as they end up being hidden in their homes. A lack of skilled personnel was felt to be another issue that needed to be addressed as ECD practitioners lack training on how to deal with and handle children with disabilities. Another observation made was that some parents undermined the potential of their children with disabilities and, thus, did not prioritise their needs. The SBST members admitted that awareness campaigns and outreach programmes were helping to sensitise the community members on issues of disability. Although the SBST at the site pointed out that they sometimes went out to reach out to those parents who could not afford the ECD services, this was not very effective as they could not always identify the needy children.

5.3.5 Data analysis: Parents and caregivers (photovoice)

The ensuing part of the study presents the data that were gathered from parents and caregivers using the photovoice method. The analysis is presented as portrayed by each participant on their experiences and perceptions regarding the accessibility of ECD services to young children with disabilities. The key photographs selected were given titles as a way to depict the views and experiences of the participant. A brief analysis is given and, in some instances, this is substantiated by verbatim quotes. Subsequent Figures 5.2 to 5.10 are snapshots captured by Participants PAA to PAG.

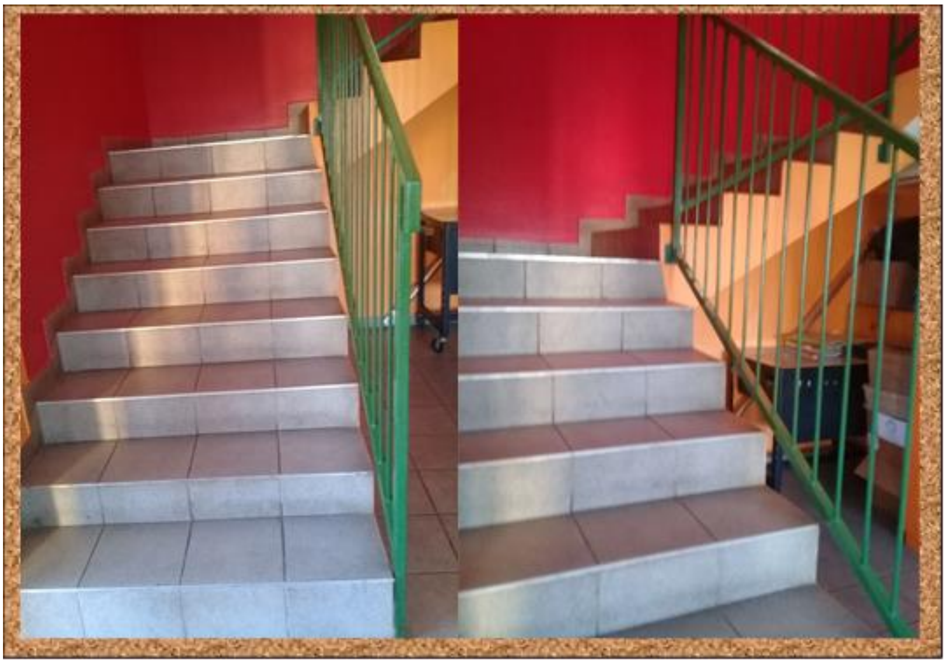

Figure 5.2: Distant but near

In Figure 5.2, participant PAA captured a picture of a staircase to portray his perceptions and experiences of challenges in accessing some ECD services. He underscored the dilemma people encounter because of inaccessible structures –

> *Though the local housing authority is rolling out a programme in assisting build ridges (ramps) in homes with disabled children so as to help them to move around in their wheelchairs easily, still my challenge is that I am renting this house and even if they want to help me, I cannot make changes to a house that is not mine.*

Participant PAA views the access to many services as being hindered by unaccommodating environments. The physical setup of many service providers were exclusively designed and developed without consideration for children with disabilities. It is difficult to access because the child can neither climb a staircase, nor use a wheelchair, and thus has to be lifted by the caregiver. The participant revealed that the captured photograph elucidated challenges he faced when taking his child to the local paediatric hospital.

Figure 5.3: Freedom of movement

Participant CA expresses the challenges she has to cope with in the daily life of her child with cerebral palsy:

> *My child is six years old and I do not have a wheelchair for her to use. I am using this baby pram. She sits there and I push her around and when taking her for health check-up, I strap her on my back.*

The captured photo reflects the participant's desperate situation of need and lack of access due to economic constrains. Indications are that participation in ECD activities by many children with disabilities is still to be realised. Children with disabilities are confined to, stuck or hidden in their homes due to a lack of appropriate services; thus, they are denied the opportunity to play with friends or attend school.

Figure 5.4: A child before a disability

The photograph illustrates the hope that Participant PAB has for the child that has been in her care since birth. In her narration, she expressed the difficulties she encountered when the child was born. She said: *"It was painful. I cried, but went for therapy at the paediatric hospital."* The participant disclosed that she has raised the child on her own as the father disappeared soon after the child was born. The photography portrayed optimism in the life of her child. She said: *"…people were afraid of her, and they would just stare at her. The paternal family disowned her and accused me of being a witch."* The captured picture symbolises the capabilities of a child with disabilities; the improvised support seat is relaying a message of a shortage of assistive devices in a background of hope. The picture also represents many children with disabilities who need assistance everywhere and all the time, and as a result, can only attend expensive boarding schools for children with disabilities. Although the presence of stigma and exclusion was widely acknowledged as a problem, the participant felt it was possible to change attitudes if information on disability was disseminated timely and appropriately.

Figure 5.5: Disability is not inability

The photograph is a reflection of a proud parent, that the child can write, unassisted, despite extreme disability. The participant highlighted the need for support of schools and caregivers in special institutions. The lack of support and marginalisation of children with disabilities lead to their exclusion from ECD services.

Figure 5.6: The ideal world

Participant PAC captured this photograph to express hope in the future of her child with disabilities. She remarked: *"…if my child was able to attend such an ECD centre and mix with able-bodied children, I will be happy. I wish all ECD centres had such access ramps."* Disabled children, if provided access, would be able to mix with able-bodied children. The photo depicts an ideal environment for children who are physically challenged; however, many ECD centres are not child-friendly as they have been built with no consideration for the not-so-fortunate group of children.

Figure 5.7: The onlooker player

Participant PAD lamented as follows:

> *My child with spinal bifida cannot play on the slide. My child faces challenges during playtime, both at home and at school. Because of his disability, they do not include him in the games they play. The only best and closest thing I can do, is to sit [sic] him in the wheelchair and let him watch while others are playing.*

Although the play centre is an ideal place for children to develop their gross motor skills and also to work off pent-up energy, Participant PAD felt that the play facilities have not been designed for children with disabilities. The photo reveals a model place where children can exercise their muscles. Sadly, this is only possible for children who are able to go up the slides, use climbers or roll tyres. The participant enunciated that if provisions were made available for children with disabilities to access such services within the communities, *"that little they could do would fulfil their aspirations"*. Many play centres are not adaptive to the needs of children with disabilities.

Figure 5.8: Down the road

Participant PAE perceived disabled children as being costlier than able-bodied children –

> *The schools cost more and transporting my child from one place to another is very challenging. All the way from home to school I use public transport, and as a parent I have to be explaining to people that my child is disabled so that that they bear with me. I cannot carry the wheelchair. I have to pay for it as well.*

The captured photography clearly illustrates how the parent wished there were ECD centres that could cater for children with disabilities in the community to reduce her transport costs; however, there is a shortage of centres for challenged children. The participant also indicated that an increase in awareness campaigns on issues of childhood disabilities was necessary so that people could know and appreciate that the children could go a long way in alleviating some challenges they encountered. She felt that access to such information for parents of children with disabilities would help them to know where to take their children to, in terms of schools, hospitals or any other services that they might need. There is also a need for the government to come in and help financially because, as she said, *“we are challenged financially. There are a lot of funds needed”.*

Figure 5.9: The balance sheet

Participant PAF lamented the financial constraints in bringing up a child with disabilities. He said:

> *We struggle to get transport money and his needs are different from those of other children. He has been in ECD for four years now, so the financial issues are the major challenge. We hire a kombi to transport him, which is $10 a week. His communication skills are still poor, so it is hard to understand him at times, hence I have to accompany him.*

The photograph portrays a balance sheet that is hard to balance. Participant PAF expressed economic challenges, but was still hopeful that if funding was available, life would be better for his child with disabilities. The participant expressed the importance of stimulation therapy for his child –

> *I have only managed to pay first-term fees. I am in so much debt, but I cannot just let him sit at home because when he is at home his condition is worse. It is better when he is among others and sees them play though he cannot take part.*

Figure 5.10: Inclusion in a special way

"The school uniform is the closest to inclusion with normal children for my grandchild with cerebral palsy", lamented Participant PAG. The participant captured her child in a situation that depicted what she would have wished her child to be. On the ground, there are limited educational support facilities for children with multiple infirmities; profound physical and mental disablements are provided for through government programmes. Where such services are available, the costs are prohibitive to many needy cases. The participant acknowledged the support they received from the school; however, she expressed concern about the unavailability of specific backing and assistance by the government to sustain the exceptional needs of children with disabilities. Table 5.11 is a summary of the major themes that emerged in the data analysis of the perceptions and experiences of parents and caregivers.

Table 5.11: Themes and categories

THEME	CATEGORY
Theme 1 Lack of resources	• Buildings and infrastructure • High transport costs • Prohibitive fees and general upkeep of the child • Inaccessibility of service providers Shortage of ECD centres • Lack of community-based resources • Lack of appropriate assistive devices • Financial constraints
Theme 2 Traditional/cultural beliefs	• Stigma and discrimination • Ostracism • Lack of support from family members • Lack of commitment by male parents
Theme 3 Lack of information on crucial services	• Lack of information on disability issues – causes, management • Lack of expertise in ECD personnel • Lack of awareness campaigns • Dissemination of appropriate data

Participants expressed their concerns regarding the lack of knowledge on disability issues. They felt that if information was properly communicated to them in a way that could make them appreciate it, that could assist in minimising the stigma and shame they had to cope with. One participant shared what she went through as she tried to get an explanation for her child's disability, spending huge sums of money on traditional healers who were promising to rectify the anomaly. In expressing their sentiments, the participants also indicated that the government has failed in its mandate to provide free or affordable support services in the areas of health, education and general social life for their children with disabilities. The reactions from the participants revealed that inaccessibility of many ECD service providers was a result of, among other things, the unaccommodating environments and infrastructure. It has been disclosed during the interviews that many buildings (in schools or hospitals) were inaccessible to children with disabilities as some of the facilities had either staircases or elevators, and no option of ramps for wheelchair users, which provided a challenge to many children. The participants also lamented the high transport costs as the centres that enrol such children were not available in their communities. The transporters had no provision to accommodate children in wheelchairs and had no modifications to support unaccompanied children; hence, the parents had to pay double fares as well as for the wheelchair. The participants also raised concerns about the lack of government-sponsored general funds to sustain their children with disabilities. They highlighted that the nature of their children's needs means that they are always stretched financially. Many of the parents cannot be fully employed as their children need constant assistance. High costs of facilities for children with challenges were seen as hindering access to ECD services by these vulnerable young children.

In the society, both the family and the child with disabilities face isolation and stigmatisation. They are discriminated against and the participants pointed out that they are indirectly excluded from ECD services when the children cannot participate. This also includes indirect costs they face when they have to buy assistive devices. The participants also disclosed their fear for their children with disabilities when they revealed that there were members of the community who believed that children with disabilities were a source of wealth as traditional healers misled people into believing that using the children's body parts could heal ailments and bring them victory. One participant also brought in the dimension of the negative attitudes of the community in situations when they did not understand the child's disability. He revealed how his congregation members scorned them, citing their failure to contain and discipline their child, as to theses members, the autistic child's behaviour was weird and seemed lacking guidance. Male parents were also found not be very committed in the event of the birth of a child with disabilities. Some participants expressed despair as they had to raise children with no assistance from the fathers, while others pointed out that the male parents did not share the burden of raising the child with disabilities. Recurring themes across all the groups of the participants are presented in Table 5.12, followed by a brief analysis and interpretation.

Table 5.12: Recurring themes across all the groups of participants

THEME	CATEGORY	SUBCATEGORIES
Theme 1 Lack of resources • Financial • Social	Socio- economic issues	• Lack of insight by parents and caregivers • Shortage of expert practitioners • Shortage of ECD centres • Lack of community-based resources • High transport costs • Prohibitive fees • Lack of support from family, community

THEME	CATEGORY	SUBCATEGORIES
Theme 2 Traditional/cultural beliefs	Attitudinal barriers • Cultural • Belief systems	• Fear of stigma • Ostracism • Misconceptions/stereotyping • Witchcraft as a cause of disability • Disability as linked to amassing wealth / punishment for bad deeds • Hiding children • Instilling low self-esteem
Theme 3 Lack of knowledge and education	• Dissemination of critical information	• Inadequate information on disability issues
Theme 4 Policy issues		• Priority / lack of sustainable income • Lack of commitment by government • Policy implementation strategies

5.4 DATA ANALYSIS AND INTERPRETATION

On data interpretation, Robson (2011:408) states that "the process and products of analysis provide the bases for interpretation and analysis". Therefore, the process involves significantly ascribing value to the findings of the study. Interpretation will be grounded on the major themes (see Table 5.12) that emerged from views of the participants as envisaged from their lens and the meanings attributed to their own experiences. In the ensuing sections, I interpret and present the major themes and discuss the key findings, opinions and viewpoints upheld by different researchers and authors. The main focus of the study was to explore the factors that influence the accessibility of ECD services to children with disabilities aged four to five years. The interpretation that follows dwells both on factors that impede accessibility as well as those that mitigate. In the process, I will also bear in mind reflexivity and my role as the research instrument in the study. Figure 5.11 is a diagrammatical presentation of the key findings of the study from an ecological perspective.

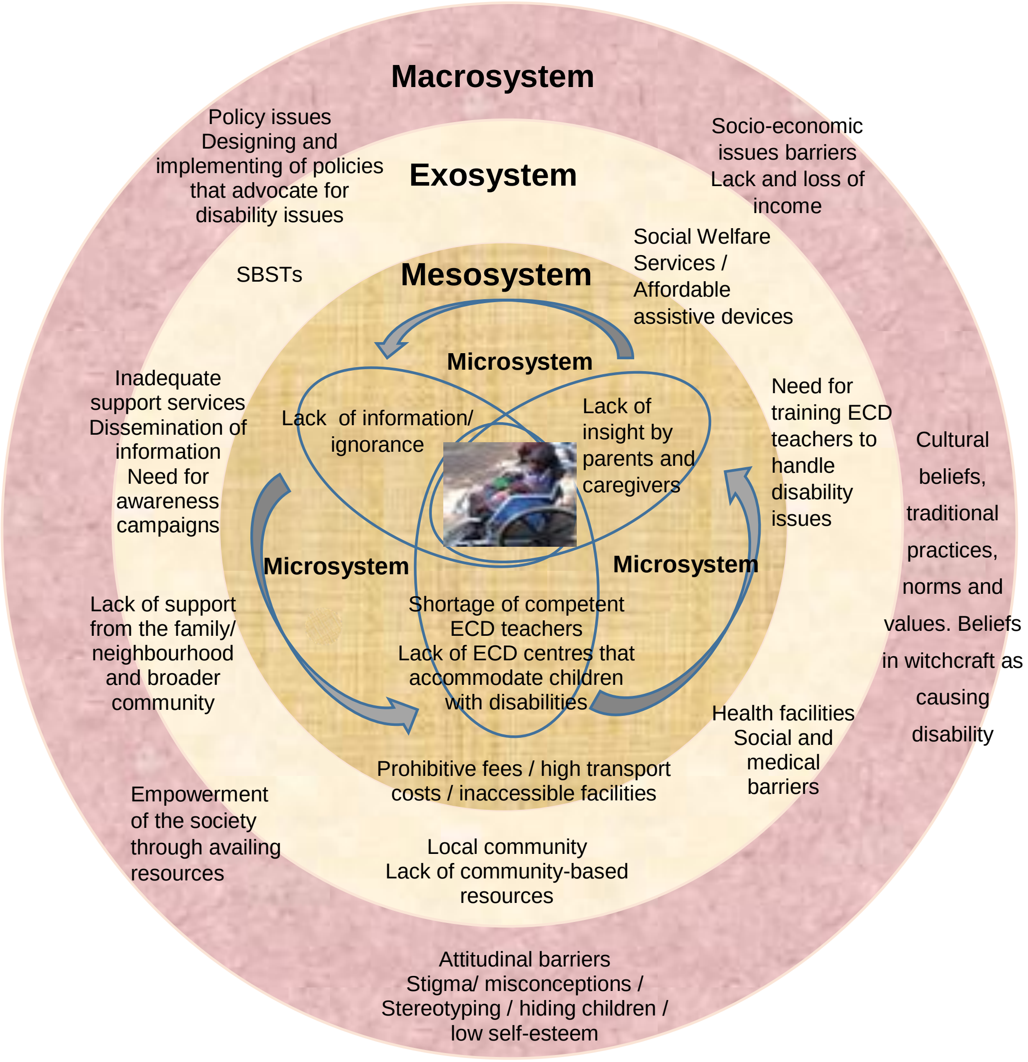

Figure 5.1: A synopsis of the major findings of the study presented from the lens of Bronfenbrenner’s theory of ecological systems

5.4.1 Lack of knowledge and education

Emerging as a key theme was the concern across all the participants on the lack of knowledge and information about issues pertaining to disability and regarding access to ECD services by these children with challenges. Participants, in their various categories, expressed concern on the prevalence of an information gap and that many parents of children with disabilities seemed not to know about their children's rights. They indicated that a lack of knowledge in their areas of operation and ignorance on the causes of disability and access to proper services to militate the challenges resulted in exclusion and shunning of the affected individuals (see Section 3.3.1). Generally, a lack of knowledge was perceived by participants as encompassing inadequate dissemination of critical information, empowerment and training of service providers (see Tables 5.7, 5.8, 5.9, 5.10 and 5.11).

5.4.1.1 Dissemination of critical information

Basically, from the social perspectives, indications from the study are that children with disabilities are negatively discriminated against and excluded by the society due to various social constructions on causes and management of disability (see section 2.3.2). A lack of insight and understanding by the families and the larger society results in labelling and stigmatization. The child with disabilities is denied access to ECD services because the parents are in a predicament – they do not understand the nature and causes of the disability. The reactions from the participants were that there was a lot of negativity towards disability, and people around the child's environment also contributed to the problem, resulting in stereotyping and humiliation. According to Sullivan (2012), the society has the prescription to enable access to ECD services by children with disabilities through change in the way disability is viewed. Families of children with disabilities are exposed to harsh treatments and blamed for the disability of their children because people do not understand that there are many causes of disability. The participants expressed that this lack of understanding of disability and its causes led the community to proliferate harmful beliefs.

When relating the study to Bronfenbrenner's first level of the ecological systems – the microsystem (see section 3.3.1.1) – it is the family that interacts and socialises the child with disabilities into the society. Hence, that point of contact is fundamental and very crucial to the growth and development of the child (see section 2.3.1.2). The reactions from some participants reflected emotions of frustration when they narrated how they had not been fully equipped with information on the disabilities of their children; some had to discover the disabilities some months after the birth of their children. Support at the microlevel was also a cause of concern as some close family members could not accept the child's condition. Thus, a family that is paranoid and fixated in denial may never see anything worthy in a child with disabilities, leading to their hiding and confining the child indoors (see section 3.3.1.1). Positive tolerance and acceptance at the microlevel is very critical as it defines the child's interaction with the other systems.

5.4.1.2 Empowerment

Health support systems for children with disabilities are not being prioritised. Only one site had a support team based at the school, offering services of rehabilitation stimulation (see section 2.3.2). At one site, parents of children with disabilities were expected to take their children to health centres for various therapies, as the school could not afford the costs. The participants highlighted that there was a need to be empowered on children's disabilities. They related how they had been told about their children's disabilities. Many either found out soon after the child's birth or months later. One participant related how her child's disability was a result of negligence from the medical personnel at the local hospital (see section 5.3.5). After the birth of such children, there are no mechanisms in place to follow up on the family and offer support services. Some participants expressed dissatisfaction on the behaviour of the health personnel, pointing out that instead of fully equipping them with knowledge on the child's disabilities, they pretended to the parent or family that all would be well, giving them false hope (see section 5.3.5), only to discover for themselves that their child displayed signals of disability. This was cited as one of the reasons parents and families opted to seek advice from traditional healers and other sources who could assist.

The society ascribing to the medical model concept in understanding disability views a child with disabilities with pity and pain. Sullivan (2011) inferred that this leads to stereotyping and ostracism of these vulnerable children, resulting in families of children with disabilities choosing to lock them up indoors, rather than being labelled and embarrassed. Hostile attitudes from the society coupled with systemic obstacles create and define how the child with disabilities must be handled. Reflections from the participants implied that both social and medical concepts could go a long way in assisting the child with disabilities if information could be propagated and accessed timeously and appropriately (see section 2.3.2).

5.4.1.3 Training

A lack of knowledge by service providers also plays a critical role in the accessibility of ECD services to children with disabilities (see section 5.3.2). Participants pointed out that there was a challenge as ECD teachers were not trained to handle children with disabilities; they do not possess the requisite expertise in handling children with diverse needs. This was also substantiated by the teachers who admitted their lack of skills in handling these children. ECD is a fundamental stage (see section 2.4.1). Growth and rapid development of the brain and body muscles are enhanced through activities and services availed in the early years. Relating to Bronfenbrenner’s second level, in the mesosystem, the participants positively acknowledged the efforts of the government in prioritising the training of ECD teachers and the institution of ECD classes in all primary schools, but lamented their ineptitude in handling children with diverse needs (see section 3.3.2.1). They expressed positivity in that if afforded training in handling children with special needs, children with disabilities could access ECD services in schools and centres. In the mesosystem, according to Krishnan (2010), different support systems that may include the ECD centre teachers, the family and the neighbourhood interact and influence one another, for the benefit or deterrence to the accessibility of ECD services to the child with disabilities.

5.4.2 Socio-economic issues

A common sentiment from many participants was that the accessibility of ECD services is significantly stalled by socio-economic obstacles. Parents of children with disabilities may have an interest in taking their children to the ECD service providers, but may be hindered from gaining access to such important services because they might not able to procure a wheelchair (see section 5.3.5).

5.4.2.1 Lack of financial resources

The participants across all categories commented on the shortage of ECD centres and schools that offered services to children with disabilities. It was disclosed that the few special schools that cater for the challenged children charge fees that are not affordable by many parents, more so against the poor economic climate faced by the Zimbabwean nation. Transporting the disabled child from one place to another was also cited as a burden because in the event of an adult accompanying the child on a wheelchair, they had to pay for having the wheelchair transportedas well. A few service providers had structures that are inaccessible, especially to physically challenged children.

Though it was established that the use of assistive devices would make huge changes to the holistic and functional development of children with disabilities, many participants alluded to the lack of access to these devices as most of these resources were expensive. Many parents relied on donors or the Social Welfare Department to obtain such devices. Referring to the microsystem level of Bronfenbrenner’s theory, the family’s financial position determines the ability of the child with disability to access ECD services. Jenkins (2014), for instance, postulates that a child with disabilities born into a wealthy family has a high probability of having access to good services. However, some participants indicated that there were cases where parents had negative attitudes regarding their children with disabilities. They did not prioritise the needs for these children because they saw no financial gains in educating such a child (see section 2.4.3).

5.4.2.2 Lack of social support from family and community

Discernment on the grounds of disability was not confined to only the broader community but also experienced within family members who failed to accept the children’s conditions. The participants disclosed that it was a challenge to raise a child with disabilities, especially when there was no spousal and family support. The participants shared painful experiences on how they were humiliated and labelled with bad names in their families and neighbourhoods (see sections 5.3.5 and 2.4.4). They related how male parents disappeared, disowned or simply refused to accept responsibilities after the birth of a child with disabilities or the development of disabilities later on (see section 5.3.5). The mother of the child was blamed for the resultant birth and thus had to bear the whole burden, with no financial or emotional sustenance from the family. One participant revealed that in the community, people would give her looks that conveyed negative messages; some would ask what wrong she had committed to God to receive such punishment, and the child's paternal family repudiated her and the child (see section 5.3.5). In the community, resources are to be provided for children with disabilities to function and develop effectively. However, a society with negative perceptions is detrimental and not safe for children with challenges.

The participants also disclosed that children with emotional disabilities were more affected as the society did not understand their challenges – they blamed the parents for not disciplining their children. One participant reported that they were isolated everywhere; the community discriminated against them because mental disability is not viewed as a disability to the community. The community just did not tolerate them (see section 2.3.1.3). The interaction of the child with disabilities with the teachers, peers and broader society takes place at the mesosystem level. Bronfenbrenner (2005) views this as the system where the developing child is accepted and develops a sense of belonging in the wider society. This is the place where societal beliefs, norms, values and other practices are learnt and passed on. Negative environments, similarly, create negative perceptions.

5.4.3 Belief systems

Beliefs, culture, values and norms, customs and traditional practices are very powerful tools in determining or dissuading the recognition and involvement of a child with disabilities within the society.

5.4.3.1 Attitudinal barriers

The participants felt accessing ECD services was hindered by attitudinal barriers. They highlighted that negative attitudes, stereotyping and fears were the reasons for parents and caregivers deciding to lock up their children in homes because making an effort to take the child to school was like acknowledging the presence of a problem or admitting that they have sinned. Discrimination was also experienced at family levels where there is no acceptance, and the birth of a child with disability is entirely blamed on the woman. This attitude is predominant in other African countries too. “In too many provinces in South Africa it is firmly believed that the mother has done something evil to deserve the birth of a child with disabilities – she is being punished and the child is the victim of her evil act” (Department of Basic Education and UNICEF, 2015). Kotze (2012) reported similar findings in a study done in Lesotho. It was found that the birth of a child with disabilities was regarded as a source of embarrassment to their families. Such children are often locked indoors, away from the rest of the community. The misconceptions and misguided beliefs of the family and the broader society result in devastation and the exclusion of the mother and her child with disabilities. In some instances, the participants expressed that they felt the safety of their children with disabilities was in danger, thus further exacerbating their rejection from the community. Subsequently, they chose to keep them locked away, rather than compromise their safety.

Children with disabilities are discriminated against and denied services by people entitled to deliver the services to them. Prejudice deeply rooted in cultural beliefs have a negative impact on these children; some community members are disgusted at the mere sight of a child with deformities. One participant narrated repugnant experiences she would encounter every time she had to take her child for health check-ups using public transport. Indications were that children with disabilities were generally shunned, shamed and stigmatised. These negative attitudes affected the parents as well, who also were at the receiving end. They had to explain the child’s physical appearance or conflicting behaviour, which left them with the option of isolating themselves by staying at home, away from the unsupportive public.

5.4.3.2 Culture-related issues

The society perpetuates negative attitudes through labelling children with disabilities and using impudent language. The influence of cultural and traditional beliefs is experienced at all the levels of the society by children with disabilities. One participant expressed that discrimination and exclusion is experienced even in religious settings as one would rarely find a church where children with disabilities can manoeuvre their wheelchairs and have appropriate toilets (see section 5.3.5). A society that is strongly rooted in traditional beliefs and views disability as a result of witchcraft is most likely to look down upon, blame, curse or rebuke the child's parents and family for the disability (see section 5.3.3). Algood and Harris (2013) concur that families of disabled children may be ostracised and expelled from the society as they may be accused of witchcraft and other obscenities; thus, inclusion in such cases is not likely to be accepted. Participants also pointed out that there was a need to exercise empathy. However, sometimes the family of a child with disabilities tends to sympathise a lot and deny the child chances of empowering him- or herself by developing basic life skills (see section 5.3.4). They excessively protect the child, leading to dependency syndrome, which, in some cases, worsens the disability. It can be deduced that a balanced treatment is needed.

5.4.4 Policy issues

5.4.4.1 Limitations on implementation strategies

Policies are designed and implemented at the macrosystem. They are scaled down and determine operations in the micro-, meso- and exosystems of the daily lives of children with disabilities. The implementation of these policies determine the acceptance and coping strategies for these children with challenges in their families, neighbourhoods and in the wider society. The participants highlighted the need to have government support in the areas of policy issues and in terms of having ECD centres and schools that were modified and adapted to accommodate children with disabilities. They expressed their expectations on state-supported resources for children with challenges.

The educators reiterated the policy issues they considered as not accommodating to children with disabilities. For instance, they lamented the high teacher-learner ratios, which they felt disadvantaged the challenged children as they needed individualised attention (see section 5.3.2). The parents also expressed concern that their children's safety was compromised. At one site, the ECD class had 34 children, with 15 of them being children with disabilities of varying degrees. Although there was a teaching assistant, the participant felt the numbers were too high. At the selected sites, enrolment of children with disabilities ranged between seven and 15. However, this still indicates very limited services offered for these children in proportion to the number of children who need assistance. There is a need for proper distribution of expert teachers for the benefit of children with disabilities. The participants underscored that there was a need for extensive networking, targeting organisations that can empower teachers and communities so that they can support the education of children with disabilities.

The Education Act (1987) in Zimbabwe is the law that gives guidelines on the education of all children, including those with disabilities (see section 2.5.1). It is stipulated in the Education Act (1987) that every child in Zimbabwe shall have the right to school education. It also declares that no child in Zimbabwe shall be refused admission to any school on the grounds of race, tribe, colour, religion, place of origin, political opinion or the social status of his or her parent (Chidindi, 2010). The participants, however, disclosed that their children were declined admission to schools on the grounds of systemic obstacles, bureaucratic practices that delayed or denied them access to ECD services, and human resources that were not ready or competent to provide comprehensive services for their children (see section 5.3.1). They insinuated that school authorities, as the nerve centre of the execution process, lacked proper information and knowledge on the needs of children with disabilities in the ECD phase (see section 53.3). They shared sentiments that, generally, many government departments lacked skilled manpower and the capacity to deal effectively with concerns of children with disabilities. The parents lamented that when they seek help, they are sent from one office to another; hence, some resorted to keeping their children at home.

5.4.4.2 Lack of commitment by government

The Zimbabwean government is commended for initiating assistance for the payment of school fees for its vulnerable population through *Circular Minute No. 1* of 2003 BEAM (Chidindi, 2010). BEAM was explicitly targeted to help among the disadvantaged people or children with disabilities. Sadly, children in the ECD phase are not catered for by BEAM (see section 2.4.4.1). Despite the fact that an ECD programme has been formalised into the education system in Zimbabwe, financing of children in the ECD phase is still the parents' burden or is donor-funded. Children with disabilities, aged four to five years (focus of the current study), face challenges as their parents have to cater for their health expenses as well. A study by Chinhara (2016) on the provision of ECD services in one province in Zimbabwe also found that that the government was not providing funding towards the education of children in the ECD phase. The participants expressed the hope that the government would be more committed to its disadvantaged citizens and consider their welfare.

In the macrosystem, Bronfenbrenner (1989) focuses on the influence and interaction of the child with those systems that have an indirect impact on his or her development, such as cultural settings, public policies, belief systems, norms and values. Participants in the ACPF (2011) studies reported that stigma, discrimination and exclusion are deeply rooted in traditional African beliefs and attitudes surrounding disability. In this study, the bearing of the major economic and social institutions of the larger society that regulate the access to ECD services by the child with disabilities was mentioned. Bronfenbrenner (1989) suggested that child development is clearly understood from the perspectives of the sociocultural context of the family, the community at large and the broader society. There was a consensus that the government had an obligation to provide for its less fortunate citizens. On that note, the participants pointed out that planned policies were to be implemented and benefit the child with disabilities. Realising their rights to education and healthy living should be prioritised.

5.5 CONCLUDING REMARKS

Children with disabilities are susceptible to neglect and relegation. They are a special group of people that always needs care and attention. Including and excluding children with disabilities are perpetuated by numerous factors, either through the obtaining systems, due to ignorance or intentionally, by people who do not value the capabilities of such children. The analysed data from the various participants reflect the various factors, concerns and ways of militating against inaccessibility of ECD services to young children with disabilities in Zimbabwe. Emerging key findings of the study were discussed and interpreted from the perspectives of the key participants who represented different levels of the society.

Major concerns highlighted, included a lack of knowledge and information on disability issues by parents or caregivers, educators and the larger society, which was viewed as an obstacle to accessing ECD services. Socio-economic challenges, such as the lack of resources, financial constraints, the lack of health and educational facilities, coupled with the lack of professional expertise, emerged as a concern across all groups of participants in their various degrees of interaction with children with disabilities. The parents expressed experiences that revealed both supportive strategies and negative discriminating attitudes. Cultural and belief systems were also underscored as impeding with regard to disability issues. Norms and values of a society are passed on from one generation to another, as are negative attitudes. Advocacy for issues that relate to disability and empowerment was also raised as a major concern.

The participants stressed that the government should be committed to the implementation of policies that address disability issues. Relating the study to ecosystemic factors, indications were that these factors do influence the accessibility of ECD services. However, if mitigated timeously, children with disabilities may benefit to the same capacity as their able-bodied peers. In the next chapter, I focus on the summary of key literature and empirical research findings in relation to the research questions and aim of the study. Conclusions and recommendations are also presented in this chapter.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.

Reinhold Niebuhr

6.1 INTRODUCTION

In Chapter 5, the data that had been collected on the ecosystemic factors that influence the accessibility of ECD services to young children with disabilities in Zimbabwe were presented, analysed and interpreted. In this chapter, I present a summary of the key literature findings in relation to the literature reviewed in Chapters 2 and 3, as well as the key empirical findings gained from the study. The research questions are answered, and the study is concluded by the presentation of recommendations which emerged from my study.

6.2 SUMMARY OF LITERATURE AND EMPIRICAL RESEARCH FINDINGS

The motivation for this study was based on a need to contribute to the existing knowledge base regarding the influence of various factors on the accessibility of ECD services to young children with disabilities in Zimbabwe. My study provided an extra dimension to existing literature by adding the lived experiences of the young children in accessing ECD services in the context of a broader African society.

In Chapters 2 and 3, literature relating to the study was reviewed. In the ensuing section, I present the key literature findings on pertinent issues regarding the importance of the early years, development in early childhood and ECD services in Zimbabwe.

Positive development in the early years has the capacity to enhance growth in totality. Thus, the early years of a child define the ultimate outcome of the individual child in the later stages of life. Early childhood spans the period between zero and eight years when development is at its peak. The first three to five years of life mark the period of rapid development of the brain as the child connects and interacts with the environment. This, therefore, implies that the interaction of the caregivers and child care processes is vital to the developing brain (see section 3.2.5). Heredity and environment play a significant role in contributing to development at this stage; thus, there is a need for apt stimulation at this stage. Research studies also highlight the intricate links between the cognitive, socio-emotional and language domains of the child and the importance of caregivers, teachers and the larger society in providing relationships with children that promote positive development (see section 2.2). The early childhood phase, according to research studies, is a time when young children progress from dependence to increased autonomy as they gain independence in many domains.

Significantly, ECD has the capacity to stimulate the holistic development of a child (see section 2.2), and probabilities of early detection, diagnosis and intervention are very high if there is consistent monitoring of children's growth and development. Developmental milestones that occur, are influenced by environmental, social and medical factors. This is the opportune period for the child with disabilities to receive optimum attention and intervention (see sections 2.2 and 2.3). For children to be successful at school and in later life, there is great need for a well-adjusted ECD programme that caters for the social, emotional, language and cognitive development for all children, regardless of their abilities. Although children will develop according to different trajectories, their developmental stages usually follow the same path (see section 2.3.1.1), whereas the child with disabilities will develop differently. Piaget, therefore, believed that the amount of time each child spends in a particular stage of development depends on the individual's specific abilities (see section 2.3.2).

Research has demonstrated that disability is viewed from two broad perspectives, namely the medical and social models. The social model perceives disability as being a result of the interaction between the child with disabilities and hostile social environments (see section 2.3.2). The social perspective views the problem as resting with the society rather than the sensory or neurological impairment; it is the social implications and interactions with the child with disabilities that define the disability. As such, it is the inaccessible ECD structures, transport issues (high costs and inadaptability), lack of ECD centres, society's negative labels and attitudes, discrimination and stigma that are causes for concern, and not the child who presents with a disability. On the other hand, according to the medical model, disability is viewed as an impairment that can be corrected through rehabilitation, surgery and administration of medication. Ethically, it is the responsibility of parents and caregivers to nurture and support their children's growth and development. However, practically, it is the intervention of society through promoting health and educational programmes that can increase accessibility of quality services for the benefit of its young citizens, especially to ensure full participation of children with disabilities.

The environment of the child is very influential in shaping the child's successful development (see section 2.2). Positive environments enhance development, whereas incapacitating settings have a negative impact on the child's wellbeing. Therefore, it is important to provide quality child care services in the form of experienced teachers, health personnel and other caregivers. ECD service providers, such as health, education and all social support systems, combine, interrelate and influence the development of children (see section 3.3.1). Notably, a lack of critical information, insights and investment in any one of the crucial spheres of service providers decreases the worth of key input of ECD. Prolific and extensive ECD services have the capacity to increase holistic developmental outcomes for children with disabilities. Literature portrays ECD as a powerful programme that can bring change to many societies (see section 2.4.1).

Culture and belief systems have the potential to determine and shape children's future, as children are socialised according to the norms and values of their societies, as well as their immediate and extended families (see section 2.5). Hence, the identification of and intervention for children with disabilities may either be promoted or compromised. Predominantly, attitudes towards children with disabilities are negative; these are aggravated by what the society views as the causes of disabilities (see sections 2.4.4.1 and 3.2.2). In communities where disability is seen as a result of ungodly reactions, witchcraft or punishment, the family may suffer from rejection, stigma and embarrassment that have a negative impact on the child.

Support for ECD programmes has garnered a lot of momentum in many societies in the last decade, paving the way for many noble ideas and policy issues. It is important to highlight the fact that the Zimbabwean government is commended for formalising ECD education and decreeing all primary schools to embrace the policy. These have been seen as attempts to resolve the lack of access and inequity to ECD services; however, the plight of children with disabilities still needs to be addressed (see section 2.5.2). Zimbabwe positioned itself in emphasising the importance of ECD by enacting policies that are in tandem with international policy frameworks in developing the whole child (see section 2.5.1). However, inferring from the gleaned literature, evidently, the provision for the education of young children with disabilities is not well enunciated in the policies guiding the establishment of the ECD programme. It is against this background that the findings from the reviewed literature reveal that there are only a few institutions that accommodate young children with disabilities. A lack of material and human resources and inadequate funding are some of the constraining issues with regard to the provision of ECD services that cater for children with disabilities. Despite the evidence that ECD has the capacity to yield fruitful results in the later life of a child, prioritising access to ECD services for children with disabilities is a gap that has not been realised by many states.

6.2.1 An overview of the key empirical research findings

In this study, I specifically aspired to find out why children in the ECD phase with disabilities face challenges in accessing quality ECD services in Zimbabwe. To meet my aim, I investigated the perceptions and experiences of people who were involved in the lives of children with disabilities. Participants ranging from the closest settings of the child to the broader society were involved in the study. Their views, experiences and beliefs were analysed and discussed in Chapter 5. The themes that emerged, have been classified according to ecosystemic factors that were inferred as the major determinants to the accessibility of ECD services. Discussions will focus on the four major themes.

6.2.1.1 Lack of knowledge and education

A lack of knowledge and information emerged as a key finding that led to neglect and humiliation experienced by children with disabilities and their parents or caregivers. Rejection was particularly experienced by close families, peers and the communities where they lived, and this was attributed to a lack of knowledge on the nature, causes, management and possible interventions of disability issues. Consistently, the Department of the SPS and the SBST had similar findings regarding the negative impact of the lack of education and knowledge in combating disability issues (see sections 5.3.3 and 5.3.4). The findings also showed that ECD teachers lacked an understanding of disability issues and had no skills and competence in handling children with varying degrees of disability. This ineptitude on the part of practitioners was construed to perpetuate negative perceptions from the community, such as stereotyping and stigmatising. I found that the teachers mainly focused on the classroom curriculum that prepared the child for academic excellence, with little or no consideration for the child with disabilities who may just need practice and development in basic life skills, such as toilet training or adaptation to the environment (see section 5.3.2). However, some participants admitted that they had gained in-service experience while working with children with special needs.

6.2.1.2 Socio-economic issues

Due to the unavailability of suitable centres in their proximity, children with disabilities have to be transported to centres that offer the services. Finances, therefore, were found to be a challenge as transport is expensive. This is a demonstration of the society’s failure to provide proper and suitable services for its children with disabilities (see section 5.3.5, Figure 5.8). In spite of being part of the educational structure in Zimbabwe, ECD is not included in the government schemes such as BEAM that assists in the payment of tuition fees for disadvantaged children (see section 5.3.1). The parents disclosed that they have to source funds for payment of tuition fees, which may be exorbitant in the few schools that offer services. In limited cases, however, NGOs and well-wishers offered assistance.

The parents indicated that they could not afford the high costs as the nature of their children's disabilities also meant expensive medication and rehabilitation services. A lack of positive family support was raised in the study by female parents who participated in the study (see section 5.3.5). They lamented the challenges they encountered in caring for children without any support from the male parents or paternal families. Appropriate community resources were also found to be scarce or non-existent, leading to the exclusion and segregation of children with disabilities.

6.2.1.3 Belief systems

Culture is dynamic and universal. As such, the study found that traditional beliefs laid a solid foundation for what different people believed to be causes of disabilities. This was an important finding as it shed light on understanding disability models that can be found in the wider society. Disability in the traditional African society has a very strong bearing on the influence of culture and religion, and may thus be perceived to be a result of angry gods, punishment or vengeance by spiritual powers. Another finding from the study was that in affluent families that showed love and support for the child with disabilities, their wealth was seen by the community as a result of witchcraft (see section 5.3.3). Myths and misconceptions that certain body parts of a child with disabilities can bring wealth are very common, and the participants professed that they feared for the safety of their children. The findings revealed that children with disabilities had been killed for ritual purposes due to beliefs that utilising their body parts will lead to great wealth, good luck, medical treatments and victory in the political arena, a sad realisation in that the rights of children with disabilities are violated (see section 5.3.5).

From a religious context, the findings revealed that parents who accepted and believed that their children with disabilities were special gifts conferred through the grace of God, coped better with stigma-related stressors. A participant referred to her husband's and family's acceptance of and support to her child as they are religious and God-fearing people (see section 5.3.5). Positively, I found that there were some communities who valued and accepted children with disabilities. Such societies protect children and their families from being stigmatised and blamed for the disability by acknowledging that a child with disabilities is a gift or a blessing from God or the ancestors.

The other irrefutable finding was the influence of attitudes in determining the accessibility of ECD services to children with disabilities. Adverse attitudes with regard to disability are universally a cause for concern, and these cut across all cultural, economic and social divide levels. Attitudes are constructed by the society and its cultural predisposition. The way the society receives and treats the child, either breaks or makes the child. I found that attitudes have emotional effects that either build high self-esteem and confidence or nurture an inferiority complex in the young child with disabilities (see sections 5.3.2, 5.3.3 and 5.3.4). Furthermore, the findings showed that cultural beliefs were universal across many societies. Highlights were that stigma and shame were attached to families with disabled children where disability was attributed to curses from gods. The findings also disclosed that beliefs and attitudes that impede the capability of young children with disabilities to fully realise and enjoy their fundamental rights and development on an equal pedestal as their peers, intersect societal peripheries and may not relate to one's level of education or literacy.

6.2.1.4 Policy issues

Zimbabwe, as a signatory to various international charters that relate to the rights of children, has endeavoured to uphold and ensure the rights of all children in their access to basic life needs, including education and health issues. The study found that there were several policies that supported government efforts in promoting the establishment of ECD in primary schools as a way to normalise access and equity issues. Evidently, many children have immensely benefited from this effort as all primary schools have ECD classes. Several other policies to standardise ECD education have been designed (see sections 2.5.2.1 to 2.5.2.9). Although the policy statements demonstrate the government's intentions to provide access to ECD, the plight of a vulnerable group of children – children with disabilities – remains unaddressed. The findings showed that although all primary schools had ECD classes, they could not accommodate children with disabilities due to structures that were not modified for the needs of these children.

The study noted that with regard to children with disabilities it appears as if there are no clear-cut policies. The *Statutory Instrument 106* of 2005, like its predecessors, as a policy that was enacted to address equity and access in the ECD programme, does not address the dilemma of children with disabilities (see section 5.3.1). Although there are functional policies to reinforce the provision of the *Statutory Instrument 106* of 2005, on the ground, indications are that quality interaction and stimulation experiences for children with disabilities are highly compromised. These children, in some cases, had mixed disabilities and were being managed by ECD teachers who were unable to deal with such children. Section 13 (1) (c) of the regulating instrument stipulates that there should be an additional teacher on the enrolment of seven children with disabilities. The study found that enrolments of inclusive classes ranged between 15 and 23. The National Action Plan, a blueprint that is meant to regulate increased access to ECD, sadly, makes no mention of children with disabilities.

Disability is a multifaceted phenomenon. However, the findings in the present study demonstrate that many policies focus on disability issues that address the needs of children with physical and sensory disabilities, for instance, building ramps for wheelchair users or the acquisition of hearing devices (see sections 2.4.4.1 and 5.3.5). Children with mental and emotional disabilities are relegated to the periphery. They are not considered at all; in some instances, their disabilities are even misinterpreted as bad behaviour. It is important to note the impact of a visual image – a young child in a wheelchair or with crutches will entice empathic emotions, while a mentally challenged child may not. Similarly, the study found that NGOs that offered help, focused and relied on what the society considered as a merited case of need. As such, children with imperceptible disabilities are unlikely to ever access the much deserved ECD services (see section 5.3.5).

6.3 RESEARCH CONCLUSIONS

In answering the primary question (see section 1.4.1), I drew research conclusions from the answers provided by the secondary questions (see section 1.4.2). The section begins by presenting conclusions from the secondary questions. Then, in the end, the expansive answer to the main research question wraps up the entire study.

In addressing the primary question, the following secondary research questions (see section 1.4.2) were projected to provide conclusive answers regarding the study.

6.3.1 Secondary question 1: What are the experiences of parents and teachers of children with disabilities with regard to the accessibility of ECD services in Zimbabwe?

Parents are the primary caregivers of children, with or without disabilities; however, the experience of caring for children with disabilities requires them to go the extra mile as they have to contend with a lot of social, emotional, physical and economic hurdles. A lack of knowledge in the form of useful information that could equip them adequately on disability issues was felt to be a huge barrier (see section 5.3.5). Knowledge and education are powerful tools. Thus, the findings revealed an urgent need for intensified and comprehensive awareness campaigns and workshops on disabilities issues.

The findings also revealed another concern in relation to inaccessibility of service providers in the communities. The parents of children with disabilities faced a dilemma in accessing public institutions such as hospitals where there were staircases and elevators were non-existent or broken down (see section 5.3.5, Figure 5.2). Narrow entrances in the buildings resulted in potential exclusion and discernment from indispensable community services for children with disabilities. The findings also indicated challenges of high transport costs and tuition fees in situations where parents had to send their children to schools that offer services to their children with disabilities. The ECD teachers also substantiated these findings on the challenges faced by many parents (see section 5.3.2). In the general upkeep of children with special needs, the parents voiced a lack of commitment by the government to provide a sustainable income for the disadvantaged and vulnerable children as the nature of the disabilities come with a multitude of other inevitabilities, which may include therapies, medication, food and toiletries.

The findings also disclosed that on the ground, we have a workforce that is unskilled to handle children who deserve just basic life services and skills. Although ECD teachers are appropriately qualified to teach children in the ECD phase, they have no skills in handling children with diverse needs (see section 5.3.2). Having needs that extend beyond the ordinary classroom curriculum, they need stimulation and psychosocial support services. In situations where the ECD teachers strived to help, they faced challenges of high enrolments, shortages of resources and unsuitable equipment.

6.3.2 Secondary research question 2: What are the perceptions of the community with regard to children with disabilities in Zimbabwe?

In the Zimbabwean context, the findings indicate that children with disabilities are not fully accepted, as is the case with their peers without disabilities. They are rejected, excluded, shunned, stigmatised and discriminated against in services and activities that take place daily in their lives. The findings show that the community, in general, perceives disability with a negative eye, although there were pockets of good practices in isolated cases. One participant commented that although the community was supportive, there were some who believed that a child with disabilities had a short life expectancy and would soon be dead; hence, they were never considered part of the bigger group (see section 5.3.1). The findings also reveal a gloomy picture of many parents who, due to knowledge deficiency, fixate in the denial stage, signalling a gap in counselling services and a lack of preparedness. Decisions on strategies for intervention at community strata were affected by a lack of adequate knowledge on disability issues.

The findings showed that attitudes were another obstacle on the way to success for children with disabilities. Communities entwined in cultural beliefs, customs and practices where disabilities are linked to witchcraft, bad luck, non-appeasement of ancestral spirits and disobedience to God may not cultivate decisions that foster growth and development in children with disabilities (see sections 5.3.1, 5.3.2, 5.3.3, 5.3.4 and 5.3.5). Conversely, I found that in cases where the community showed compassion and offered help, usually, it was from religious backgrounds. Therefore, many cultural beliefs encumbered promotion and protection of human rights for children with disabilities. They are denied privileges to acquire knowledge, skills and to cope with general demands of life with equal opportunities to those of their peers.

Furthermore, the findings also pointed to constraints in accessing material support. Many participants pointed out that communities had no appropriate facilities and equipment for children with disabilities. Communal resources were not adaptable to children with disabilities, consequently excluding them indirectly as their fundamental rights to play, health, protection and education were repudiated. The findings revealed that the inaccessibility of play areas in the communities has a negative impact on the holistic development of the child with disabilities (see section 5.3.5, Figure 5.7). The closest participation for the child with disabilities was to be an onlooker player; they are marginalised and ostracised in their own backgrounds. On this premise, extensive awareness campaigns on disability issues and the realisation of children's key rights should take precedence in all environments.

6.3.3 Secondary research question 3: What strategies and guidelines can be followed for the provision of and optimum accessibility to ECD services to children with disabilities in Zimbabwe?

The findings indicated that access to ECD services by children with disabilities is hindered by a lack of material resources, a lack of teachers who have the skills and knowledge to address the broader spectrum of learning needs for children with disabilities and systems that pose a lot of barriers (see sections 2.5.2 and 5.3.2). The concept of accessibility and equitable distribution of basic needs to education should embrace different social and cultural learning backgrounds and focus on equal learning opportunities for all disadvantaged and vulnerable children (Chimhenga, 2016). The findings revealed a situation that is surrounded by a lot of contempt and ambivalence in terms of implementing policies that promote access and equity (see sections 2.5.2, 5.31 and 5.3.3). Possible strategies and guidelines that can be followed in providing optimal accessibility of ECD services to disabled children in Zimbabwe will be presented in the recommendations section (see section 6.4).

6.3.4 Primary research question: Which ecosystemic factors influence the accessibility of ECD services to young children with disabilities in Zimbabwe?

The secondary questions proffered answers on the concerns of parents and teachers of children with disabilities, the perceptions of the community and possible strategies and guidelines that can be followed for the provision and optimum accessibility of ECD services to children with disabilities. In responding to the main primary question, this section concludes the research study by discussing and summarising the findings with reference to Bronfenbrenner's ecosystemic theory. The discussions are focused on findings located in the micro-, meso-, exo- and macrosystems of the theory.

A significant finding related to the microsystem, which is the closest system in which the child operates, emerged from this study, reflecting that the advent of a child with disabilities to the family brought different emotions such as fear, anger, denial and rejection. Contextually, the settings in the microsystem included the family, peers, neighbours, the school and the ECD centre where reciprocational associations influenced one another. The study found that children with disabilities faced rejection, discrimination and exclusion, directly or indirectly, from their families, ECD centres, schools and the community. The study also found that generally, female parents faced marital glitches due to disputes with the male parents, who in many instances were not forthcoming to support their partners in the event of the birth of a child with disabilities (see section 5.3.5). However, there were some male parents who positively participated in the upbringing of their children, despite the disability status of the child. The neighbourhood also tended to react to what the family was exhibiting.

Findings also showed that there was a shortage of ECD centres that catered for children with disabilities, with only one centre in the entire Bulawayo Metropolitan Province (see section 5.3.1). A handful of very expensive special schools also offered these services, which in reality, are out of the reach of many deserving cases. The situations were aggravated by teachers who lacked competence, although demonstrating willingness to be trained if opportunities were made available (see section 5.3.2). The desperate situation could be contained and probabilities of all ECD centres in primary schools admitting children with disabilities would be high, with a few special centres accommodating severe to profound cases.

The findings also revealed a positive collaboration between schools and parents, a quality partnership of the settings in mesosystem level promotes growth and development of the child with disabilities (see section 5.3.5). Some participants indicated that they offered their free services to the centre because they feared for their children's safety, indicating that ECD teachers made them aware that they had no skills and were challenged in handling the children. The findings also showed that the child with disabilities might be affected by the neighbourhood that rejects his or her family. In the mesosystem, the relations between the microsystems determine the tolerability of the child with disabilities; for instance, the relations between the family and the church influenced the support children and their families needed. One participant disclosed that the members of his congregation would not accept his child because they believed the family was failing to discipline the child (see section 5.3.5); yet the family understood the challenges the child was facing.

The lack of health and rehabilitation services in the community has a negative impact on children with disabilities. The findings show that the support teams from the Ministry of Health and Child Welfare and the Ministry of Labour Public Service and Social Welfare had appropriate programmes to help children with disabilities, but faced obstacles in reaching out to the needy cases (see sections 2.5.1 and 2.5.2). In the third system, the exosystem, the child is not directly involved, but is indirectly affected. The participants lamented the lack of financial resources, medication, transport and complementary personnel to assist children with disabilities. The findings also showed that children with disabilities needed to be supported with assistive devices. The Social Welfare Services is unable to assist the majority of children who need assistance (see section 5.3.5, Figure 5.3); the process is slow and too demanding. Indications were that in some instances, parents relied on the donor community for supplying some of the resources. Inadequate and expensive support services lead to the isolation of these challenged children.

Attitudes are a result of perceptions, and in the study, I found that generally, people had negative attitudes towards children with disabilities. The participants unanimously pointed out that adverse perceptions were very common and these were attributed to cultural and traditional beliefs and customs where causes of disabilities were attached to witchcraft. The negative attitudes were also established by the SPS officers and the SBST as they dealt with the broader society on disability issues (see sections 5.3.3 and 5.3.4). Activities in the macrosystem – the system furthest from the child – cascaded and influenced all the other ecosystems. The Zimbabwean education system is results-orientated and, thus, tends to focus on children who are academically gifted and are likely to increase the pass rates. Negative attitudes led to the total exclusion of the child with disabilities in situations where the schools were concerned about the impact of these children on academics (see section 5.3.1). The findings also underscored that when the society perceived disability negatively, this led to ostracism and feelings of shame amidst families who ended up hiding their children with disabilities from the public.

In terms of policy frameworks, the findings point to policy issues that are fragmented and disintegrated. Access to quality services for children with disabilities still remain unaddressed. The findings indicate that on the ground, school environments are not modified to support children with diverse needs. As they lack the resources for implementation, there is no significant progress (see sections 5.3.1 and 5.3.3). Deductions are that young children with disabilities are systematically stigmatised and excluded through policy designing and implementation. The following section dwells on suggestions and proposals in a bid to mitigate the challenges faced by children with disabilities.

6.4 RECOMMENDATIONS

With reference to the key literature reviewed, as well as the aims and findings of my study, I propose that the following strategies and guidelines be pursued to ensure the accessibility of ECD services to children with disabilities in these five major areas: the Ministry of Primary and Secondary Education, the Department of Child Welfare and Social Services, curriculum designers, teacher training colleges and parents or caregivers of children with disabilities.

6.4.1 Recommendations for the Ministry of Primary and Secondary Education

ECD teachers who are already in the education system need occupational skills to help them cope with the practical needs of children with disabilities. The following recommendations are directed to the Ministry of Primary and Secondary Education.

6.4.1.1 Recommendation 1: Professional development and enhancement

A nationwide professional in-service development programme needs to be established for all qualified ECD teachers by the Ministry of Primary and Secondary Education in collaboration with the Ministry of Higher and Tertiary Education. These teachers, who are already on the ground will be helped to acquire requisite skills to handle children with disabilities. These teachers need to be equipped with the proficiency to deal with children with disabilities; hence, involving experts from the Departments of Health and Social Services will help. Constant staff development programmes at institutional levels will ensure continuity and sustenance. As a way to complement the formal training of ECD teachers, accreditation of work-related and professional courses that ECD teachers can engage in to attain new skills and expand their subsisting insights can be explored. I recommend that these efforts may be initiated through distance education by administering easy-to-use training materials that can be employed in classrooms and hands-on workshop sessions.

6.4.1.2 Recommendation 2: Inspector of Special Needs Education

There is need for a separate budget specifically for children with disabilities on the national budget, as an endeavour to address the issue of resources. The government can improve on its administrative frameworks by considering an Inspector of Special Needs Education who can help monitor and safeguard the rights of children with disabilities and ensure they have access to quality education, like any other child, taking into cognisance their diverse needs. An inspector specifically focusing on the welfare and equal distribution of educational resources for children with disabilities will promote and improve the education of these children with challenges.

6.4.1.3 Recommendation 3: Partnering with international organisations

The government should consort to gain confidence with NGOs and involve international organisations such as the WHO, UNICEF and UNESCO to ensure a sustainable and comprehensive ECD programme that caters for children with disabilities. International support is vital when dealing with disability issues and children, as their rights to services are engrained in international treaties to which the government commits adherence.

6.4.2 Recommendations for the Department of Child Health, Welfare and Social Services

The Department of Child Health, Welfare and Social Services is responsible for the execution of child rights, and therefore the following recommendations are directed towards this department.

6.4.2.1 Recommendation 4: Outreach and assessment programmes for early detection

The Ministry of Health and Child Welfare should initiate and institute an intensive programme for parents of young children from birth to five years old that focuses on the early identification of any indicative peculiarities in children's growth and development. The compulsory programme should have set guidelines and measures to detect, monitor and follow-up the child, ensuring access to relevant services. It is fundamental that the programme takes on board parents as the primary caregivers of children and equip and prepare them extensively on the nature, possible causes, and management of different disabilities. Parents and caregivers who are psychologically ready could positively enhance and accept any eventualities. The relevant ministries may use bottom-up strategies, reaching out to parents as a means to emphasise the importance of the services.

A supportive, knowledgeable, well-educated and prepared community will confidently accept and groom a child with disabilities. There should be synchronised sensitising programmes, targeting all participants and cutting across all levels, spreading information on disability issues. Awareness campaigns may use comprehensive audio, visual and print mass media strategies, for example, billboard posters, radio, television, school magazines, newsletters, newspapers, pamphlets, social media platforms and gatherings. People need information and education on the nature of disabilities and assurance that children with disabilities are bearers of rights, just like children without disabilities. A holistic strategy to advocate will spread the message to the broader society and embrace national participation. There are high probabilities of improving attitudes towards children with disabilities if there is acknowledgement and involvement of people living with disabilities and significant role-players in the communities and wider society. There is a need to combat attitudes that are discriminatory and create all-embracing communities and a society that takes on board all its members, regardless of any infirmity. Acceptance is powerful.

6.4.3 Recommendations for curriculum designers

The mandate of curriculum designers entails programming guidelines to be followed in the teaching and learning of all children. This recommendation is addressed to them.

6.4.3.1 Recommendation 6: Involvement of organisations that deal with disability issues

Curriculum designers must involve people living with disabilities and organisations that deal with disability issues as these will bring in a wealth of lived experiences and, thus, an understanding of the needs of children with diverse needs. Their participation at the institution of policies will entail a well-adjusted ECD programme that will benefit all children. This will be a cost-effective strategy in assisting in the provision and delivery of an efficient education system in its entirety. Priority should be given to the cultivation and nurturing of positive attitudes in all stakeholders, including parents, teachers, children without disabilities, NGOs and the government.

6.4.4 Recommendations for teacher training colleges

As teacher training colleges are responsible for the training of teachers who meet the needs of diverse children, the following recommendations are directed to them.

6.4.4.1 Recommendation 7: Equipping early childhood development teachers with key skills

Teacher training colleges should equip student teachers with requisite skills to enable them to adapt to the needs of children with disabilities. A training paradigm that produces a versatile teacher who is capacitated to adopt and adapt to the demands of the diverse needs of children with varying degrees of disabilities is needed. The training should include modules that will empower them with the expertise to detect, intervene and manage the children's disabilities. Economically, the nation will benefit in raising citizens who are self-sustaining. In the social context, ECD services have the potential to groom children who are socially upright and responsible and thus, reduce social misfits, hence the need to have appropriately qualified teachers.

6.4.4.2 Recommendation 8: Practicum in institutions that cater for children with disabilities

A teaching practice component should be included in teacher training programmes where aspirant teachers are exposed to practical settings of what they should expect in the communities. Collaboration and intersectoral approaches can be explored where teacher training institutions work on the feasibility of sending trainee ECD teachers on intern programmes to institutions and schools that cater for children with disabilities. Engaging teachers in outreach and hands-on programmes may be done through incorporating other stakeholders to provide relevant knowledge and skills.

6.4.5 Recommendations for parents and caregivers of children with disabilities

Naturally, parents and caregivers are the people closest to children with disabilities; hence, they experience emotions such as anger, despair, fear, love and isolation. The following recommendation is addressed to them.

6.4.5.1 Recommendation 9: Establishing support systems for parents and caregivers

Support groups should be established to empower families on the nature, possible causes and interventions on disabilities, with a specific target on primary caregivers. Many times, primary caregivers are physically, emotionally and socially drained and thus need intensive support from everyone. The study, therefore, recommends that experts can take them through psychosocial sessions to support them emotionally. Support groups will also help address negative cultural beliefs as members share their experiences.

6.5 RECOMMENDATION FOR FUTURE RESEARCH

Accordingly, grounded on the findings of my study, the following recommendations on further research are made:

6.5.1 Exploration of the impact of cultural beliefs and customs in enhancing or deterring the development of young children with disabilities

A study could be conducted to explore the impact of cultural beliefs on the growth and development of children with disabilities. Cultural tools are very powerful in influencing the behaviour of the society; hence, indirectly having an impact on the child with disabilities. Attitudes are perpetuated in the broader society among members, and these determine the acceptability or rejection of the child with disabilities. This is because in many societies, disability is socially constructed. Such a study may define prevailing beliefs, traditions and customs with a view to improve access to essential services for the child with disabilities.

6.5.2 Empowering the parents or caregivers of children with disabilities, socially, economically and knowledgeably

Further research studies exploring the empowerment of parents through sustainable income-generating projects and support groups could be carried out for the benefit of both the children and the parents. The findings in the study showed how a lack of knowledge, information and education on disability issues by primary caregivers has a negative impact on the growth and development of children with disabilities.

Caregivers indicated how they were emotionally drained, socially and morally isolated and economically incapacitated.

6.5.3 Extent of preparedness of the Zimbabwean education system in incorporating early childhood development programme

A study can be carried out to explore challenges of implementing the ECD programme in Zimbabwe against the background that financially, ECD is not catered for in the budget for school programmes. Children with disabilities belong to the vulnerable group; hence, they should be taken care of in totality. There is a need to determine prevalent disabilities and the population of children with disabilities to establish the provision of essential ECD services for them.

6.5.4 Exploration of experiences of parents or caregivers of children with disabilities in rural communities in accessing early childhood development services

Further research could be conducted on the perceptions and experiences of parents and caregivers of children with disabilities regarding accessibility of ECD services. Although the government has strategic policies that give guidelines for services for children with disabilities, such services are rarely given priority in resource allocation. There is a need to address the plight of children with disabilities in deprived communities.

6.6 LIMITATIONS

Although the research study has achieved its aims, there were unavoidable limitations in the process. Initially I had targeted 10 parents or caregivers with a representation of three participants from each site. Some participants withdrew their participation – two felt overwhelmed because the procedures revived unpleasant memories, and they withdrew in the initial stages of fieldwork, citing discomfort. I, therefore, had to drew on the data from eight participants; however, I still consider the information to be detailed, rich and valid.

The study was conducted in the Bulawayo urban area. Despite having a varied, rich sample of informants, the study was constrained by the incapacity to access participants beyond the Bulawayo Metropolitan Province. In the process of the study, some participants revealed that in the villages, it was rather easier to hide children with disabilities than in populated urban areas – a revelation that the children in the villages could be in even worse situations.

The other limitation of this research study was the disproportional representation of the male participants, which was mainly attributed to the fact that male parents or partners refuted responsibility or disappeared in the event of the birth of a child with disabilities. This was a challenge as some mothers, despite the rejection, feared repercussions if they gave consent to participate in the study. I was unable to solicit a comparable sample of male parents; however, I believe that the information garnered gave me a broad picture of the plight of children with disabilities.

6.7 NEW KNOWLEDGE AND INSIGHTS

Although this research study was confined to ecosystemic factors that were perceived by participants as influencing the accessibility of ECD services for young children with disabilities, further exploration on taking on board ECD support services for the benefit of children with disabilities is strongly recommended. As the Zimbabwean education system embraces an inclusive mode of education, the establishment of ECD centres for children with disabilities should be viewed within the context of an inclusive early childhood education that will be physically accessible so that these centres can accommodate children with diverse needs. The government’s present dispensation, where it fulfils primarily a regulatory role in the provisioning of ECD services, should particularly be directed to providing services to children with disabilities.

6.8 CONCLUDING REMARKS

This study set out to establish ecosystemic factors that influence the accessibility of ECD services to children with disabilities in Zimbabwe. Despite the giant strides that have been made by the present-day government in addressing issues of inequity and access for young children with disabilities to ECD services, there still remains a lot to be done. Propagation of the programme has resulted in the formalisation of ECD into the education structures. However, facilities to cater for disabled children are still inadequate. The findings of this study indicate that the experiences of parents, caregivers, teachers and other relevant role-players give evidence of a society that is not embracing individuality.

As a researcher, it made me sad to realise that notwithstanding the handful people in society who acknowledge the existence and rights of children with disabilities, the reality of misinformation, misconceptions and myths regarding disabilities and how these have a negative impact on developing children, left me heartbroken. I realised once again that children are nurtured by nature and socialised to uphold certain values, norms and customs. In other words, children growing up in an environment and society full of negative attitudes, prejudice and beliefs regarding disabilities are bound to copy and imitate the same attitudes, which are embedded in the fabric of the African society, and so the vicious circle of injustice is likely to continue. It is, therefore, my hope and prayer that this study will make people appreciate that disability is not inability, and bestow in children with disabilities the rights they deserve.

Although the exploratory study was comparatively on a small scale, I am truly confident that the findings reflect the impact of ecosystemic factors regarding the accessibility of ECD services. The study provided a lot of insights on the relevance of expert and capable manpower in handling children with disabilities.

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APPENDICES

APPENDIX A: LETTER OF PERMISSION (PROVINCIAL EDUCATION DIRECTOR)

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education
Department Early Childhood Education

Mr D. Moyo
Provincial Education Director
Mhlahlandlela Gvt Complex
Cnr 10th Avenue/Basch St
Bulawayo
Zimbabwe

Dear Mr D. Moyo

Request for Permission to Conduct Research in Bulawayo Special Schools

My name is Novuyo Nkomo and I am a PhD student at the University of Pretoria. The research I wish to conduct for my doctoral thesis involves exploring experiences and perceptions of ECD educators on the factors influencing the accessibility of Early Childhood Development Services to young children with disabilities in three special schools in Bulawayo. This project will be conducted under the supervision of Prof. MG Steyn (University of Pretoria, South Africa).

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children's accessibility to ECD education in Zimbabwe. Hence this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services to disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The development of a young child needs more than just the efforts of the child's family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

The main aim of the research project is to explore and describe factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve the aim of the research project, I need to gather data through conducting interviews with educators and practitioners in special schools, for which I need your permission. I am, therefore, seeking your consent to approach educators and health professionals (working in special schools) who would be willing to participate in this study and to use the ECD centres in special schools as the main sites for conducting the interviews. All the information gathered will be treated as confidential. The interaction with possible participants will take place outside their official hours of duty. If you grant me permission to collect data, it will also involve document analysis. These key documents may be analysed: mission statements, annual reports, policy manuals, student strategic plans, and syllabi.

The research results will be made available on request after the completion of the research study and the publication thereof in the form of a thesis. However, upon completion of the study, I undertake to provide your office with a bound copy of the full research report. The research data will be stored both in electronic format and as a hard copy at the University of Pretoria for 15 years in compliance with the ethical requirements of the University. Furthermore, please note that results may be shared with other professionals in articles or conference presentations whenever the need arises.

I do hope that this letter will provide you with adequate information to enable you to grant me the permission to conduct the proposed research project at institutions falling under your jurisdiction. If you require any further information, please do not hesitate to contact my supervisor or me. Thank you for your time and consideration in this matter.

PED signature ________________________ **Date** ____________

Yours sincerely

_______________ _______________

Novuyo Nkomo Prof M.G. Steyn

Supervisor

APPENDIX B: LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH AT THE SPECIAL SCHOOL

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
a
Faculty of Education
Department Early Childhood Education

The School Principal
Bulawayo
Zimbabwe

Dear Sir/Madam

Letter requesting permission to conduct research at ____ special school

My name is Novuyo Nkomo and I am a PhD student at the University of Pretoria. The research I wish to conduct for my doctoral thesis involves exploring experiences and perceptions of ECD educators on the factors influencing the accessibility of Early Childhood Development Services to young children with disabilities in your institution.

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

The development of a young child needs more than just the efforts of the child’s family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children’s accessibility to ECD education in Zimbabwe. Hence, this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services to disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve this aim, I need to collect information through interviews with ECD educators and health professionals who will be able to participate in the study.

I am hereby seeking your consent to approach ECD teachers and the support team (therapists and social workers) in your school who would be willing to participate in this study.

My data collection will involve:

i. Interviews – These will be conducted with ECD educators, therapists and the social workers because of their exposure and possible interaction with young disabled children. Participants will be interviewed during convenient times outside their work schedule in their offices. The interviews will be audio-recorded. Only the researcher and her supervisor will have access to the audio-recordings. The identity of the participants and their school will be protected by the use of pseudonyms during data analysis and subsequent publications.

Participation in the study is voluntary, and participants can withdraw at any point of the study without prejudice. Further, the identity of your school will not be revealed as pseudonyms will be used. The description of the research site will be done very cautiously to protect the privacy and confidentiality of the ECD educators, support team and school involved in the study. At the completion of the study, all data will remain in the possession of the supervisor in a secure storage for the duration of 15 years. If you allow me to carry out the study in your school, please sign the consent form attached to this letter.

I will provide you with a copy of the letter of permission to carry out research from the Provincial Education Officer (Bulawayo Province). If you require any further information, please do not hesitate to contact me or my supervisor.

Thank you for your time and consideration in this matter.

Yours sincerely

________________ ________________

Novuyo Nkomo Prof M.G. Steyn

Supervisor

Consent form: School Principals

I ______________________________ principal of _________________ grant/do not grant permission (delete what is not applicable) for Mrs Novuyo Nkomo to carry out a research study entitled: **Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.**

I understand that:

i. She will interview ECD educators and the support team (health professionals) each for about 30-35 minutes.

ii. The researcher and her supervisor will have access to the transcribed data from the interviews, and it will be treated as confidential.

iii. Further, the researcher will undertake to protect the identity and maintain confidentiality of the ECD educators, support team and the schools in data analysis and publications.

School Principal's signature _________________________**Date** ____________

Researcher's signature ___________________________**Date** ____________

APPENDIX C: LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH AT THE ECD CENTRE

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education
Department Early Childhood Education

The Manager
ECD Centre
Bulawayo
Zimbabwe

Dear Sir/Madam

Letter requesting permission to conduct research at the _______________

ECD centre

My name is Novuyo Nkomo and I am a PhD student at the University of Pretoria. The research I wish to conduct for my doctoral thesis involves exploring experiences and perceptions of ECD educators on the factors influencing the accessibility of Early Childhood Development Services to young children with disabilities in your institution.

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

The development of a young child needs more than just the efforts of the child's family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children's accessibility to ECD education in Zimbabwe. Hence, this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services for disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve this aim, I need to collect information through interviews with ECD educators and health professionals who will be able to participate in the study.

I am hereby seeking your consent to approach ECD teachers and the support team (therapists and social workers) in your school who would be willing to participate in this study.

My data collection will involve:

i. Interviews – These will be conducted with ECD educators, therapists and the social workers because of their exposure and possible interaction with young disabled children. Participants will be interviewed during convenient times outside their work schedule in their offices. The interviews will be audio-recorded. Only the researcher and her supervisor will have access to the audio-recordings. The identity of the participants and their school will be protected by the use of pseudonyms during data analysis and subsequent publications.

Participation in the study is voluntary and participants can withdraw at any point of the study without prejudice. Further, the identity of your school will not be revealed as pseudonyms will be used. The description of the research site will be done very cautiously to protect the privacy and confidentiality of the ECD educators, support team and school involved in the study. At the completion of the study, all data will remain in the possession of the supervisor in a secure storage for the duration of 15 years. If you allow me to carry out the study in your school, please sign the consent form attached to this letter.

I will provide you with a copy of the letter of permission to carry out research from the Provincial Education Officer (Bulawayo Province). If you require any further information, please do not hesitate to contact me or my supervisor. Thank you for your time and consideration in this matter.

Yours sincerely

________________ ________________

Novuyo Nkomo Prof M.G. Steyn

Supervisor

Consent form: ECD Centre Manager

I ______________________________ the manager of _________________ grant/do not grant permission (delete what is not applicable) for Mrs Novuyo Nkomo to carry out a research study entitled: **Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.**

I understand that:

i. She will interview ECD educators and the support team (health professionals) each for about 30-35 minutes.
ii. The researcher and her supervisor will have access to the transcribed data from the interviews and it will be treated as confidential.
iii. Further, the researcher will undertake to protect the identity and maintain confidentiality of the ECD educators, support team and the schools in data analysis and publications.

ECD Centre Manager's signature ___________________**Date** ____________

Researcher's signature ___________________________**Date** ____________

APPENDIX D: LETTER OF PERMISSION – SCHOOL PRINCIPALS/ECD MANAGER

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education
Department Early Childhood Education

Dear Sir/Madam

My name is Novuyo Nkomo and I am a PhD student at the University of Pretoria. The research I wish to conduct for my doctoral thesis involves exploring experiences and perceptions of ECD educators on the factors influencing the accessibility of Early Childhood Development Services to young children with disabilities in special schools in Bulawayo.

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

The development of a young child needs more than just the efforts of the child's family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children's accessibility to ECD education in Zimbabwe. Hence, this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services for disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve this aim, I need to collect information through interviews with the head of the special school who will be able to participate in the study.

In view of the information provided above, you are requested to participate in this research study. The participation that is requested from you involves responding to a set of questions that you will be asked in an interview. The research project will have no direct benefit to you, but will assist in identifying ways of addressing the educational needs of young children with disabilities.

Your input will contribute to the identification of factors that create barriers to the accessibility of ECD services for young disabled children, as well as those factors that can facilitate access to these services.

Participation in this study is voluntary. You may withdraw from participation at any time without any negative consequences, and the data would be destroyed should you withdraw. Please be assured that all information will be treated with the strictest confidence and your personal particulars will not be divulged to any person.

I do hope that this letter will provide you with adequate information to enable you to consider giving your consent to participate in the proposed study. In order to grant your consent to participate in this study, you are requested to sign the *Informed Consent Letter*. Kindly email me or deliver by hand your Informed Consent Letter, indicating your consent/non-consent to participate in the study. Please retain this information pamphlet for your own use.

Yours sincerely

Novuyo Nkomo

Prof M.G. Steyn

Supervisor

Consent Form: Participant

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

I……………………………………agree to participate in Nkomo Novuyo's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Nkomo Novuyo to be tape-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Participant's signature ________________________ Date ____________

Full name (please print): ……………………………………………………………

Contact number: ……………………………………………………………………

Email address: ……………………………………………………………………

APPENDIX E: LETTER OF PERMISSION – ECD TEACHERS

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education
Department Early Childhood Education

Dear Sir/Madam

My name is Novuyo Nkomo and I am a PhD student at the University of Pretoria. The research I wish to conduct for my doctoral thesis involves exploring experiences and perceptions of ECD educators on the factors influencing the accessibility of Early Childhood Development Services to young children with disabilities in three special schools in Bulawayo.

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

The development of a young child needs more than just the efforts of the child's family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children's accessibility to ECD education in Zimbabwe. Hence, this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services for disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve this aim, I need to collect information through interviews with ECD educators who will be able to participate in the study.

In view of the information provided above, you are requested to participate in this research study. The participation that is requested from you involves responding to a set of questions that you will be asked in an interview.

The research project will have no direct benefit to you, but will assist in identifying ways of addressing the educational needs of young children with disabilities. Your input will contribute to the identification of factors that create barriers to the accessibility of ECD services for young children, as well as those factors that can facilitate access to these services, possibly in ECD centres or preschools.

Participation in this study is voluntary. You may withdraw from participation at any time without any negative consequences, and the data would be destroyed should you withdraw. Please be assured that all information will be treated with the strictest confidence and your personal particulars will not be divulged to any person.

I do hope that this letter will provide you with adequate information to enable you to consider giving your consent to participate in the proposed study. In order to grant your consent to participate in this study, you are requested to sign the *Informed Consent Letter*. Kindly email me or deliver by hand your Informed Consent Letter indicating your consent/non-consent to participate in the study. Please retain this information pamphlet for your own use.

Yours sincerely

________________ ________________

Novuyo Nkomo

Prof M.G. Steyn

Supervisor

Consent Form: Participant

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

I……………………………………agree to participate in Nkomo Novuyo's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Nkomo Novuyo to be tape-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Participant's signature ________________________ Date ____________

Full name (please print): ………………………………………………………

Contact number: ……………………………………………………………..…

Email address: ……………………………………………………………………

APPENDIX F: LETTER OF PERMISSION – SCHOOL-BASED SUPPORT TEAM

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education
Department Early Childhood Education

Dear Sir/Madam

My name is Novuyo Nkomo and I am a PhD student at the University of Pretoria. The research I wish to conduct for my doctoral thesis involves exploring experiences and perceptions of ECD educators on the factors influencing the accessibility of Early Childhood Development Services to young children with disabilities in special schools in Bulawayo.

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

The development of a young child needs more than just the efforts of the child's family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children's accessibility to ECD education in Zimbabwe. Hence, this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services for disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve this aim, I need to collect information through interviews with health professionals who will be able to participate in the study.

In view of the information provided above, you are requested to participate in this research study. The participation that is requested from you involves responding to a set of questions that you will be asked in an interview.

The research project will have no direct benefit to you, but will assist in identifying ways of addressing the educational needs of young children with disabilities. Your input will contribute to the identification of factors that create barriers to the accessibility of ECD services for young children, as well as those factors that can facilitate access to these services, possibly in ECD centres or preschools.

Participation in this study is voluntary. You may withdraw from participation at any time without any negative consequences, and the data would be destroyed should you withdraw. Please be assured that all information will be treated with the strictest confidence and your personal particulars will not be divulged to any person.

I do hope that this letter will provide you with adequate information to enable you to consider giving your consent to participate in the proposed study. In order to grant your consent to participate in this study, you are requested to sign the *Informed Consent Letter*. Kindly email me or deliver by hand, your Informed Consent Letter indicating your consent/non-consent to participate in the study. Please retain this information pamphlet for your own use.

Yours sincerely

________________	________________
Novuyo Nkomo	Prof M.G. Steyn
	Supervisor

Consent Form: Participant

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

I……………………………………agree to participate in Nkomo Novuyo's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Nkomo Novuyo to be tape-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Participant's signature ________________________ Date ____________

Full name (please print): ………………………………………………………

Contact number: ……………………………………………………………

Email address: ………………………………………………………………

APPENDIX G: LETTER OF PERMISSION PARENTS/CAREGIVERS

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education
Department Early Childhood Education

Dear Parents/Caregivers

My name is Novuyo Nkomo and am a PhD student at the University of Pretoria. I need to conduct a research project in partial fulfilment of the requirements of this degree programme.

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children’s accessibility to ECD education in Zimbabwe. Hence, this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services to disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The development of a young child needs more than just the efforts of the child’s family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve this aim, I need to collect information through interviews with parents, guardians or caregivers of young disabled children who will be able to participate in the study.

In view of the information provided above, you are requested to participate in this research study. The participation that is requested from you involves responding to a set of questions that you will be asked in an interview. The research project will have no direct benefit to you, but will assist in identifying ways of addressing the educational needs of young children with disabilities. Your input will contribute to the identification of factors that create barriers to the accessibility of ECD services for young children, as well as those factors that can facilitate access to these services, possibly in ECD centres or pre-schools.

Participation in this study is voluntary. You may withdraw from participation at any time without any negative consequences, and the data would be destroyed should you withdraw. Please be assured that all information will be treated with the strictest confidence and your personal particulars will not be divulged to any person.

I do hope that this letter will provide you with adequate information to enable you to consider giving your consent to participate in the proposed study. In order to grant your consent to participate in this study, you are requested to sign the *Informed Consent Letter*. Kindly email me or deliver by hand, your Informed Consent Letter indicating your consent/non-consent to participate in the study. Please retain this information pamphlet for your own use.

Yours sincerely

Novuyo Nkomo

Prof M.G. Steyn
Supervisor

Consent Form: Participant

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

I……………………………………agree to participate in Nkomo Novuyo's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Nkomo Novuyo to be tape-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Participant's signature ________________________ Date ____________

Full name (please print): ………………………………………………………………

Contact number: …………………………………………………………………

Email address: …………………………………………………………………

APPENDIX H: LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH AT SPS – SNE DEPARTMENT

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education
Department Early Childhood Education

The Director
Department of SPS – SNE
Ministry of Primary and Secondary Education
Bulawayo
Zimbabwe

Dear Sir/Madam

Letter requesting permission to conduct research at the Schools' Psychological Services Department

My name is Novuyo Nkomo and I am a PhD student at the University of Pretoria. The research I wish to conduct for my doctoral thesis involves exploring experiences and perceptions of SPS officers on the factors influencing the accessibility of Early Childhood Development Services by young children with disabilities.

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

The development of a young child needs more than just the efforts of the child's family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children's accessibility to ECD education in Zimbabwe. Hence, this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services for disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve this aim, I need to collect information through interviews with SPS officers who will be able to participate in the study.

I am hereby seeking your consent to approach SPS officers who would be willing to participate in this study.

My data collection will involve:

i. Interviews – These will be conducted with SPS officers because of their exposure and possible interaction with young children with disabilities. Participants will be interviewed during convenient times outside their work schedule in their offices. The interviews will be audio-recorded. Only the researcher and her supervisor will have access to the audio. The identity of the participants and their school will be protected by the use of pseudonyms during data analysis and subsequent publications.

Participation in the study is voluntary and participants can withdraw at any point of the study without prejudice. Further, the identity of your school will not be revealed as pseudonyms will be used. The description of the research site will be done very cautiously to protect the privacy and confidentiality of the SPS officers involved in the study. At the completion of the study, all data will remain in the possession of the supervisor in a secure storage for the duration of 15 years. If you allow me to carry out the study in your school, please sign the consent form attached to this letter.

I will provide you with a copy of the letter of permission to carry out research from the Provincial Education Officer (Bulawayo Province). If you require any further information, please do not hesitate to contact me or my supervisor. Thank you for your time and consideration in this matter.

Yours sincerely

________________ ________________

Novuyo Nkomo

Prof M.G. Steyn

Supervisor

Consent form: SPS Department

I ______________________________ the director of _________________ grant/do not grant permission (delete what is not applicable) for Mrs Novuyo Nkomo to carry out a research study entitled: **Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.**

I understand that:

i. She will interview SPS officers each for about 30-35 minutes.
ii. The researcher and her supervisor will have access to the transcribed data from the interviews and it will be treated as confidential.
iii. Further, the researcher will undertake to protect the identity and maintain confidentiality of the SPS officers in data analysis and publications.

Director's signature ________________________**Date** ____________

Researcher's signature ________________________**Date** ____________

APPENDIX I: LETTER OF PERMISSION – SPS-SNE OFFICERS

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education
Department Early Childhood Education

Dear Sir/Madam

My name is Novuyo Nkomo and I am a PhD student at the University of Pretoria. The research I wish to conduct for my Doctoral thesis involves exploring experiences and perceptions of SPS officers on the factors influencing the accessibility of Early Childhood Development Services to young children with disabilities in special schools in Bulawayo.

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

The development of a young child needs more than just the efforts of the child's family, as it has to be holistic. It is, therefore, imperative that young children have access to services that will promote growth, development and learning during the early years of their lives. The first EFA goal is related to expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. The United Nations Convention on the Rights of the Child (1989) spells out that education is a basic right of every individual who is a citizen of this country, and learning begins at birth, regardless of whether one is disabled or not.

I would like to conduct this research project because of the observation that not much attention has been channelled to the plight of disabled four- to five-year-old children's accessibility to ECD education in Zimbabwe. Hence, this study is aimed at developing strategies and guidelines for the government to follow in the provision of and optimum accessibility to ECD services for disabled children in Zimbabwe. This study could make an important contribution towards creating a greater awareness of the importance of ECD services to children with disabilities.

The main aim of the research project is to explore and identify factors that influence the accessibility of ECD services, with specific reference to early childhood education for young children with disabilities. In order to achieve this aim, I need to collect information through interviews with SPS officers who will be able to participate in the study.

In view of the information provided above, you are requested to participate in this research study. The participation that is requested from you involves responding to a set of questions that you will be asked in an interview.

The research project will have no direct benefit to you, but will assist in identifying ways of addressing the educational needs of young children with disabilities. Your input will contribute to the identification of factors that create barriers to the accessibility of ECD services to young children, as well as those factors that can facilitate access to these services, possibly in ECD centres or preschools.

Participation in this study is voluntary. You may withdraw from participation at any time without any negative consequences, and the data would be destroyed should you withdraw. Please be assured that all information will be treated with the strictest confidence and your personal particulars will not be divulged to any person.

I do hope that this letter will provide you with adequate information to enable you to consider giving your consent to participate in the proposed study. In order to grant your consent to participate in this study, you are requested to sign the *Informed Consent Letter*. Kindly email me or deliver by hand, your Informed Consent Letter indicating your consent/non-consent to participate in the study. Please retain this information pamphlet for your own use.

Yours sincerely

Novuyo Nkomo

Prof M.G. Steyn

Supervisor

Consent Form: Participant

My research topic is: Ecosystemic factors influencing the accessibility of Early Childhood Development services for young children with disabilities in Zimbabwe.

I……………………………………agree to participate in Nkomo Novuyo's research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Nkomo Novuyo to be tape-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Participant's signature ________________________ Date ____________

Full name (please print): ………………………………………………………

Contact number: ……………………………………………………………..…

Email address: ……………………………………………………………………

APPENDIX J: INTERVIEW QUESTIONS FOR THE SCHOOL PRINCIPALS / ECD CENTRE MANAGER

Sex__________________
Date_________________
Place____

Gender	**Qualification**	**Experience**
	Diploma in ECE ☐ **Diploma in Education** ☐ **Diploma in Special Education** ☐ **BEd in ECE** ☐ **BEd in SNE** ☐ **BEd in General Programme** ☐ **MEd in ECE** ☐ **MEd in SNE** ☐ **Other……………………………………** ☐	

1. In your view, what could be the reasons for failure to access ECD services by children with disabilities?
2. What resources are there to cater for the needs of ECD learners who have disabilities?
3. What measures exist for ensuring that their needs are met in terms of accessible buildings, toilets and books?
4. What mechanisms does your Ministry have in place to ensure children with disabilities gain access to education?
5. What cultural beliefs are common in the community regarding children with disabilities?
6. In your opinion, are the ECD teachers for the ECD programme and support staff adequately equipped with skills to manage children with disabilities at your school?
7. Do you think the rights of children with disabilities are protected and correctly implemented in Zimbabwe?
8. What polices are in place to guide service provision to children with disabilities at ECD level?
9. How can the government take on board the needs of children with disabilities in order to fulfil EFA Goal 1?

Thank you for your participation in this study

APPENDIX K: INTERVIEW QUESTIONS FOR ECD TEACHERS

Sex_________________

Date________________

Place____

Gender	Qualification	Experience
	Diploma in ECE ☐ Diploma in Special Education ☐ BEd in ECE ☐ BEd in SNE ☐ MEd in ECE ☐ MEd in SNE ☐ No Training ☐ Other……………………………………	

1. Have you been trained during your teacher training years to teach and accommodate children with disabilities?
2. What is the teacher-learner ratio in the ECD classes for young children with disabilities?
3. How does the teacher-learner ratio at ECD level influence the education of young children with disabilities?
4. What, in your opinion, is the impact of cultural beliefs on the education of children with disabilities?
5. What is the level of accessibility of community resources to children with disabilities?
6. Are there adequate material resources to enable ECD children to fully participate at ECD level?
7. Are there any infrastructural barriers that present hurdles to children at ECD level?
8. Are there programmes for parents and caregivers on curriculum accessibility for children with disabilities at ECD level?
9. How do you find the involvement of parents with children with disabilities?
10. How does the existing teacher-parent partnership affect the care and education of young children with disabilities at ECD level?
11. What would you like to see in terms of improvement to make education better for children with disabilities?

Thank you for your participation in this study

APPENDIX L: INTERVIEW QUESTIONS FOR SPS OFFICERS

Sex__________________
Date_________________
Place____

Gender	**Qualification**	**Experience**
	Diploma in ECE ☐ **Diploma in Education** ☐ **Diploma in Special Education** ☐ **BEd in ECE** ☐ **BEd in SNE** ☐ **BEd in General Programme** ☐ **MEd in ECE** ☐ **MEd in SNE** ☐ **No Training** ☐ **Other……………………………………**	

1. In your view, what could be the reasons for failure to access ECD services by children with disabilities?
2. What mechanisms does your Ministry have in place to ensure children with disabilities gain access to education?
3. What cultural beliefs are common in the community regarding children with disabilities
4. In your opinion, are the ECD teachers for the ECD programme and support staff adequately equipped with skills to manage children with disabilities at your school?
5. What attitudinal barriers exist at ECD level between
    - parents?
    - children and their peers?
6. What polices are in place to guide service provision to children with disabilities at ECD level?
7. How can the government take on board the needs of children with disabilities in order to fulfil EFA goal 1? Do you think the rights of children with disabilities are protected and correctly implemented in Zimbabwe?
8. Suggest affirmative action to boost the participation of young children with disabilities at ECD level.
9. Do you have any recommendations to improve the plight of disabled children?

Thank you for your participation in this study

APPENDIX M: FOCUSED GROUP INTERVIEWS FOR SCHOOL-BASED SUPPORT TEAM

Date_________________

Place____

Gender	**Occupation**	**Qualification**	**Experience (No of years)**

1. What challenges do you think children with disabilities face in society?
2. What support is provided to ensure that there is an increase in access to education among young disabled children?
3. How is the physical and emotional wellbeing of young children with disabilities supported?
4. What interventions are in place that enable parental involvement in service provision for their young children with disabilities?
5. What role is the government playing in meeting the rights of disabled young children in accessing ECD services?
6. Are there any programmes in place for parents (particularly mothers) of young children with disabilities for the children’s upkeep?
7. Comment on the availability of rehabilitation services at ECD centres:
    - Physical therapy
    - Recuperation therapy
    - Speech therapy
    - Counselling services
8. What intervention strategies can be put in place to influence the accessibility of ECD services to young children with disabilities?
9. Suggest how the government can improve the provision of ECD to children with disabilities in the following areas:
    - Awareness raising
    - Teacher training and deployment
    - Collaboration approach – centres of excellence
    - Infrastructural development
    - Equipment and assistive devices

Thank you for your participation in this study

APPENDIX N: INTERVIEW QUESTIONS FOR PARENTS/CAREGIVERS

Sex__________________

Date_________________

Place____

Age of parent/caregiver	Educational background of parent/caregiver	Gender of the child	Type of disability

1. How did you feel when you realised that your child had a disability?
2. What is the nature of your child's disability?
3. What do we see in the photo and what does it represent?
4. Explain your experiences when you captured the photos.
5. Describe your feelings regarding the people around you in relation to the photos you captured.
6. What, in your experience, is the situation in your community in relation to access to ECD centres and health services for disabled children?
7. Is the integration of young children disabilities in tandem with cultural beliefs of your community?
8. How has your participation in this exercise affected your life?
9. What would you like to see in terms of improvement to make education better for children with disabilities?

Thank you for your participation in this study